SOUTH CAROLINA
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Home and Community-Based Services (HCBS) Statewide Transition Plan

Independent. Integrated. Individual.

Revised: March 31, 2016

Prepared by:

South Carolina Department of Health and Human Services (SCDHHS)

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South Carolina Department of Health and Human Services (SCDHHS) Home and Community-Based Services (HCBS) Statewide Transition Plan

Introduction

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

CMS required that each state submit a "Statewide Transition Plan" by March 17, 2015. The Statewide Transition Plan outlines how the state will come into conformance and compliance with the HCBS Rule settings requirements. States must come into full compliance with the HCBS Rule requirements by March 17, 2019.

The South Carolina Department of Health and Human services (SCDHHS) has branded this effort for HCBS with the tagline: *Independent•Integrated•Individual.* This tagline was developed because home and community-based services help our members be independent, be integrated in the community, and are based on what is best for the individual.

The Statewide Transition Plan applies to all settings where home and community-based services are provided. In South Carolina, the home and community-based services are currently offered through the following waiver programs:

- Intellectually Disabled and Related Disabilities waiver (ID/RD)
- Community Supports waiver (CS)
- Head and Spinal Cord Injury waiver (HASCI)
- Pervasive Developmental Disorder waiver (PDD)[1]
- Medically Complex Children's waiver (MCC)
- Community Choices (CC) waiver
- HIV/AIDS waiver
- Mechanical Ventilator Dependent waiver
- Psychiatric Residential Treatment Facility (PRTF) Alternative/Children's Health Access in Community Environments (CHANCE) waiver

In addition, the state has recently added Healthy Connections Prime as an option for Community Choices, Mechanical Ventilator Dependent and HIV/AIDS waiver participants. Through Healthy Connections Prime, waiver participants age 65 and older who receive both Medicare and Medicaid and meet other eligibility criteria will get all of their care, including primary care, behavioral health and long term care services, from one health plan, known as a Coordinated and Integrated Care Organization (CICO).

[1] This waiver is transitioning to a state plan service

Per CMS requirements, the first draft of this Statewide Transition Plan (February 26, 2015) was made available for the public to read and comment on before being submitted to CMS for review. This 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.

Revisions to Statewide Transition Plan

Date of Revision	Reason
September 25, 2015	CMS first review of Statewide Transition Plan requiring revisions
February 4, 2016	CMS review of STP draft before public notice
February 24, 2016	Public notice and comment period of STP due to substantive changes
March 31, 2016	Revised STP submitted to CMS with updates to completed systemic assessment

CMS has listed the following as the requirements of all 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.

For provider owned and/or controlled residential HCB settings, CMS has listed the following additional conditions that must be met (per 42 CFR 441.301(c)(4)(vi)):

- A legally enforceable agreement (lease, residency agreement, or other form of written agreement) is in place for each individual in the HCB home/setting within which he/she resides.
- Each individual has privacy in their sleeping or living unit.
- Units have lockable entrance doors with the individual and appropriate staff having keys to doors as needed.
- Individuals sharing units have a choice of roommates.

- Individuals can furnish and decorate their sleeping or living units within the lease or other agreement.
- Individuals have freedom and support to control their schedules and activities
- Individuals have access to appropriate food any time.
- Individuals may have visitors at any time.
- The setting is physically accessible to the individual.
- Any modification of the additional conditions for HCB residential settings listed above must be supported by a specific assessed need and justified in the person-centered service plan.

CMS has also listed the following as settings that are not home and community based (per 42 CFR 441.301 (c)(5)):

- A nursing facility
- An institution for mental diseases (IMD)
- An intermediate care facility for individuals with intellectual disabilities (ICF/IID)
- A hospital
- Any other settings that have the qualities of an institutional setting. This includes:
    - Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment
    - Any setting in a building on the grounds of, or immediately adjacent to, a public institution[2]
    - Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS

Any of the settings that have qualities of an institutional setting will be presumed to be institutional, and therefore HCB services cannot be provided in that setting, unless the Secretary of the US Department of Health and Human Services determines through heightened scrutiny that the setting does have the qualities of home and community-based settings and services can still be provided in that setting.

It is with these requirements in mind that SCDHHS developed its transition plan.

1. Communications and Outreach – Public Notice Process

1.1 Statewide Plan Development

SCDHHS formed a workgroup to address and solicit input on how the state could come into compliance with the HCBS rule. 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

[2] A public institution is defined as an inpatient facility that is financed and operated by a county, state, municipality, or other unit of government.

- SC Vocational Rehabilitation Department
- Advocacy groups:
  - AARP South Carolina
  - Family Connection of South Carolina
  - Protection & Advocacy of People with Disabilities, Inc.
  - Able South Carolina
- 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. 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.

1.2 Public Notice and Comment on Statewide Transition Plan

SCDHHS used multiple methods of public notice and input for the Statewide Transition Plan that was submitted to CMS on February 26, 2015.

- Eight statewide public informational meetings were held that provided an overview of the HCBS Rule and the Statewide Transition Plan. Those dates and locations were:
  - Sept. 3, 2014 Aiken, SC
  - Sept. 11, 2014 Orangeburg, SC
  - Sept. 16, 2014 Anderson, SC
  - Sept. 25, 2014 Lyman, SC
  - Oct. 2, 2014 Myrtle Beach, SC
  - Oct. 9, 2014 Greenwood, SC
  - Oct. 16, 2014 Beaufort, SC
  - Oct. 21, 2014 Rock Hill, SC

  Emails with an attached flyer containing information about the plan were sent out to individual providers, advocate groups and state agencies. Those entities shared the information with their networks, including beneficiaries. A general notification of these meetings was also printed in SCDHHS' member newsletter; all Medicaid members receive this newsletter.
- A website specific to the HCBS Rule was developed and went live on Sept. 4, 2014. URL: scdhhs.gov/hcbs. It contains the following content:
  - Meeting dates, times, and locations
  - Information on the HCBS workgroup, including meeting minutes and mid-month updates
  - Formal presentation delivered at the eight public informational meetings above
  - Draft of the Statewide Transition Plan

    - A comments page where questions and comments may be submitted on the HCBS Rule and/or the Statewide Transition Plan
- Tribal Notification was provided on Oct. 27, 2014. A Tribal Notification conference call for the Statewide Transition Plan was held Oct. 29, 2014.
- The Medical Care Advisory Committee (MCAC) was provided an advisory on the Statewide Transition Plan on Nov. 12, 2014.
- Public notice for comment on the Statewide Transition Plan, along with the plan itself, was posted on the SCDHHS HCBS website on Nov. 7, 2014 (msp.scdhhs.gov/hcbs/site-page/about AND msp.scdhhs.gov/hcbs/resource/additional-resources) and on the SCDHHS website on Nov. 10, 2014 (scdhhs.gov/public-notices).
- Public notice for comment on the statewide transition plan was sent out via the SCDHHS listserv on Nov. 7, 2014.
- Four public meetings were held in November and December of 2014 to discuss the statewide transition plan. These meetings were held in the following cities:
    - Nov. 13, 2014 Florence, SC
    - Nov. 18, 2014 Greenville, SC
    - Dec. 2, 2014 Charleston, SC
    - Dec. 4, 2014 Columbia, SC
- For those unable to attend a public meeting, a live webinar was held on Wednesday, Nov. 19, 2014, This meeting was recorded and made available for viewing, along with a transcript of the recording, on the Family Connection of SC website: http://www.familyconnectionsc.org/webinars.html
- Comments were gathered from the public meetings listed above (the eight in September and October as well as those in November and December), from electronic communications sent to SCDHHS and from communications mailed to SCDHHS.
- SCDHHS reviewed the comments and incorporated any appropriate changes to the Statewide Transition Plan. A summary of the public comments is included with this Statewide Transition Plan submitted to CMS in February 2015 (Appendix A-1).

South Carolina's HCBS Statewide Transition Plan, as submitted to CMS on February 26, 2015, is posted in the following locations:

scdhhs.gov/public-notices
msp.scdhhs.gov/hcbs/site-page/statewide-transition-plan

1.3 Communication during the Implementation of the Statewide Transition Plan

SCDHHS continues to hold monthly HCBS workgroup meetings and/or communicate to the workgroup monthly via email. This communication keeps stakeholders informed of the progress made during the implementation of the Statewide Transition Plan. Additionally, SCDHHS will publish on its main website and its HCBS website an annual update on transition plan activities. This update will also be made available in SCDHHS county offices and shared with interested stakeholders. These communication efforts should allow for ongoing transparency and input from stakeholders on the HCBS Statewide Transition Plan.

As noted in the guidance and Questions and Answers documents provided by CMS, any substantive changes in an approved Statewide Transition Plan will require the state to go through the public notice and comment process again.

1.4 Update February 2016. This Statewide Transition plan has been revised three times since its original submission to CMS on Feb. 26, 2015:

- September 25, 2015
- February 3, 2016
- February 23, 2016

The most recent version dated February 23, 2016, went out for public notice and comment on February 24, 2016 through March 25, 2016. It was available through the following methods:

- Public notice printed in the following newspapers:
  - The State (Columbia and midlands area) – Feb. 23, 2016
  - The Post and Courier (Charleston and lowcountry area) – Feb. 24, 2016
  - The Greenville News (Greenville and the upstate) – Feb. 23, 2016
- On the SCDHHS HCBS website
- On the SCDHHS website under "Public Notice"
- On the SCDDSN website
- On the Family Connection of SC website
- On the Able South Carolina website
- On the SC Developmental Disabilities Council website
- On the AARP South Carolina website
- On the Protection & Advocacy (SC) website
- Sent out via the SCDHHS listserv
- Available in print form at the SCDHHS main office lobby (Jefferson Square, 1801 Main Street, Columbia, SC)
- Available in print form at all Healthy Connections Medicaid County Offices
- Available in print form at all Community Long Term Care (CLTC) Regional Offices
- Written comments on the Statewide Transition Plan were sent to:
  Long Term Care and Behavioral Health
  ATTN: Kelly Eifert, Ph.D.
  South Carolina Department Health and Human Services
  P.O. Box 8206
  Columbia, South Carolina 29202-8206
- Comments could be submitted to https://msp.scdhhs.gov/hcbs/webform/comments-questions. All comments were to be received by March 25, 2016.
- Comments were gathered from the webinar on Feb. 24, 2016 and from communications mailed to SCDHHS. SCDHHS reviewed the comments and provided a written summary and response found in Appendix A-2.

The South Carolina HCBS Statewide Transition Plan was submitted to CMS on March 31, 2016, and is posted in the following places:

- scdhhs.gov/hcbs/site-page/statewide-transition-plan
- scdhhs.gov/public-notices

- Available in print form at all Healthy Connections Medicaid County Offices
- Available in print form at all Community Long Term Care (CLTC) Regional Offices

2. Assessment of System-Wide Regulations, Policies, Licensing Standards, and Other Regulations

2.1 Process of System-Wide Review

SCDHHS compiled a list of the laws, regulations, policies, standards, and directives that directly impact home and community-based settings. The list was vetted through the appropriate leadership at SCDHHS, the South Carolina Department of Disabilities and Special Needs (SCDDSN), and other stakeholders to ensure that it was complete.

The list of laws, regulations, etc., was separated according to HCB setting. They were read and reviewed to determine that the law, regulation, etc. is not a barrier to the settings standards outlined in the HCBS Rule. This review took place between October 2014 and January 2015. Any changes to any of the following laws, regulations, policies, standards, and directives after that time period have not been reviewed but will be subject to the ongoing compliance process. The settings for South Carolina are divided as follows:

- Day Facilities (primarily serving individuals with intellectual disabilities or related disabilities, or individuals with Head and Spinal Cord Injuries)
- Adult Day Health Care Centers (primarily serving frail elderly individuals, or individuals with physical disabilities)
- Residential settings (primarily serving individuals with intellectual disabilities or related disabilities that are served through the ID/RD Waiver, or individuals with Head and Spinal Cord Injuries):
  - Community Training Home I
  - Community Training Home II
  - Supervised Living Program II
  - Supported Living Program I
  - Customized Living Options Uniquely Designed
  - Community Residential Care Facilities (also serve individuals in the Community Choices waiver and the HIV/AIDS waiver)

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.

In January of 2016, additional laws, regulations, and policies were reviewed for one additional setting found in the Medically Complex Children's waiver: Pediatric Medical Day Care. Those laws, regulations, and policies are found in the Outcomes section on page 11.

2.2 Residential Systemic Review

SCDHHS initially created an assessment tool that was designed to evaluate individual residential homes/settings for compliance with the HCBS criteria outlined in 42 CFR 441.301(c)(4). After a pilot test of the residential assessment tool was completed, it was determined that the residential assessment tool should be used to assess residential setting types owned and/or operated by a provider and not the individual settings themselves. Although provider agencies may operate multiple residential settings, they are operated using the same policies, procedures, and expectations set up by each agency and developed under the SCDDSN Residential Habilitation standards. The SCDDSN Residential Habilitation standards only apply to those residential providers contracted with SCDDSN to provide that service; however, there are no other providers who provide residential habilitation other than those that contract with SCDDSN to do so.

There are six types of residential settings with approximately 1600 individual residential settings in total. Most of these settings are utilized by participants in the ID/RD and HASCI waivers, with some settings utilized by participants in the Community Choices and HIV/AIDS waivers. The description of the settings is listed in the "Assessment of Settings" section, page 21.

2.3 Process of Residential Systemic Review

The residential systemic review process, at the provider level, was accomplished through the C4 Individual Facilities/Settings Assessment process.

2.3.1 C4 Individual Facilities/Settings Assessment. The C4 assessment was designed to evaluate individual facilities to determine compliance with the HCBS criteria outlined in 42 CFR 441.301(c)(4). For residential settings, it also encompassed the requirements outlined in 42 CFR 4421.301(c)(4)(iv).

***Development of the assessment tool and criteria*.** An assessment tool was developed for residential facilities utilizing the criteria outlined in the 42 CFR 441.301(c)(4). Additionally, SCDHHS used the exploratory questions issued by CMS for the settings requirements. This tool was developed collaboratively with various stakeholders including providers, advocacy groups, and other state agencies. The assessment tool was used by providers to complete the self-assessment of their residential setting types (listed on page 21). The assessment was an online tool. For providers who did not have internet access, SCDHHS made available paper copies.

SCDHHS conducted a pilot test of the assessment tool to determine reliability and decide if any revisions needed to be made prior to distributing to providers. The pilot test 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 residential facilities would be assessed by residential setting type, which included a review of policies for the setting. The assessment along with the instructions are attached in Appendices C and D to this Statewide Transition Plan.

***Resources to conduct assessments*.** Resources to conduct the assessments came from SCDHHS personnel and financial resources as well as individual provider personnel and financial resources.

SCDHHS sent electronic notification of the residential self-assessment process to providers in April 2015. Following the notification the agency sent individual letters to providers with instructions on how to conduct the residential assessments in May 2015. For providers who did not have internet access, paper copies of the assessment tools were made available to them.

***Timeframe to conduct assessments*.** Individual letters were sent on May 15, 2015, to all HCBS residential providers with instructions on to complete by July 1, 2015. 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.

Assessment review. SCDHHS published a global analysis document detailing the areas of concern systemically for all residential providers on November 23, 2015 on the HCBS website at https://msp.scdhhs.gov/hcbs/site-page/c4-settings-assessment. Providers will receive individual 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 individual feedback to all providers is anticipated to be completed by April 29, 2016.

2.4 Outcomes of System-Wide Review

The following standards, rules, requirements, law, regulations, and policies were assessed (separated according to setting for which they apply):

2.4.1 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. South Carolina Intellectual Disability, Related Disabilities, Head Injuries, and Spinal Cord Injuries Act, S.C. Code Ann. §§ 44-20-10 et seq.
4. Rights of Mental Health Patients, S.C. Code Ann. §§ 44-22-10 et seq.
5. Rights of Clients with Intellectual Disability, S.C. Code Ann. §§ 44-26-10 et seq.
6. Bill of Rights for Residents of Long-Term Care Facilities, S.C. Code Ann. §§ 44-81-10 et seq.
7. Department of Disabilities and Special Needs, S.C. Regs. Chapter 88
8. Department of Health and Human Services S.C. Regs. Chapter 126
9. SCDDSN Directives[3]
    a. Behavior Support, Psychotropic Medications, and Prohibited Practices (600-05-DD)
    b. Concerns of People Who Receive Services: Reporting and Resolution (535-08-DD)
    c. Confidentiality of Personal Information (167-06-DD)
    d. Consumer Elopement (100-10-DD)

[3] All SCDDSN directives were reviewed for relevancy to the home and community-based services regulations, but only the relevant directives were included within this summary.

e. Critical Incident Reporting (100-09-DD)
f. SCDDSN Quality Assurance Reviews for Non-ICF/ID Programs (104-03-DD)
g. SCDDSN Waiting List (502-02-DD)
h. Death or Impending Death of Persons Receiving Services from SCDDSN (505-05-DD)
i. Family Involvement (100-17-DD)
j. Human Rights Committee (535-02-DD)
k. Individual Clothing and Personal Property (604-01-DD)
l. Individual Service Delivery Records Management (368-01-DD)
m. Insuring (*sic*) Informed Choice in Living Preference for Those Residing in ICFs/ID (700-03-DD)
n. Obtaining Consent for Minors and Adults (535-07-DD)
o. Preventing and Responding to Disruptive Behavior and Crisis Situations (567-04-DD)
p. Preventing and Responding to Suicidal Behavior (101-02-DD)
q. Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contract Provider Agency (534-02-DD)
r. Review and Approval of Research Involving Persons Receiving Services from or Staff Employed by the SC Department of Disabilities and Special Needs (535-09-DD)
s. Sexual Assault Prevention, and Incident Procedure Follow-up (533-02-DD)
t. Social-Sexual Development (536-01-DD)
u. Supervision of People Receiving Services (510-01-DD)
v. Transition of Individuals from SCDDSN Regional Centers to Community (502-10-DD)

10. SCDDSN Policy Manuals
    a. Head and Spinal Cord Injury (HASCI) Waiver Manual
    b. Intellectual Disability and Related Disabilities (ID/RD) Waiver Manual
    c. Pervasive Developmental Disorder (PDD) Waiver Manual
    d. Community Supports (CS) Waiver Manual
    e. Human Rights Committee Training Resource Manual
11. SCDHHS Provider Manuals
    a. CLTC Provider Manual
    b. SC Medicaid Policy and Procedures Manual

2.4.2 Residential Settings: CRCF'[4]s, CTH I, CTH II, CLOUD, SLP I, SLP II

1. Community Residential Care Facilities, S.C. Regs. 61-84
2. SCDDSN Standards[5]
    a. SCDDSN Residential Habilitation Standards
    b. SCDDSN Residential Licensing Standards
    c. CLOUD Licensing Standards

[4] All CRCFs are subject to S.C. Regs. 61-84. SCDDSN standards and directives only apply to CRCFs that are contracted with SCDDSN to provide residential services.
[5] All SCDDSN standards were reviewed for relevancy to the home and community-based services regulations, but only the relevant standards were included within this summary.

3. SCDDSN Directives[6]
    a. SCDDSN Certification & Licensure of Residential & Day Facilities and New Requirements For DHEC Licensed CRCFs (104-01-DD)
    b. Management of Funds for People Participating in Community Residential Programs (200-12-DD)
    c. Personal Funds Maintained at the Residential Level (200-01-DD)

2.4.3 Day Program Settings: AAC, WAC, Unclassified Programs, & Sheltered Workshops

1. SCDDSN Policy Manuals
    a. Day Services Manual
2. SCDDSN Standards[7]
    a. SCDDSN Day Standards (All services)
    b. Licensing Day Facilities Standards
3. SCDDSN Directives[8]

2.4.4 Adult Day Health Care Facilities

1. Day Care Facilities for Adults, S.C. Regs. 61-75
2. SCDHHS Provider Manuals
    a. CLTC Provider Manual

2.4.5 Pediatric Medical Day Care

1. Childcare Facilities, S.C. Code Ann. §§ 63-13-10 et seq.
2. Regulations for the Licensing of Childcare Facilities, Chapter 114-500

After reviewing these sources, SCDHHS created a spreadsheet detailing which statutes, regulations, etc. comply with or are in conflict with the corresponding HCBS settings requirements. This is attached in Appendix B. If the appendix is silent on any of the above listed resources, then it was noted as silent on the HCB settings requirements.

SCDHHS identified the following areas as not being fully compliant with the Federal settings regulations and will seek specific action to come into compliance:

1. **SC Code Ann. § 44-20-420**: *"The director or his designee may designate the service or program in which a client is placed. The appropriate services and programs must be determined by the evaluation and assessment of the needs, interests, and goals of the client."*
    a. This law is only partially compliant with 42 C.F.R. 441.301(c)(4)(iv). Having the director or his designee designate the services or program in which a client is placed does not optimize an individual's initiative, autonomy, and independence in making

[6] All SCDDSN directives were reviewed for relevancy to the home and community-based services regulations, but only the relevant directives were included within this summary.
[7] All SCDDSN standards were reviewed for relevancy to the home and community-based services regulations, but only the relevant standards were included within this summary.
[8] All SCDDSN directives were reviewed for relevancy to the home and community-based services regulations, but only the relevant directives were included within this summary.

life choices. However, this law only gives the director the authority to designate services or programs for an individual and does not mandate that they do so, and because of that, SCDHHS does not foresee having to ask the South Carolina General Assembly to make changes to this law. Additionally, the effect of this law is mitigated by the person-centered planning process that places an individual in the center of the service planning process and empowers them to make their own choices as to which services they are provided and by whom.

2. **SC Code Ann. § 44-20-490**: *"When the department determines that a client may benefit from being placed in an employment situation, the department shall regulate the terms and conditions of employment, shall supervise persons with intellectual disability, a related disability, head injury, or spinal cord injury so employed, and may assist the client in the management of monies earned through employment to the end that the best interests of the client are served."*
    a. This law is not compliant with 42 C.F.R. 441.301(c)(4)(iv). Having the director or his designee determine that a client may benefit from being placed in an employment situation, and then regulating the terms and conditions of that employment does not optimize an individual's initiative, autonomy, and independence in making life choices. The language of this statute reflects the role given to SCDDSN under current legislation. While it may not reflect policy or practice within the disabilities community, it may be mitigated through policy changes at the administrative level to better reflect current practices and to ensure an individual's autonomy is not curtailed. Administrative action will be explored prior to seeking any legislative action.
3. **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 SCDDSN Residential Habilitation standards which require compliance with all federal statutes and regulations.
4. **SCDDSN Directive 200-01-DD, Personal Funds Maintained at the Residential Level:** *"A locking cash box shall be maintained in a secure location at each residence for the sole purpose of securing cash for the people living there. Access to the cashbox shall be limited to a minimum level of staff."*
    a. This directive is not fully compliant with 42 C.F.R. 441.301(c)(4)(i) and is not fully compliant with 42 C.F.R. 441.301(c)(4)(iv). Storing an individual's personal cash in a cash box collectively with other residents' money, and that cash box is only accessible by a limited number of staff, does not optimize an individual's autonomy and does not allow an individual to control personal resources. This places a barrier on an individual's free use of their own money and may create a situation where an

individual has to justify the use of their own money to a staff member to gain access to it. There may be situation where an individual may not be able to personally manage their own funds without causing harm to themselves, but this needs to be documented in their person centered service plan. Having a directive that applies to all individuals may unnecessarily restrict an individual's autonomy and control over their own resources. It is recommended that this directive be updated to comply with federal regulations.

5. **SCDDSN Directive 200-12-DD, Management of Funds for People Participating in Community Residential Programs**: "*Personal funds should be managed under the direction of the provider except in the following situations: 1) A different representative payee has already been established for a person, or 2) An assessment of the person's abilities clearly demonstrates that he/she has the cognitive ability and financial skills to manage his/her funds."*
    a. This directive is not fully compliant with 42 C.F.R. 441.301(c)(4)(i) and is not fully compliant with 42 C.F.R. 441.301(c)(4)(iv). Having the default protocol put an individual's personal funds under the control of the provider does not optimize an individual's autonomy and does not allow an individual to control personal resources. There may be a situation where an individual, or their personal representative, consents to having the provider act as the representative payee for personal funds, but this should be the exception and not the rule as it is currently stated in this directive. It is recommended that this directive be updated to comply with federal regulations.
6. **SCDDSN Directive 533-02-DD, Sexual Assault Prevention, and Incident Procedure Follow-up:** "*The family/guardians/family representative of both alleged perpetrator and victim should be notified of the incident as soon as possible by the Facility Administrator/Executive Director (or designee)."*
    a. This directive is not fully compliant with 42 C.F.R. 441.301(c)(4)(iii) and it is not fully compliant with 42 C.F.R. 441.301(c)(4)(iv). Mandating that a beneficiary's family/guardians/family representative be notified if an incident occurs may violate a beneficiary's right to privacy if that beneficiary does not want their family/guardian/family representative to be notified. It is recommended that this directive and any underlying statutes be reviewed to determine if revisions are necessary to comply with federal regulations.

7. **SCDHHS Policy: <u>Leave of Absence from the State/CLTC Region of a Waiver Participant:</u>** *"Individuals enrolled in Medicaid home and community-based waivers who travel out of state may retain a waiver slot under the following conditions: the trip out-of-state is a planned, temporary stay, not to exceed 90 consecutive days which is authorized prior to departure; the individual continues to receive a waiver service; waivered services are limited to the frequency of services currently approved in the participant's plan of service; waivered services must be rendered by South Carolina Medicaid providers; the individual must remain Medicaid eligible in the State of South Carolina."*

SCDDSN Medicaid Waiver Policy Manuals <u>Medicaid HCB Waiver Policy Regarding Waiver Services Provided while Clients Travel Out-of-State:</u> *"[…] 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. These policies do not specifically touch on any of the home and community-based settings requirements, but it may be an unnecessary restriction on waiver participants. These policies may need further review.

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

2.5 Outcomes of Residential Systemic Review

Information gathered from the residential self-assessment by providers was compiled into one document for a global analysis of residential settings by setting type (Appendix F). The number of setting types represents the number of providers who own and/or operate that type of residential setting. It is not representative of the total number of individual residential settings.

Based on these initial results from individual providers, it appears that some of the individual programs may not be fully compliant with SCDDSN standards and may need to adjust their policies on the following:

- Visitation
- Lockable doors and privacy
- Staff accessing residents' rooms
- Proper storage of individual health information
- Requiring residents to participate in activities and/or adhering to prescribed schedules

Additionally, many programs need to create a lease or residential agreement, or revise and enhance their existing one, that meet the requirements listed in 42 CFR 441.301(c)(4)(vi)(A).

Other issues related to the physical characteristics of settings are discussed under the "Assessment of Settings" section of this document.

2.6 Actions to Bring System into Compliance

For those policies, procedures, standards and directives that need modification as indicated in the previous section, SCDHHS will work with the appropriate internal staff and external agencies to make necessary changes. Small teams of key personnel began meeting in the fall of 2015 to review these policies and procedures to determine where changes needed to be made to bring waiver policies and procedures in line with the HCBS requirements.

SCDHHS has two Divisions, Community Long Term Care (CLTC) and Community Options, that are responsible for eight of the waiver programs. Staff in each division are reviewing waiver documents and related policies and procedures for areas that can be revised. Additionally, they are reviewing the "Medicaid HCB Waiver Policy Regarding Waiver Services Provided while Clients Travel Out-of-State" (#7 above) to determine if any changes need to be made.

CLTC at SCDHHS operates the following three 1915(c) waivers:

- Community Choices (CC) waiver
- HIV/AIDS waiver
- Mechanical Ventilator Dependent waiver

CLTC will make several changes in its waiver document(s), program policies and procedures as it relates to HCBS compliance.

- The assessment tool that will be used for Adult Day Health Care (ADHC) center site visits will be incorporated into CLTC's regular compliance reviews of ADHC's[9]. This tool will cover the settings requirements detailed in 42 CFR 441.301(c)(4) as it relates to non-residential settings. These compliance reviews occur every 12-24 months.
- The language in the Community Choices waiver document will be changed so that it is not required that a waiver participant be at an ADHC for five full hours for the ADHC to be able to bill for that service. Instead, the language will indicate that the service may originate from the ADHC, thus allowing providers flexibility to incorporate community access as part of its program. This language is being amended in the waiver document and will be subject to CMS approval. If approved, it will be in effect on or before September 1, 2016. Once approved, the scope of work for ADHC's will also be changed to reflect this amended language.

Because these changes cannot go into effect until CMS approval of waiver document, SCDHHS anticipates the changes to be made by September 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.

Community Options at SCDHHS administers five 1915(c) waivers:

- Intellectually Disabled and Related Disabilities waiver (ID/RD)
- Community Supports waiver (CS)
- Head and Spinal Cord Injury waiver (HASCI)

[9] CLTC is the program area responsible for contracting with ADHCs, however please note that participants in the ID/RD and CS waivers may also use this setting.

- Pervasive Developmental Disorder waiver (PDD)[10]
- Medically Complex Children's waiver (MCC)

Community Options operates the MCC waiver, and contracts with SCDDSN to operate the other four waivers listed. Community Options created a joint workgroup with SCDDSN that began in fall of 2015 to review SCDHHS and SCDDSN waiver specific policy, procedures, directives, and standards. Together they will determine where to make the necessary changes to waiver manuals, operating standards and corresponding directives, and quality indicators to bring waiver policy and procedures in line with the HCBS requirements.

To ensure compliance overall with the settings requirements, SCDDSN will review and make any necessary changes to their standards and directives that relate to settings where waiver services are provided, such as the residential habilitation standards and all Day Service standards documents. The key indicators will be updated to reflect any changes made in the standards and directives. The RFP for the SCDDSN QIO provider will be posted in spring of 2017 and will be effective October 1, 2017. The RFP is reflective of the required use of the key indicators by the QIO to ensure compliance with SCDDSN policies, standards, and directives which will include HCB settings requirements.

Regarding the policies identified in the Outcomes of the System-wide review above:

- Two policies found in the SCDDSN Waiver manuals regarding Career Preparation Services and Day/Support/Community Services will be reviewed to determine if changes need to be made in SCDHHS policy to allow for provision of these services in non-disability specific settings.
- Directive 200-01-DD (Personal Funds, #4 above) will be revised to comply with the standards listed at 42 CFR 441.301(c)(4).
- Directive 200-12-DD (Management of Funds, #5 above) will be revised to comply with the standards listed at 42 CFR 441.301(c)(4).
- Policies, procedures, directives, and standards that relate to SC Code Ann. § 44-20-490 (#2 above) will be reviewed to determine if the language in those policies, procedures, directives and standards are complaint with the new HCBS standards, ensuring an individual's autonomy is not curtailed.

SCDHHS anticipates the recommended changes to be made by March 31, 2016.

[10] This waiver is transitioning to a state plan service.

2.6.1 Systemic Changes

The table below outlines where review needs to be done and potential changes need to be made. Not all changes were made by the March 31, 2016, anticipated deadline.

Regulations/Standards/Policies, etc.	Under Review	Reviewed	Revised	Published
SC Code Ann. § 44-20-420	Not pursuing regulatory change; will review related policies per recommendation above			
SC Code Ann. § 44-20-490	Not pursuing regulatory change; will review related policies per recommendation above			
S.C. Code Reg. 61-84-103	Pending			
SCDDSN Directive 200-01-DD	Complete	Yes	Yes	3/22/2016
SCDDSN Directive 200-12-DD	Complete	Yes	Yes	3/2/2016
SCDDSN Directive 533-02-DD	In queue			
SCDHHS Policy: *Leave of Absence from the State*		Yes	Yes (January 2015)	In process
ID/RD waiver document	By CMS for renewal			
ID/RD waiver manual	Pending waiver approval			
HASCI waiver document	In queue			
HASCI waiver manual	Pending			
CS waiver document	In queue			
CS waiver manual	Pending			
PDD waiver document	By CMS			
PDD waiver manual	Pending waiver approval			
MCC waiver document	Yes, for renewal			
MCC waiver policies/procedures	Pending waiver approval			
CC waiver document	By CMS for amendment			
CC waiver policies/procedures	Pending waiver approval			
HIV/AIDS waiver document	By CMS for amendment			
HIV/AIDS waiver policies/procedures	Pending waiver approval			

Regulations/Standards/Policies, etc.	Under Review	Reviewed	Revised	Published
Mechanical Ventilator Dependent waiver document	By CMS for amendment			
Mechanical Ventilator Dependent waiver policies/procedures	Pending waiver approval			
SCDDSN Career Preparation Services Standards	In queue			
SCDDSN Community Services Standards		Yes	Yes	March 14, 2016
SCDDSN Day Activity Services Standards		Yes	Yes	March 15, 2016
Employment Services Standards	In queue			
Licensing Day Facilities Standards		Yes	Yes	October 20, 2015
Support Center Services Standards	In queue			

2.7 Actions to Bring the Residential System into Compliance

SCDHHS is developing initial individualized responses by provider for their residential setting types based upon their self-assessment results. The agency will leverage responses from the self-assessment to identify any global policy or programmatic changes that are necessary for the provider to comport with the new HCBS standards. Progress towards these changes will be noted as independent site visits are conducted at individual residential settings. A final response to providers will be provided once the independent site visits are completed and that data is reviewed. For providers who still have corrective actions to make to come into compliance with the new standards after the site visit is completed, they will be required to create an action plan for their facility(ies) and indicate how they will bring it(them) into compliance with the requirements. That process is further detailed under "Assessment of Settings: Actions for Facilities Deemed not in Compliance: C4 Individual Facilities/Settings Assessment" (page 25).

Other global policy or programmatic changes that need to be made are addressed in the "Actions to Bring System into Compliance" section above.

2.7.1 Residential Systemic Changes

The table below outlines where review needs to be done and potential changes need to be made.

Regulations/Standards/Policies, etc.	Under Review	Reviewed	Revised	Published
S.C. Code Reg. 61-84-103*	Pending			
SCDDSN Residential Habilitation Standards, to include: • Lease requirement • Visitation policy • Access to food provision • Choice of roommate in shared bedrooms • Ability to furnish/decorate living space	Currently under review through 4/14/2016			
SCDDSN Residential Licensing Standards	Complete	Yes	Yes	March 2015
SCDDSN CLOUD Licensing Standards	In queue			

**noted in Systemic table above as well*

2.8 Ongoing Compliance of System

Once system policies, procedures, standards, and directives have been updated to reflect the new HCBS requirements, ongoing compliance of the system will be monitored per the updated policies.

As mentioned in the previous section, SCDHHS serves as the Administrative and the Operating Authority for four 1915(c) waivers: Community Choices (CC), Mechanical Ventilator Dependent, HIV/AIDS, and Medically Complex Children (MCC). With the introduction of Healthy Connections PRIME, the state retains full operational and administrative authority of this program and the waivers of which it is a part. 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.

The CLTC division of SCDHHS has waiver review as part of the overall CLTC Quality Assurance (QA) Plan. 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 programs, including any issues related to HCBS settings requirements, 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.

SCDHHS maintains a Memorandum of Agreement (MOA) with SCDDSN and is implementing an Administrative Contract as well to outline responsibilities regarding SCDDSN's operations for the following waivers: Intellectually Disabled/Related Disabilities (ID/RD), Community Supports (CS), Head and Spinal Cord Injury (HASCI), and Pervasive Developmental Disorders (PDD).

SCDHHS uses a Quality Improvement Organization (QIO), an additional contracted entity, quality assurance staff, and other agency staff to continuously evaluate the operating agency's (SCDDSN) quality management processes to ensure compliance. The QIO conducts validation reviews of a representative sample of initial level of care determinations performed by the operating agency (SCDDSN) as well as reviews all adverse level of care determinations. The additional contracted entity provides specific quality management tasks like provider agency operational audits. SCDHHS Quality Assurance (QA) staff conduct periodic quality assurance reviews that focus on the CMS quality assurance indicators and performance measures. To ensure compliance of quality and general operating effectiveness, SCDHHS will conduct reviews of the operating agency (SCDDSN). The MOA requires SCDDSN to submit any policy, procedure, or directive changes that are related to waiver operations to SCDHHS for review and approval. SCDHHS also utilizes its Division of Program Integrity, who works cooperatively with QA and Waiver staff, to investigate complaints and allegations of suspected abuse or fraud that may impact the system. Program Integrity also maintains a good working relationship with the Medicaid Fraud Control Unit at the Attorney General's office to investigate suspected fraud or initiate criminal investigations. Statewide problems can be addressed through different measures, including revisions of policy and/or procedures. These processes allow the state to take the necessary action 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.

2.9 Ongoing Compliance of Residential System

Ongoing compliance of the residential system will be accomplished in two ways. First, the ongoing compliance actions described above for the overall system encompass any needed changes to and monitoring of residential policies, procedures, standards and directives. Second, residential providers will be subject to regular licensing reviews and compliance reviews as described in the "Assessment of Settings: Ongoing Compliance" section (page 28).

3. Assessment of Settings

3.1 Setting Types

There are three primary settings where home and community-based services are provided in the nine waiver programs, excluding private residences:

3.1.1 Day Facilities. There are approximately 84 Day Activity Facilities most of which are licensed as an Adult Activity Center (AAC) and/or a Work Activity Center (WAC), and/or an Unclassified Program, and/or a Sheltered Workshop.

3.1.2 Adult Day Health Cares (ADHC). There are approximately 76 Adult Day Health Care settings, utilized in various waivers.

3.1.3 Residential Homes. There are approximately 1600 residential settings, largely provided through the ID/RD waiver and to HASCI waiver participants, and there are five types of residential settings operated under SCDDSN policies, standards, and directives.

Supervised Living Program II (SLP II). This model is for individuals who need intermittent supervision and supports who are able to achieve most daily activities independently but periodically may need advice, support and supervision. It is typically offered in an apartment setting that is integrated into a community. Staff is available on-site or in a location from which they may be on the site within 15 minutes of being called, 24 hours daily.

Supported Living Program I (SLP I). This model is similar to the Supervised Living Model II; however, individuals generally require only occasional support. It is typically offered in an apartment setting and staff are available 24 hours a day by phone.

Community Training Home I (CTH I). In the Community Training Home I Model, personalized care, supervision and individualized training are provided, in accordance with a person-centered service plan, to a maximum of two people living in a support provider's home where they essentially become one of the family. Support providers are qualified and trained private citizens.

Community Training Home II (CTH II). The Community Training Home II Model offers the opportunity to live in a homelike environment in the community under the supervision of qualified and trained staff. Care, supervision and skills training are provided according to individualized needs as reflected in the person-centered service plan. No more than four people live in each residence.

DSN Board/Qualified Provider Community Residential Care Facility (DDSN CRCF). For SCDDSN Residential Habilitation providers who offer the option of CRCF settings, this model, like the Community Training Home II 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. These CRCF's are licensed by SC Department of Health and Environmental Control (SCDHEC) and also must meet the SCDDSN standards.

3.1.4 Other Residential homes. In addition to the five settings above utilized in the ID/RD and HASCI waivers, there are other residential settings that are utilized by waiver participants as their primary residence. Waiver participants in these settings are not receiving residential habilitation as a service through their waiver.

Customized Living Options Uniquely Designed (CLOUD). This model, a pilot program under SCDDSN, is designed to promote personal development and independence in people with disabilities by creating a customized transition from 24 hour supervised living to a semi-independent living arrangement. Residents are responsible for selecting support providers, house mates, and housing.

Community Residential Care Facility (CRCF). Licensed by SC Department of Health and Environmental Control (SCDHEC), CRCF's are residential settings that offer room and board and provide/coordinate a degree of personal care for a period of time. They are designed to accommodate residents' changing needs and preferences, maximize residents' dignity, autonomy, privacy, independence, and safety, and encourage family and community

involvement. Waiver participants in the Community Choices waiver, HIV/AIDS waiver, ID/RD waiver, Community Supports waiver, and/or the HASCI waiver may choose to live in CRCFs. These CRCFs are not Medicaid Waiver providers and all funding is derived from 100% state funds through the Optional State Supplement (OSS) program.

3.1.5 Pediatric Medical Day Care. This is a medical day treatment program that provides health and social services needed to ensure the optimal functioning of children with medically complex needs. This setting is only available to participants in the MCC waiver, and there is only one setting in the state.

3.2 Setting Assessment Process

The setting assessment process was divided into two separate assessment phases, a provider self-assessment phase and an independent site visit phase. Additionally, SCDHHS planned to use waiver participant surveys as a third source of data to determine compliance with HCB settings, but the surveys are more appropriate for determining compliance with person-centered planning requirements and will be used to inform any needed change in that area.

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

As mentioned in the previous section, "Assessment of System-Wide Regulations, Policies, Licensing Standards, and Other Regulations," the residential setting assessment evolved into a systemic review of each residential setting type based on feedback provided from the pilot test of the tool. Residential providers completed this assessment for each type of residential setting they own and/or operate, not necessarily for each of their individual residential settings. Providers self-assessed each of their individual non-residential settings.

***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 which include all day facilities licensed by SCDDSN and Adult Day Health Care Centers. The criteria used to create these tools is outlined in 42 CFR 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, after they have been refined and revised, as an independent assessment for site visits. The setting-specific assessments were online tools. For providers who did not have internet access, SCDHHS made available paper copies.

***Resources to conduct assessments and site visits*.** Resources to conduct the assessments came from SCDHHS personnel and financial resources as well as individual provider personnel and financial resources. Resources to conduct the site visits will come from SCDHHS personnel and financial resources and potentially the personnel and financial resources of a contracted vendor.

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 did 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 by July 1, 2015. All day (non-residential) settings were assessed. As stated above, each residential provider only conducted a self-assessment of each of their residential setting types.

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 HCB settings and will be conducted by SCDHHS and/or a contracted vendor. All day (non-residential) settings will be subject to an independent site visit. Day settings comprise approximately 76 Adult Day Health Care centers and approximately 84 day facilities.

Any provider owned or operated residential setting may be subject to a site visit. The number of residential independent site visits is dependent upon budgetary allocations to SCDHHS for the 2017 fiscal year (state).

a. If SCDHHS receives its budgetary request for site visits, SCDHHS will contract with an outside vendor to conduct site visits on 100% of the residential settings that are contracted with SCDDSN.
b. If SCDHHS does not receive its budgetary request for site visits, SCDHHS staff will conduct site visits on a statistically valid sample of residential setting types by provider contracted with SCDDSN (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 by SCDHHS staff.

***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 time frame began as SCDHHS started its site visits on day settings in late January 2016. Site visits to residential settings are anticipated to begin in July 2016. Residential settings subject to SCDHHS HCB Settings Quality Review Process (see page 30) may have a site visit earlier than July 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.

SCDHHS sent initial written feedback to Adult Day Health Care (ADHC) providers on their self-assessments on March 8, 2016. Initial written feedback was sent to DDSN Day services providers with facilities on March 22, 2016. Residential providers' self-assessments are under review Included in their written feedback will be SCDHHS' expectation that residential 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 residential providers was anticipated to be completed by February 29, 2016, but is now anticipated to be completed by April 29, 2016.

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 began in late January 2016, the review is anticipated to be completed by December 2016.

3.3 Outcomes

There was 100% participation by providers in completing the Day (non-residential) settings self-assessment and 100% participation by providers in completing the Residential settings self-assessment.

3.3.1 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. The review is anticipated to be completed by December 30, 2016, with anticipated submission to CMS in an amended Statewide Transition Plan by February 17, 2017.

To date, SCDHHS has gathered preliminary information from the Initial C5 Assessment (see page 31), the C4 provider self-assessment, and selected site visits conducted with the Technical Assistance Collaborative (TAC), Inc. (see page 33). Based on that information, SCDHHS estimates that the following number of settings fall into the following categories.

Day (non-residential) Settings

	Number of Settings	
HCBS Compliance Category	**ADHC**	**DDSN Day**
Fully comply with federal requirements	0	0
Do not comply – will require modifications	0	0
Cannot meet requirements – will require removal from the program/relocation of individuals	2[11]	0
Subject to State Review for possible Heightened Scrutiny Review by CMS	74	84

[11] This number represents two adult day health care centers located in other facilities

Residential Settings

	Number of Settings					
HCBS Compliance Category	**SLP I**	**SLP II**	**CTH I**	**CTH II**	**CLOUD**	**CRCF**
Fully comply with federal requirements	198	0	0	0	0	0
Do not comply – will require modifications	0	102	156	618	11	34
Cannot meet requirements – will require removal from the program/relocation of individuals	0	0	0	0	0	0
Subject to State Review for possible Heightened Scrutiny Review by CMS	3	4	0	50	4	12

This data will likely change once the independent site visits are completed on the settings.

3.4 Actions for Facilities Deemed not in Compliance

3.4.1 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. SCDHHS will develop these responses as site visits are completed, beginning in February 2016. 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 include the appropriate SCDHHS program area and/or SCDDSN on communication sent to providers at every step of the review process. SCDHHS will submit copies of the following to the appropriate SCDHHS program area and/or SCDDSN:

- Each provider's initial response letter to their self-assessment
- Each provider's final, individualized response letter
- SCDHHS' response to each provider's initial submission of an action plan (whether it is approved or needs revision), along with a copy of the provider's initial action plan

- SCDHHS' response to providers who had to submit a revised action plan (whether it is approved or will be sent to program area for disciplinary action review), along with a copy of the provider's revised action plan
- A copy of a provider's approved action plan

This will allow 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. Those protocols are detailed in the "Ongoing Compliance" section on page 28.

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. SCDHHS will include the appropriate SCDHHS program area and/or SCDDSN on the results of those follow-up site visits to assist them in monitoring the progress of their providers of becoming compliant with HCB standards.

3.4.2 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 Adult Day Health Care settings. SCDHHS would identify all participants authorized to receive services from the provider of the non-compliant setting. The appropriate area offices and/or agencies would be notified of the status of the setting as non-compliant. Additionally, the participants' case managers would be informed of the status of the setting as non-compliant so that they could reach out to their participants to inform them of the setting's status change. Case managers would provide the participants with a list of other available, compliant providers from which they can choose. Once a participant chooses a provider, the case manager can then make a referral and process an authorization for that participant for the new provider.

If the participant chooses not to use another provider, the case manager may explain alternative options should the waiver participant choose to still receive services from the non-compliant provider setting. If there is no other viable provider, the case manager may work to authorize other services to substitute for the service change. The case manager would then monitor the participant to ensure that the new service package is meeting the participant's needs in accordance with the person-centered plan.

Relocation of waiver participants in non-compliant SCDDSN Day settings. SCDDSN would identify all participants authorized to receive services from the provider of the non-compliant setting. The appropriate district offices and/or agencies would be notified by SCDHHS of the status of the setting as non-compliant. Additionally, the participants' case managers would be informed of the status of the setting as non-compliant so that they could reach out to their participants to inform them of the setting's status change. The appropriate District Office would facilitate the relocation of participants with the case managers and any other appropriate personnel, providing the participants with a list of other available, compliant providers from which they can choose. Once a participant chooses a provider, the case

manager can then make a referral and process an authorization for that participant for the new provider. SCDDSN will keep SCDHHS informed of all waiver participant relocations.

If the participant chooses not to use another provider, the case manager may explain alternative options should the waiver participant choose to still receive services from the non-compliant provider setting. If there is no other viable provider, the case manager may work to authorize other services to substitute for the service change. The case manager would then monitor the participant to ensure that the new service package is meeting the participant's needs in accordance with the person-centered plan.

Relocation of waiver participants in non-compliant Residential settings. There are two types of residential settings: those that are authorized to provide the waiver service of residential habilitation (and are providers contracted with SCDDSN) and those that are not but waiver participants may choose to live in the setting (see "Other Residential homes" on page 21).

If a CRCF that is not a provider of residential habilitation (and is not contracted with SCDDSN) is identified as a non-compliant setting, SCDHHS would identify the waiver participants who are living that non-compliant setting. To relocate those residents, 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 G for those guidelines.

If any residential setting that is contracted with SCDDSN to provide residential habilitation or provide residential services is identified as a non-compliant setting, SCDHHS will work with SCDDSN to identify all participants authorized to receive services from the provider who owns/operates the non-compliant setting. To relocate those residents of any SCDDSN funded community residential setting, the "Admissions/Discharge/Transfer of Individuals To/From DDSN Funded Community Residential Settings" directive would be followed utilizing the "Transfer" protocol in Section III of the document (Appendix H). SCDDSN will keep SCDHHS informed of all waiver participant relocations.

If the participant chooses not to use another residential provider, the participant's case manager may explain alternative options should the waiver participant choose to still receive residential services from the non-compliant provider setting or still choose to live in the non-compliant residential setting.

SCDHHS will also be sure to notify all appropriate agencies/program areas of the status of the setting as non-compliant so that no new waiver referrals are made to that non-compliant setting.

Timeline. Relocation of waiver participants would be made after SCDHHS has determined the setting (either day or residential) 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.

For waiver participants who choose to be relocated from either a non-compliant Adult Day Health Care or Day program setting, they will be given 30 days' notice that they will need to move to a new, compliant setting. This notice is intended to minimize disruption of services for the waiver participant.

For waiver participants who choose to be relocated to a compliant residential setting, they will be given 30 days' notice that they will need to move to that new, compliant setting. All other protocols outlined in either the "Relocation Guidelines: Community Residential Care Facility (CRCF) Residents" or the "Admissions/Discharge/Transfer of Individuals To/From DDSN Funded Community Residential Settings" will be followed as appropriate. This notice, along with the other detailed protocol, is intended to minimize disruption of services for the waiver participant.

3.5 Ongoing Compliance

Ongoing compliance of settings is currently monitored through SCDHHS policies and procedures as well as SCDDSN policies, procedures, standards and directives. There are established compliance systems in place at both agencies that monitor providers and their services to ensure they are compliant in providing the waiver services as stated in their contracts/enrollment agreements which are in line with the waiver documents. It is through these established systems, which are described below, that ongoing compliance of the settings with the new HCBS requirements will be monitored. As mentioned in the "Ongoing Compliance of the System" section of this document (page 19), the policies, procedures, standards and directives that direct the current compliance systems will be updated to reflect the new HCBS requirements to ensure the ongoing compliance of the settings.

SCDHHS serves as the Administrative and the Operating Authority for four of the 1915(c) waivers: Community Choices (CC), Mechanical Ventilator Dependent, HIV/AIDS, and Medically Complex Children (MCC). With the introduction of Healthy Connections PRIME, the state retains full operational and administrative authority of this program and the waivers of which it is a part. 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.

The CLTC division of SCDHHS has waiver review as part of the overall CLTC Quality Assurance (QA) Plan. This includes review of Adult Day Health Care settings that provide home and community-based services. Information is gathered and compiled from many data sources including Provider Compliance Reports from SCDHHS staff; APS/critical incident reports; and provider reviews conducted at least every 24 months by SCDHHS staff (which includes reviews of ADHC's). As mentioned in the "Actions to Bring System into Compliance" section (page 15), the assessment tool utilized for the ADHC site visits will be incorporated into the provider reviews that are conducted at least every 24 months by SCDHHS staff. This tool will cover the settings requirements detailed in 42 CFR 441.301(c)(4) as it relates to non-residential settings.

As part of the CLTC QA Plan, information gathered from the sources previously mentioned 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. This includes corrective action for ADHC's. 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 ADHC settings' ongoing compliance of HCBS standards will be monitored.

SCDHHS maintains a Memorandum of Agreement (MOA) with SCDDSN and has four service contracts with SCDDSN that outline the provider responsibilities for the following waivers: Intellectually Disabled/Related Disabilities (ID/RD), Community Supports (CS), Head and Spinal Cord Injury (HASCI), and Pervasive Developmental Disorders (PDD). Additionally, SCDHHS is implementing an Administrative Contract to outline responsibilities regarding SCDDSN's waiver operations for each waiver. As mentioned in the "Actions to Bring System into Compliance" section (page 15), the Community Options Division of SCDHHS created a joint workgroup with SCDDSN that began in fall of 2015 to review SCDHHS and SCDDSN waiver specific policy, procedures, directives, and standards including those related to compliance of providers and settings. Together they will determine where to make the necessary changes to waiver manuals, operating standards and corresponding directives, and key indicators to bring waiver policy and procedures in line with the HCBS requirements to ensure ongoing compliance of settings.

SCDHHS uses a Quality Improvement Organization (QIO), an additional contracted entity, quality assurance staff, and other agency staff to continuously evaluate the operating agency's (SCDDSN) quality management processes to ensure compliance. The QIO conducts validation reviews of a representative sample of initial level of care determinations performed by the operating agency (SCDDSN) and all adverse level of care determinations for all waivers operated by SCDDSN. The additional contracted entity provides specific quality management tasks like provider agency operational audits. SCDHHS Quality Assurance (QA) staff review all critical incident reports, ANE reports, results of QIO provider reviews, and receive licensing/certification reviews upon completion and any received participant complaints. SCDHHS QA staff conduct periodic quality assurance reviews that focus on the CMS quality assurance indicators, performance measures, financial expenditures, and appropriateness of services based on assessed needs. In addition, SCDHHS QA staff perform look-behind reviews of the SCDDSN QIO reports to ensure appropriateness of findings and the return of Federal Financial Participation (FFP) as warranted. SCDHHS QA staff also utilize other systems such as Medicaid Management Information Systems (MMIS) and Truven Analytics Healthcare to monitor quality and compliance with waiver standards. SCDHHS also utilizes its Division of Program Integrity, who works cooperatively with QA and Waiver staff, to investigate complaints and allegations of suspected abuse or fraud that may impact the system. Program Integrity also maintains a good working relationship with the Medicaid Fraud Control Unit at the Attorney General's office to investigate suspected fraud or initiate criminal investigations. To ensure compliance of quality and general operating effectiveness, SCDHHS will conduct a review of the Operating Agency (SCDDSN).

SCDDSN contracts with an independent Quality Improvement Organization (QIO) to conduct assessments of service providers by making on-site visits as a part of its quality assurance process. Providers are reviewed at least annually to every 18 months. This includes on-site visits to Day (non-residential) settings and residential settings. During these visits, records are reviewed, participants and staff are interviewed, and observations made to ensure that services are being implemented as planned and based on the participant's need, and that they comply with contract and/or funding requirements and best practices. SCDDSN plans to incorporate elements of the two assessment tools (Day and Residential) used in the independent site visits into their provider assessment so that the new HCBS requirements are captured as part of this regular review process by the QIO. SCDDSN monitors the results of the QIO's reports as they are completed to monitor overall compliance with quality assurance measures and to ensure appropriate remediation. Any deficiencies found with the provider's compliance will require a written Plan of Correction that addresses the deficiency both individually and systemically. This includes any deficiencies related to the new HCBS standards. A follow-up review will be conducted approximately 6 to 8 months after the original review to ensure successful remediation and implementation of the plan of correction. SCDHHS reviews the submitted results of DDSN QIO quality assurance review activities throughout the year.

SCDDSN also utilizes the independent QIO to complete annual Licensing Inspections for all Day Programs and certain residential settings (CTH Is, CTH IIs, and SLP IIs) contracted for operation by the agency. Any Community Residential Care Facilities (CRCF's) are reviewed for licensing inspections by the South Carolina Department of Health and Environmental Control (SCDHEC). Many of the current licensing standards for SCDDSN include the HCBS settings requirements. Other HCBS requirements for settings will be included in the quality assurance process as noted above.

It is through the SCDHHS QA process, SCDDSN service provider assessment process and the annual licensing inspection process that day and residential settings' ongoing compliance with HCBS standards will be monitored.

4. Heightened Scrutiny

Heightened scrutiny is the process of identifying settings that are presumed to have the characteristics of an institution and therefore are subject to more intense review (scrutiny) by the state. Using the criteria in 42 CFR 441.301(c)(5), SCDHHS will gather data on settings to determine whether the settings have home and community-based qualities. SCDHHS named this process the "HCB Settings Quality Review." After completing this review, the state will then determine if any of the settings will be submitted to CMS for final heightened scrutiny review.

4.1 HCB Settings Quality Review Process

SCDHHS has undertaken the following actions to identify settings that may need to go through the HCB Settings Quality Review process:

- Initial C5 Heightened Scrutiny Assessment
- C4 Individual Facilities/Settings Assessment

- Geocode Data generation
- Consultation with Technical Assistance Collaborative (TAC), Inc.
- Public Input

4.2 Initial C5 Heightened Scrutiny Assessment

This assessment was designed to gather initial data to assist SCDHHS in determining if any settings might be subject to the heightened scrutiny process detailed in 42 CFR 441.301(c)(5)(v). Providers self-reported if any of the settings they own or operate have the following qualities:

- Are located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
- Are in a building on the grounds of, or immediately adjacent to, a public institution;
- Or has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

4.2.1 Development of the assessment tools and criteria. The assessment tool questions utilized the criteria directly from 42 CFR 441.301(c)(5). Providers listed the physical addresses of each facility they own/operate and answered a questionnaire to see if they would be subjected to heightened scrutiny. A letter with directions on how to complete the online assessment was mailed to providers. Providers were directed to review the CMS technical guidance on settings that have an effect of isolating individuals to assist in their answers to the assessment.

4.2.2 Resources to conduct assessments. Resources to conduct the assessments came from SCDHHS personnel and financial resources as well as individual provider personnel and financial resources.

4.2.3 Timeframe to conduct assessments. The "C5" (heightened scrutiny) assessment was mailed out the week of Nov. 3, 2014. Providers only completed one assessment to list each facility they own/operate. Providers had until Dec. 1, 2014, to complete the "C5" assessment and return it to SCDHHS. That was approximately 26 calendar days.

4.2.4 Assessment review. SCDHHS reviewed the initial data gathered from the "C5" assessments to prioritize site visits for any provider who self-reported that they may need to go through the formal heightened scrutiny process (SCDHHS HCB Settings Quality Review).

It became apparent during the collection of data and while communicating with the providers that SCDHHS was overly broad in its determination to send assessments to all providers. The following provider types do not have home and community-based settings to assess by the nature of the services provided:

- Early Intensive Behavior Intervention (EIBI) providers,
- Early Interventionists,
- Applied Behavior Analysis (ABA) therapy providers, and
- CRCF providers who do *not* serve HCBS waiver participants.

The C5 assessment data does not include any of the providers listed above. *Aggregate data results are provided in Outcomes section below.*

4.3 Outcomes

4.3.1 Initial C5 Heightened Scrutiny Assessment. Providers completed the "C5" assessment based on their own interpretation of the regulations and materials provided by CMS on the settings that have the effect of isolating individuals. Actual compliance or non-compliance with 42 C.F.R. 441.301(c)(5) will be determined by SCDHHS or CMS.

Initial C5 Initial Assessment Results

Setting Type	# Settings Assessed	May be Subject to C5 Process
ADHC	43	4
Day Programs (AAC/WAC)	55	9
CLOUD*	7	0
CRCF	43	3
CTH I	98	0
CTH II	619	5
SLP I	88	0
SLP II	74	2
Total #	**1027**	**23**

- Provider Response: 67.46%
- Total Providers: 126
- Providers who responded: 85
- Providers who did not respond: 41

Although there was not 100% provider participation in completing the Initial C5 Heightened Scrutiny Assessment, the same questions were included as part of the C4 Individual Facilities/Settings Assessment in which there was 100% provider participation.

4.4 C4 Individual Facilities/Settings Assessment

This assessment asked providers a series of questions that looked at the physical qualities of the setting and programmatic qualities of the setting. This was for all day (non-residential) and residential settings. The details of this assessment process begin on page 22.

4.5 Geocode Data generation

SCDHHS had the Division of Medicaid Policy Research in the Institute of Families and Society at the University of South Carolina complete a geocode analysis of the physical locations of all HCB settings within South Carolina. This data has broken down the proximity of each setting to public and private institutions and other HCB settings. It shows generally where HCB settings are located in comparison to the broader community of each town.

4.6 Consultation with Technical Assistance Collaborative (TAC), Inc.
Through the procurement process, SCDHHS selected TAC, Inc. to review South Carolina's HCBS residential programs.[12] TAC, Inc. conducted selected site visits around the state to get a general overview of what the waiver residential program looks like. Setting types visited included CRCFs, SLP IIs, and CTH IIs. TAC, Inc. furnished a report to SCDHHS in November 2015 with its findings. That report is included with this plan as Appendix I.

4.7 Public Input
SCDHHS sought public input in the fall of 2015 on settings that might be subject to the heightened scrutiny process. Public notice was sent out on October 30, 2015 informing the public about SCDHHS HCB Settings Quality Review process. The public comment period was from November 2, 2015, to December 31, 2015. The public notice was communicated in the following ways:

- Posted on the SCDHHS HCBS website: https://msp.scdhhs.gov/hcbs/site-page/hcb-settings-quality-review
- Posted on the SCDHHS website: https://www.scdhhs.gov/public-notice/home-and-community-based-services-hcbs-final-rule-heightened-study-scdhhs-seeks
- Email sent via the SCDHHS listserv on November 3, 2015
- Individual emails sent to the HCBS Workgroup, providers, advocate groups, and other stakeholders on November 3, 2015

Additionally, a live webinar was held on November 18, 2015, to explain to the public what SCDHHS was looking for in this public input process. The webinar was recorded and made available for viewing, along with a transcript of the recording, on the Family Connection of SC website: http://www.familyconnectionsc.org/webinars.html

Information provided through this public input was reviewed for inclusion on the independent site visits that will occur beginning in 2016.

4.8 HCB Settings Quality Review Next Steps

4.8.1 Site visits. SCDHHS is using all of the above information to inform which settings will need to go through the HCB Settings Quality Review. One part of the review process consists of a site visit to the setting under review utilizing the refined and revised C4 settings assessment. Interviews with waiver participants who utilize the setting will also be conducted. Additionally, SCDHHS will ask the provider of the setting to produce evidence that the setting does ***not*** have institutional qualities and either *does* meet or *could* meet, with corrective action, the HCB settings requirements. The process for providers is detailed at https://msp.scdhhs.gov/hcbs/site-page/hcb-settings-review.

4.8.2 Heightened Scrutiny Determination. Once the site visits are completed and all documentation, evidence and other data gathered are reviewed, SCDHHS will determine if the setting is one of the following:

1. Institutional and can no longer provide HCB services. This setting will not be sent to CMS for heightened scrutiny review.

[12]TAC, Inc. was awarded a solicitation for consulting services on supportive housing and HCBS review April 2015.

2. Is not institutional and is home and community-based. This setting may need some corrective action to be fully compliant, but will go through the transition period.
3. Is presumed institutional, but is home and community based and will therefore be sent to CMS for final Heightened Scrutiny review.

For any setting that SCDHHS determines is subject to heightened scrutiny by CMS, SCDHHS will request that the provider produce evidence (if they have not already done so) that the setting does not have institutional qualities and either currently does meet or could meet, with corrective action, the HCB settings requirements. The evidence will be reviewed by SCDHHS and may be made available for public comment.

4.8.3 Public notice and comment. After the determinations are made, SCDHHS will publish a list of settings it has identified as presumed institutional for public review and comment in the amended Statewide Transition Plan that will be submitted to CMS in February of 2017. SCDHHS will solicit comments from the public, including beneficiaries and/or personal representatives of beneficiaries, as to the qualities of each of these settings. The public will be able to suggest the addition of any setting to the list if a member of the public determines it may meet the definition of a setting that has institutional qualities that isolate individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. SCDHHS may conduct a site visit on any setting that is on the list. SCDHHS will take public comment under consideration, but ultimately any determination as to what settings SCDHHS will submit to CMS for its review, what settings will not need to be submitted to CMS for review, and what settings will no longer be able to provide HCBS after March 17, 2019, will be made by SCDHHS.

4.8.4 Submission to CMS for Heightened Scrutiny Review. After the public notice and comment period on the Statewide Transition Plan with the included list of settings subject to heightened scrutiny, SCDHHS will submit a final list of settings for CMS Heightened Scrutiny Review.

For any setting that is not home and community-based and remedial actions are not sufficient enough to make the setting compliant with the home and community-based regulations, appropriate action will be taken by SCDHHS to insure continuity of care for any current waiver participants' receiving home and community-based services in this setting. Procedures for participant relocation will be followed as outlined in the "Relocation of Waiver participants" section above (page 26).

South Carolina Home and Community-Based Services Statewide Transition Plan Timeline						
Section 1. Identification						
Action Item	***Description***	***Start Date***	***End Date***	***Sources***	***Stakeholders***	***Intervention/Outcome***
Identify Day Programs	Identify the number of Day programs serving individuals in waivers.	March 2014	April 2014	SCDDSN, SCDHHS	SCDHHS, SCDDSN	Number of facilities to assess identified.
Identify Adult Day Health Care (ADHC) providers	Identify the number of ADHC's serving individuals in waivers.	March 2014	April 2014	SCDDSN, SCDHHS	SCDHHS, SCDDSN	Number of facilities to assess identified.
Identify residential programs	Identify the number and type of residential programs serving individuals in waivers.	March 2014	April 2014	SCDDSN, SCDHHS	SCDHHS, SCDDSN	Number of facilities to assess identified.
Identify other HCB settings	Identify other HCB settings not previously listed.	September 2014	October 2014	SCDHHS	SCDHHS, SCDDSN	Number of facilities to assess identified.
Identify 301 (c)(5) facilities	Obtain physical addresses of all HCBS settings to potentially identify any that might be subject to heightened scrutiny	September 2014	December 2014	SCDHHS, SCDDSN, private providers	SCDHHS, SCDDSN, private providers	Determine any settings that might not comport.
Regulation and policy identification	Identify laws, regulations, policies, standards, and directives that impact HCBS Settings.	September 2014; January 27, 2016	October 2014; January 27, 2016	SCDHHS, SCDDSN, SCDHEC, SC Code of Laws, SC Code of Regulations; SCDSS	SCDHHS, SCDDSN, private providers	Gather all sources of regulation in advance of systemic review.
Geocode data generation	Generate mapping and community characteristics for all ADHC's, Day programs and residential settings current as of Dec. 2014	November 2015	February 2015	SCDHHS, SCDDSN, USC MPR	SCDHHS, SCDDSN, private providers	Utilize data to identify settings that might be subject to heightened scrutiny

Section 2. Assessment						
Action Item	***Description***	***Start Date***	***End Date***	***Sources***	***Stakeholders***	***Intervention/Outcome***
Review existing laws, regulations, policies, standards, and directives for all HCB settings	Conduct thorough review of existing policies, procedures, qualification standards, licensure regulations, provider training, and other related policies for all HCB settings to determine conformance to HCBS rule using CFR language as the rubric.	October 2014; January 27, 2016	January 2015; January 27, 2016	SC Code of Laws, SC Code of Regulations, SCDHHS policies, SCDDSN policies, SCDHEC regulations, SCDHHS provider enrollment	SCDHHS, SCDDSN, SCDHEC	Determine compliance with HCB standards.
Review HCB settings physical locations	Review data gathered on physical locations of all HCB settings to determine if any might be subject to heightened scrutiny per CFR.	December 2014	January 2015	SCDHHS, SCDDSN, private providers	SCDHHS, SCDDSN, private providers	Determine any settings that might not comport.
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, Kansas, Florida)	SCDHHS, SCDDSN, providers	Assessment tool is developed.
Develop day facility assessment tool	Create an assessment tool for day service providers to evaluate compliance with settings requirements.	July 2014	October 2014	CMS guidance, CFR, State developed assessment tools	SCDHHS, SCDDSN, providers	Assessment tool is developed.

Section 2. Assessment *continued*						
Action Item	***Description***	***Proposed Start Date***	***Proposed End Date***	***Sources***	***Stakeholders***	***Intervention/Outcome***
Submit assessment tools for review	Both assessment tools submitted to CMS and the large stakeholder workgroup for review and feedback	August 2014	October 2014	Draft assessment tools	SCDHHS, SCDDSN, providers, advocacy groups, beneficiaries, families	Incorporate appropriate revisions into tool(s).
Conduct pilot test of assessment tools	Each assessment tool was sent to a sample of providers to test and determine if revisions were needed. Clear instructions on completion of the tool were developed from this pilot.	January 12, 2015	March 31, 2015	Draft assessment tools	SCDHHS, SCDDSN, providers	Test assessment tools to ensure accurate data is gathered.
Revise assessment tools and develop instructions	The assessment tools were revised as needed after the pilot testing. Clear instructions were developed for completion of the assessment.	March 19, 2015	April 30, 2015	Draft assessment tools	SCDHHS, SCDDSN, providers	Finalize tools for distribution.
Distribute the assessment tools to HCBS providers	Providers completed the self-assessment tool to determine compliance with HCBS settings requirements.	May 15, 2015* **Providers had 45 days to complete the assessment*	July 1, 2015	Assessment tool	SCDHHS, SCDDSN providers	Providers complete the assessment.

Section 2. Assessment *continued*						
Action Item	***Description***	***Proposed Start Date***	***Proposed End Date***	***Sources***	***Stakeholders***	***Intervention/Outcome***
Provide initial feedback on self-assessments	SCDHHS will send providers written, initial feedback based upon their review of the self-assessments	August 2015	*ADHC Providers*: March 8, 2016 *DDSN Day Services Providers*: March 22, 2016 *Residential Providers*: April 29, 20-16	Self-assessment results	SCDHHS, SCDDSN, providers	Providers receive initial feedback on needed areas of change or improvement for compliance with HCBS requirements on which to begin work
Refine and revise assessment tools	Refine and revise the day (non-residential) assessment tool to be two separate tools – one for ADHC and one for Day programs; refine and revise residential tool	January 11, 2016	March 11, 2016	Self-assessment tools, results	SCDHHS, SCDDSN, providers	Assessment tools more focused to particular settings for accurate assessment outcomes
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.	February 1, 2016	December 16, 2016	Assessment tools; enrolled providers; HCBS standards	SCDHHS, SCDDSN, providers, advocacy groups, beneficiaries, families	Independent assessment of individual settings is completed.
Conduct HCB Settings Quality Review site visits	SCDHHS will conduct site visits on individual settings to determine if any are subject to the heightened scrutiny process	February 1, 2016	December 16, 2016	Assessment tools; enrolled providers; HCBS standards	SCDHHS, SCDDSN, providers, advocacy groups, beneficiaries, families	Determination of which settings are subject to the CMS heightened scrutiny process

Section 2. Assessment *continued*						
Action Item	***Description***	***Proposed Start Date***	***Proposed End Date***	***Sources***	***Stakeholders***	***Intervention/Outcome***
Review of assessment data	SCDHHS will review the assessment data from providers and the independent site visits to determine which facilities are in compliance and which facilities are not in compliance.	February 1, 2016	December 30, 2016	Assessment results (self-assessment and independent)	SCDHHS; SCDDSN, providers	Results identify deficiencies and steps needed to come into compliance are determined.
Review of HCB Settings Quality Review data	SCDHHS will review all data gathered from the site visits, provider documentation, and other supplemental documentation to determine which settings must be submitted to CMS for Heightened Scrutiny process	February 1, 2016	December 30, 2016	Site visit data, provider documentation, supplemental documentation, HCBS standards	SCDHHS, SCDDSN, providers	Finalize which settings will be sent to CMS for Heightened scrutiny and which may need corrective action only
Create response to providers using the results from the assessment	Providers will be notified of their assessment results and any areas of correction for compliance with HCBS Rule.	February 1, 2016	December 30, 2016	Assessment results	SCDHHS, SCDDSN, providers, advocacy groups, beneficiaries, families	Providers aware of deficiencies regarding compliance with HCBS Rule.
Create response to providers regarding results of HCB Settings Quality review	Providers will be notified of the outcome of the HCB Settings Quality Review and what their next steps are (CMS Heightened Scrutiny, corrective	February 1, 2016	December 30, 2016	Site visit data, provider documentation, supplemental documentation, HCBS standards	SCDHHS, SCDDSN, providers	Providers aware if their setting will be subject to Heightened Scrutiny, corrective action, or termination from program

	action plans, or termination from program)					
Program Areas notified of assessment results	Appropriate program areas are given copies of the provider assessment results to monitor progress to compliance and for QA/contractual purposes	February 1, 2016	December 30, 2016	Letter to providers with assessment results	SCDHHS, SCDDSN, providers	Program areas hold providers accountable for meeting new HCBS requirements
Section 3. Compliance Actions						
Action Item	***Description***	***Proposed Start Date***	***Proposed End Date***	***Sources***	***Stakeholders***	***Intervention/Outcome***
ID/RD Waiver document revisions	Update the ID/RD waiver document to reflect person-centered planning requirements (Appendix D); settings requirements (Appendix C5)	January 2014	Dec. 17, 2015	ID/RD waiver document, CFR, CMS Guidance	SCDHHS, SCDDSN, providers, beneficiaries, families, advocacy groups	Waiver document reflects HCBS requirements.
Policy revisions	CLTC Division of SCDHHS will review and revise policies as necessary to reflect HCBS regulations as well as ongoing monitoring and compliance.	September 2015	September 1, 2016	CMS guidance, CFR, SCDHHS policy manuals	SCDHHS, partner agencies, providers, beneficiaries, families, advocacy groups	Policies reflect HCBS requirements.
Policy revisions	Community Options Division of SCDHHS, working with SCDDSN, will review and revise policies as necessary to reflect HCBS regulations as well as ongoing	September 2015	March 31, 2016	CMS guidance, CFR, SCDHHS policy manuals, SCDDSN policy manuals, standards, and directives	SCDHHS, SCDDSN, providers, beneficiaries, families, advocacy groups	Policies reflect HCBS requirements

	monitoring and compliance.					
Section 3. Compliance Actions *continued*						
Action Item	***Description***	***Start Date***	***End Date***	***Sources***	***Stakeholders***	***Intervention/Outcome***
Community Choices (CC) waiver document revisions	Update the CC waiver document to reflect person-centered planning requirements (Appendix D); changes to ADHC service requirements	August 2015	July 1, 2016	CC waiver document, CFR, CMS Guidance	SCDHHS, SCDDSN, providers, beneficiaries, families, advocacy groups	Waiver document reflects HCBS requirements.
ADHC Scope of Work revision	CLTC Division of SCDHHS will revise the scope of work for ADHC's to reflect waiver document language (upon approval of CMS)	Anticipated September 1, 2016	Anticipated November 1, 2016	CC waiver document	SCDHHS, providers	Scope of work reflects HCBS requirements provided in waiver document
HIV/AIDS waiver document revisions	Update the HIV/AIDS waiver document to reflect person-centered planning requirements (Appendix D)	December 2015	July 1, 2016	HIV/AIDS waiver document, CFR, CMS Guidance	SCDHHS, providers, beneficiaries, families, advocacy groups	Waiver document reflects HCBS requirements.
MCC waiver document revisions	Update the MCC waiver document to reflect person-centered planning requirements (Appendix D); address settings requirements (Appendix C5)	January 20, 2016	August 26, 2016	MCC waiver document, CFR, CMS Guidance	SCDHHS, providers, beneficiaries, families, advocacy groups	Waiver document reflects HCBS requirements.
Develop action plan for settings 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	February 1, 2016* **Providers will have 30 days to develop an action plan*	January 31, 2017	Assessment results, information from SCDHHS, CMS guidance	SCDHHS, providers	Each provider develops an approved action plan for compliance.

	SCDHHS to review and approve.					
Section 3. Compliance Actions *continued*						
Action Item	***Description***	***Start Date***	***End Date***	***Sources***	***Stakeholders***	***Intervention/Outcome***
Program Areas given provider action plans	Appropriate Program Areas will receive copies of provider action plans to monitor progress to compliance and for QA/contractual purposes	February 1, 2016	January 31, 2017	Approved Provider Action plans	SCDHHS, SCDDSN, providers	Program areas hold providers accountable for meeting new HCBS requirements
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 9, 2017	December 28, 2018	Assessment results, provider action plans, CMS guidance, CFR, SCDHHS policies	SCDHHS, providers	Providers come into compliance with HCBS rule.
Relocation of Waiver Participants	SCDHHS, and SCDDSN where appropriate, will identify all waiver participants receiving services in non-compliant settings; begin relocation to compliant settings	Anticipated February 20, 2017	Anticipated December 28, 2018	Assessment results, site visits results, HCB Settings Quality Review results, CMS Heightened Scrutiny results	SCDHHS, SCDDSN, providers, beneficiaries, and families	Waiver participants relocated to compliant settings
Provider Training and Education	To ensure understanding of HCBS rule requirements, SCDHHS will develop and provide training/education as needed to providers, to ensure ongoing	January 4, 2016	December 22, 2017	CMS guidance, CFR, SCDHHS policies,	SCDHHS, partner agencies, providers	Educate providers on HCBS rule and its requirements.

	compliance with 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 1, 2016	Partner agencies, advocacy groups, providers, beneficiaries, and families	Partner agencies, advocacy groups, providers, beneficiaries, and families	Monthly workgroup meetings; more frequent subgroup meetings.
HCBS website developed	Create a HCBS specific website for communication with various stakeholders	June 2014	September 4, 2014	SCDHHS	SCDHHS, partner agencies, advocacy groups, providers, beneficiaries, and families	Provide a website for information and communication about HCBS changes and transition
General public informational meetings	Eight general public informational meetings held around the state to inform beneficiaries, family members, advocates, providers, and other interested parties about the HCBS rule.	Sept. 3, 2014	Oct. 21, 2014	SCDHHS, SCDDSN, Family Connections	SCDHHS, partner agencies, advocacy groups, providers, beneficiaries, and families	Information about the HCBS rule and what it means for waiver recipients and providers shared in advance of Statewide Transition Plan posting.
Tribal Notification	Notice is provided to the Catawba Indian Nation about the Statewide Transition Plan and a conference call is held to discuss.	Oct. 27, 2014	Oct. 29, 2014	Statewide Transition Plan draft	SCDHHS, Catawba Indian Nation	Any questions or concerns about the Statewide Transition Plan are addressed.
Provide Notice to MCAC	Provide notice of the Statewide Transition Plan at MCAC meeting.	Nov. 12, 2014	Nov. 12, 2014	Advisories to MCAC	SCDHHS, SCDDSN, providers,	MCAC advised of Statewide Transition Plan and when it will be submitted to CMS.

					beneficiaries, advocacy groups	
Section 4. Communications *continued*						
Action Item	***Description***	***Start Date***	***End Date***	***Sources***	***Stakeholders***	***Intervention/Outcome***
Public notice provided	Notice of the Statewide Transition Plan posted to the SCDHHS website, the HCBS/SCDHHS website, sent out via listserv to any interested parties, shared with members of the large stakeholder workgroup, sent out via email to individual providers and advocates.	Nov. 7, 2014	Dec. 12, 2014	Public notice document, Statewide Transition Plan draft document	SCDHHS, SCDDSN, beneficiaries, families, providers, advocacy groups	Public notice posted for Statewide Transition Plan.
Public comment – Statewide Transition Plan	SCDHHS gathered public comments for review through multiple methods and made appropriate changes to the Statewide Transition Plan. Comments were gathered via mail, email, the HCBS website, and in person.	Nov. 7, 2014	Dec. 12, 2014	Public notice document, Statewide Transition Plan draft	SCDHHS, SCDDSN, beneficiaries, families, providers, advocacy groups	Public notice posted for Statewide Transition Plan.
Public meetings conducted on Statewide Transition Plan	Four public meetings were held throughout state for citizens to comment on the Statewide Transition Plan. Also, one webinar was hosted live and a recording was posted online for later viewing	Nov. 13, 2014	Dec. 12, 2014	Public notice document, Statewide Transition Plan draft document	SCDHHS, SCDDSN, beneficiaries, families, providers, advocacy groups	Public notice posted for Statewide Transition Plan; opportunity for public comment provided in person.

	until the end of the comment period.					
Section 4. Communications *continued*						
Action Item	***Description***	***Start Date***	***End Date***	***Sources***	***Stakeholders***	***Intervention/Outcome***
Public comment collection and revisions	SCDHHS reviewed all comments on the Statewide Transition Plan and made appropriate changes to the document.	Dec. 13, 2014	Jan. 16, 2015	Public comments and any state response documents	SCDHHS	Public comments considered and appropriately incorporated into documents.
Public Notice – HCB Settings Quality Review	SCDHHS sought public comment and input on any HCB settings that might be presumed institutional	Nov. 2, 2015	Dec. 31, 2015	Public notice document	SCDHHS, beneficiaries, families, advocacy groups, providers	Create a list of HCB settings from public input that might need heightened scrutiny
Public notice – HCB settings Quality Review webinar	SCDHHS hosted a live webinar, that was recorded for later viewing, explaining the HCBS Settings Quality Review	Nov. 18, 2015	Nov. 18, 2015	Webinar	SCDHHS, beneficiaries, families, advocacy groups, providers	Explain the HCB Settings Quality review process; provide opportunity to answer questions about it
Provide notice to MCAC	Provide notice of the upcoming public notice and comment period on the revised STP	February 9, 206	February 9, 2016	Advisory to MCAC	SCDHHS, SCDDSN, providers, beneficiaries, advocacy groups	MCAC advised of Statewide Transition Plan revisions, public notice and comment period, and upcoming submission to CMS
Provide Tribal Notification	Notice is provided to the Catawba Indian Nation about the revisions to the Statewide Transition Plan and a conference call is held to discuss.	February 24, 2016	February 24, 2016	Public notice document, revised Statewide Transition Plan draft	SCDHHS, Catawba Indian Nation	Any questions or concerns about the Statewide Transition Plan revisions are addressed

Section 4. Communications *continued*						
Action Item	***Description***	***Start Date***	***End Date***	***Sources***	***Stakeholders***	***Intervention/Outcome***
Public Notice provided	Notice of the Statewide Transition Plan was posted to the SCDHHS website, the HCBS/SCDHHS website, other agency websites, sent out via listserv to any interested parties, shared with members of the large stakeholder workgroup, sent out via email to individual providers and advocates, posted in Medicaid offices	Feb. 24, 2016	March 25, 2016	Public notice document, Statewide Transition Plan revised draft document	SCDHHS, SCDDSN, beneficiaries, families, providers, advocacy groups	Public notice posted for Statewide Transition Plan.
Public comment – Statewide Transition Plan	SCDHHS gathered public comments for review through multiple methods and made appropriate changes to the Statewide Transition Plan. Comments were gathered via mail, email, and the HCBS website.	Feb. 24, 106	March 25, 2016	Public notice document, Statewide Transition Plan revised draft document	SCDHHS, SCDDSN, beneficiaries, families, providers, advocacy groups	Public comments gathered for Statewide Transition Plan.
Public comment collection and revisions	SCDHHS reviewed all comments submitted on the Statewide Transition Plan and made appropriate changes to the document. A summary of the comments and SCDHHS response was included	March 26, 2016	March 30, 2016	Public comments and any state response documents	SCDHHS	Public comments considered and appropriately incorporated into documents.

	as an appendix to the document.					
Section 4. Communications *continued*						
Action Item	***Description***	***Start Date***	***End Date***	***Sources***	***Stakeholders***	***Intervention/Outcome***
Provide notice to MCAC	Provide notice of the upcoming public notice and comment period on the amended STP that includes setting assessment results	Anticipated November 15, 2016 or first meeting in 2017 (schedule not yet posted)	Anticipated November 15, 2016 or first meeting in 2017 (schedule not yet posted)	Advisory to MCAC	SCDHHS, SCDDSN, providers, beneficiaries, advocacy groups	MCAC advised of Statewide Transition Plan amendments, public notice and comment period, and upcoming submission to CMS
Tribal Notification	Notice is provided to the Catawba Indian Nation about the Statewide Transition Plan amendments and a conference call is held to discuss.	Anticipated Dec. 21, 2016	Anticipated Dec. 21, 2016	Amended Statewide Transition Plan	SCDHHS, Catawba Indian Nation	Any questions or concerns about the amended Statewide Transition Plan are addressed
Public notice to be provided	Notice of the amended Statewide Transition Plan will be posted to the SCDHHS website, the HCBS/SCDHHS website, sent out via listserv to any interested parties, shared with members of the large stakeholder workgroup, sent out via email to individual providers and advocates. The amended STP will have the site visit results and Heightened Scrutiny list for public review	Anticipated January 9, 2017	Anticipated February 8, 2017	Public notice document, Statewide Transition Plan amended draft document	SCDHHS, SCDDSN, beneficiaries, families, providers, advocacy groups	Public notice posted for Statewide Transition Plan.

Section 4. Communications *continued*						
Action Item	***Description***	***Start Date***	***End Date***	***Sources***	***Stakeholders***	***Intervention/Outcome***
Public comment – Statewide Transition Plan	SCDHHS will gather public comments for review through multiple methods and make appropriate changes to the Statewide Transition Plan. Comments will be gathered via mail, email, and the HCBS website.	Anticipated January 9, 2017	Anticipated February 8, 2017	Public notice document, Statewide Transition Plan amended draft document	SCDHHS, SCDDSN, beneficiaries, families, providers, advocacy groups	Public comments gathered for Statewide Transition Plan.
Public comment collection and revisions	SCDHHS will review all comments submitted on the Statewide Transition Plan and make appropriate changes to the document. A summary of the comments and SCDHHS response will be included as an appendix to the document.	Anticipated February 9, 2017	Anticipated February 16, 2017	Public comments and any state response documents	SCDHHS	Public comments considered and appropriately incorporated into documents.

Appendix A-1
Summary of the Public Meetings and Comments for the South Carolina Department of Health and Human Services HCBS Statewide Transition Plan

South Carolina Department of Health and Human Services (SCDHHS) held four public meetings in the following South Carolina cities:

- Nov. 13, 2014 Florence, SC
- Nov. 18, 2014 Greenville, SC
- Dec. 2, 2104 Charleston, SC
- Dec. 4, 2014 Columbia, SC

An online webinar was also held on Nov. 19, 2014. It was recorded and posted online at: familyconnectionsc.org/webinars.html. A transcript of the webinar was made available for later viewing during the public comment period.

These meetings provided information about the state's HCBS Statewide Transition plan and created an opportunity for the public to comment on the plan. The public was provided the proposed information prior to the meetings, and the proposed Statewide Transition Plan was posted online for public viewing and comment. The public was also provided the opportunity to submit comments through the mail and/or comment section on the SCDHHS HCBS website.

South Carolina Department of Health and Human Services HCBS Statewide Transition Plan

Per 42 CFR 441.301 (c)(6)(ii)(A), the state is submitting a Statewide Transition Plan to detail how South Carolina will come into compliance with the new home and community-based (HCB) settings requirements.
The following is a summary of the actions identified in the Statewide Transition Plan:

Assessment of System-Wide Regulations, Policies, Procedures, Licensing Standards and Other Regulations

- A list of regulations, policies, procedures, licensing standards and other regulations that directly impact home and community-based settings will be compiled.
- They will be read and reviewed to determine that the laws, regulations, etc. are not a barrier to the settings standards outlined in the HCBS Rule.
- Changes will be pursued as appropriate for any regulations, policies, etc. that do not meet the HCBS settings requirements outlined in the CFR.

Assessment of Settings

- Identification of all Home and Community-Based settings.
- Identification of any HCB settings that might be subject to the heightened scrutiny process.
- Distribution of self-assessment tool to providers for completion.
- Review of individual self-assessments; based on the results SCDHHS will provide individualized responses to providers on each setting.

- Site visits of HCBS settings will be conducted by SCDHHS after self-assessments are completed.
- Action Plans will be developed by providers and be approved by SCDHHS to bring settings into compliance with the HCBS rule.

Communication and Outreach

- Provide several methods of communication with the public regarding general information on the HCBS Rule and Statewide Transition Plan.
- Provide public notice and comment on the Statewide Transition Plan (details below).

42 CFR 441.301 (c)(6)(iv)(B) directs the state to submit with the Statewide Transition Plan a summary of the comments received during the public notice period.

Summary of comments and clarifications

1. Systems Policies and Assessments

   Comments/Questions

   - Is there a list of the laws compiled yet that impacts HCBS rules, settings available on the DHHS site?
     - *No, but a summary of the review, which includes the laws and regulations reviewed, will be included in the Statewide Transition Plan. This will be posted on the SCDHHS website and the SCDHHS HCBS website.*
   - The transition plan should include a timeline for SCDHHS to develop a comprehensive oversight process to ensure compliance with the Final Rule.
     - *Oversight of compliance will be incorporated into existing oversight structures as these HCB standards will be the "new norm". That timeline for policy revision is included in the plan.*

2. Facilities and Assessments

   Comments/Questions

   - Provider assessments are coming out in January?
     - *Yes, we still anticipate January. We will post information on the HCBS website and contact providers directly, which is included in the plan.*
   - Providers complete the self-assessment and then it takes about 18 months for SCDHHS to review it, is that right?
     - *That is the anticipated time frame for review, including a site visit, which is included in the plan.*
   - C4 assessments are for day facilities, right?
     - *The C4 assessment is for all home and community-based settings, day and residential, as specified in the plan.*
   - Is the result of the review made public?
     - *We will not publish individual assessment outcomes. It may be provided in aggregate data to CMS indicating how many settings are compliant, how many may become compliant, and how many may not be able to be compliant.*
   - What about enforcement by 2019?

- *After March 17, 2019, only providers who are fully compliant with the HCBS rule will be able to provide home and community-based services.*

- In addition to SCDHHS assessments of existing facilities and services, SCDHHS should contract for trained external reviewers who can assess the opportunities for interaction outside the facility or program. While self-assessment is a valuable first step in prioritizing assessments, all programs and facilities should be reviewed by an independent assessor.
  - *We appreciate the commenter's suggestion. As we move forward through the assessment and transition period, SCDHHS will explore contracting outside/independent reviewers to assess opportunities for interaction outside the facility or program.*
- Will adult day health care be included with the HCBS changes?
  - *Yes, they are listed as a setting type in the plan.*
- On page 2 of the Statewide Transition Plan, item A. 2 (b) lists Adult Day Health Centers as serving frail elderly and people with physical disabilities which is not exactly correct. In some communities the adult day health centers are serving people with intellectual disabilities, but who have no physical disability.
  - *The descriptor was meant to define the primary population served, not the only population served.*
- If day programs are not meeting the new standards, will SCDHHS work with them?
  - *Yes, SCDHHS will provide feedback on the self-assessments and the site visit results along with providing guidance on action plan development. This is noted in the plan.*
- In day programs, we want our people out in the community, yes, but some of them require total care and where will these clients fit?
  - *Each individual has a person-centered service plan which reflects their individual needs and goals when it comes to choosing appropriate services.*
- The day programs have a big imbalance. If you want to work in an integrated work setting, you won't be picked up and taken to work. There is transportation to day programs only.
  - *We appreciate this comment and SCDHHS is actively engaging with providers and stakeholders on this issue.*
- Day program availability is an issue. Is there any plan for increasing the capacity in day programs?
  - *We appreciate this comment and SCDHHS is actively engaging with providers and stakeholders on this issue.*
- Is there a Best Practices Guide regarding Day Services that has been developed since it was mentioned that South Carolina is looking at what other states have done?
  - *Currently there is not a guide but information is being collected from other states.*
- Will some service arrays for day services be different or change, like respite?
  - *It is possible that service arrays may change.*
- Several questions were asked regarding the addition of beds/residential facilities for people with intellectual disabilities and with physical disabilities. It is needed; when will it happen?
  - *We appreciate this comment and SCDHHS is actively engaging with providers and stakeholders on this issue.*
- A few questions were asked about some of the group homes that are larger. Given the intent of the CMS regulations, is there a need to reduce or modify them to comply? Are we ensuring qualities of home life is achieved?

- *The C4 self-assessment will be the best tool to determine the need to change the size of the setting and make accommodations for the current residents if needed.*
- The transition plan should have a timeline to develop smaller scale settings than the four bedroom group home that has been the model for many years.
  - *We appreciate the commenter's suggestion. SCDHHS has contracted with the Technical Assistance Collaborative to assist the state in developing a strategic plan to create and enhance housing options in the state.*
- The transition plan should have a short deadline for development of appropriate language to comply with the requirement for a legally-enforceable tenancy agreement.
  - *We appreciate the commenter's suggestion. Where providers may not have legally-enforceable tenancy agreements in place (based on assessment and other information gathered), that feedback and direction will be given to providers in their feedback from SCDHHS. Deadlines will be a part of a provider's action plan for correction.*
- Integration in the community should mean that these individuals have meaningful choice of other housing at the same age as other young adults. The transition plan does not include consideration of this issue.
  - *We appreciate the commenter's suggestion. SCDHHS has contracted with the Technical Assistance Collaborative to assist the state in developing a strategic plan to create and enhance housing options in the state.*
- The goal of the five year plan was to open beds at regional centers, right? This would mean respite was decreased over time with beds but this will actually increase, right?
  - *There was a goal to expand residential services, but not related to the regional centers.*
- What is the plan to de-bed state run facilities (institutions) across all populations?
  - *That has not been a focus in developing this transition plan.*
- How does the CMS Rule apply to institutional regional services?
  - *It doesn't apply to the institutional population.*

3. Person-centered Planning/Conflict-Free Case Management

Please note that while the Statewide Transition Plan only focuses on HCB settings, policies, and public notice, the State received several comments on this topic and wanted to include them here.

Comments/Questions

- How are we determining that Freedom of Choice is provided and understood?
  - *This will most likely be addressed through proper training for case managers and education for beneficiaries and families.*
- Most importantly, Person Centered Planning should be the basis of all plans. Supported Decision Making needs to be at the heart of this as well.
- I know much of the emphasis is on environmental issues pertaining to the physical layout of programs. I know the idea of smaller group settings is something to strive for, but the financial resources to do some of the necessary changes may be huge and difficult to achieve. I would suggest that a key focus needs to be on the issue of choice and promoting individualized services. Even in larger group settings choice and individualized services can be achieved. I don't want to see us (providers) using environmental factors as an excuse for not promoting the person centered services. Please make sure that you strengthen the notion of choice and individualized services in your plan.

- *We agree with the emphasis on choice for beneficiaries and will make sure to address it as SCDHHS works to examine all aspects of coming into compliance with the HCBS rule.*

- The transition plan should include development of protocols for the person-centered plan and criteria for individuals who provide the assessments used in developing the plan. It should include a timeline for training participants and providers about the goals of the Final Rule and the person-centered planning process.
  - *The guidelines regarding the waiver transition plans indicate that they must only address the HCBS rule settings requirements and how those will be assessed and brought into compliance. We do appreciate the commenter's suggestion and will take it under advisement as SCDHHS works to examine all aspects of coming into compliance with the HCBS rule.*
- As part of the transition plan to improve meaningful choice for participants, P&A suggests review of the National Core Indicators Data on choice of home and work.
  - *This review will be part of SCDHHS' work to examine all aspects of coming into compliance with the HCBS rule.*
- The transition plan should include a process to clarify the appeals process for applicants and recipients of SCDDSN services and members of HMOs. SCDHHS should amend its fair hearing regulation to clarify what it covers and provide an adequate cadre of professional hearing officers to ensure thorough, fair and expeditious review of all decisions affecting Medicaid recipients.
  - *Review of all processes related to HCB services will be part of the system assessment of policies as addressed in the plan.*
- How much influence/impact will families have in this new Person-centered planning world if the beneficiary wants something else?
  - *The case manager acts as a mediator to resolve disputes in those instances.*
- Please explain conflict free case management.
  - *To separate service coordination from the same entity that provides services to promote and ensure freedom of choice for the beneficiary.*
- For conflict-free case management, what does the transition plan look like? Do individual providers or the state have to deal?
  - *Yes, it will be part of SCDHHS' work to examine all aspects of coming into compliance with the HCBS rule.*
- Are we looking at other service arenas where conflict free case management already exists?
  - *Yes.*
- Do you have a vision for Conflict Free Case Management?
  - *It is being developed. There will be a sub-group created to review what we do now and what other states are doing, and to develop some potential models.*
- Will case manager positions be cut?
  - *It is unclear at this time, but SCDHHS' ultimate goal is to provide conflict free case management in compliance with the HCBS standards.*

4. Other comments

Comments/Questions

- What does this mean to families? Will services change? Will they lose their waiver?

- *Services should only change to be compliant with the new standards, which seek to improve services. No one should lose their waiver; this is not the intent.*

- How will this affect other waiver services?
  - *Any providers of waiver services will have to comply with the new standards by March 17, 2019.*
- Will these changes hold up the people getting the services?
  - *No, SCDHHS does not anticipate any disruption in services to beneficiaries.*
- Is there something or somewhere I can comment here on this web site?
  - *Yes, online comments can be made at: https://msp.scdhhs.gov/hcbs/webform/comments-questions.*
- What do you want from those attending the public meeting and those in the DSN community? What do you need in terms of the Final Rule?
  - *We need ideas from the community and we need everyone to be open to new ideas that are coming as a result of the HCBS requirements. Implementing these new standards will require input from community and flexibility in changes to services. We would like everyone to stay connected to the process and assessments as they happen.*
- What are we doing with the community and how they treat people with disabilities?
  - *This will be part of SCDHHS' work to examine all aspects of coming into compliance with the HCBS rule and working with advocates and partner agencies.*
- What about the safety factor for the disabled being integrated into the community?
  - *Safety is part of the service plan and specific to the individual and would be part of the person-centered planning process.*
- Is there a time frame for potential changes to the service area?
  - *For the HCBS Rule, the deadline is by March 2019.*
- Would 1915(i) help increase capacity?
  - *It may once it is available.*
- What happens to DSN Boards and their roles?
  - *DSN Boards will continue to provide services as they transition to compliance with the new standards.*
- How is the CMS Rule going to help get more providers, especially in places where there are not a lot of options currently?
  - *That is unclear. We must make this field more attractive and get more quality providers trained.*
- Does the plan for self-assessment that is going out in January mention anything about increases in the cost of care due to criteria?
  - *It doesn't address that specific question.*
- If there is an increased expectation of services, there may be an increase in the cost of providing the service.
  - *Yes, the self-assessments will be important to help us determine the potential financial impact.*
- What is the additional burden and impact on providers?
  - *We want beneficiaries' needs met and services and settings brought up to standard. All providers will self-assess which may help better determine the burden and/or impact to providers.*

- Are there currently programs, supports and/or dollars to hire and encourage businesses to hire individuals with disabilities?
  - *There are some federal incentives for businesses where a certain percentage of employees have disabilities. SC Vocational Rehabilitation Department also deals directly in this area.*
- What about employment issues? Small towns don't employ people with disabilities.
  - *We appreciate this comment and SCDHHS is actively engaging stakeholders on this issue.*
- Are there states where Vocational Rehabilitation offers incentives and/or contributes to help in finding employment?
  - *SCDHHS is meeting with SC Vocational Rehabilitation to determine how both agencies can work together on this issue.*
- Jobs in the community may pay less than what people make in the day center. Will people be forced to give up their center job?
  - *No, it is about personal choice*.
- SCDHHS should increase coordination with the Vocational Rehabilitation Department to increase training and employment opportunities outside the DSN Board framework. SCDHHS should work with the Governor's office to implement the National Governors' Association employment initiative.
  - *This work may be part of SCDHHS' work to examine all aspects of coming into compliance with the HCBS rule.*
- We moved here from Pennsylvania. There, working with our OVR was important. They could get job supports through a waiver with DSN. Transportation is an issue. Here public transportation is slim. How do we address these issues?
  - *Transportation in this state is an issue. SCDHHS is actively engaging providers and stakeholders on this issue.*
- Protection and Advocacy (P & A) strongly supports this initiative and the expanded inclusiveness of individuals with disabilities. However, they would like to see external assessments of the facilities in addition to the self-assessments. Also, they support meaningful choices for individuals once school is completed. They would like to involve others besides SCDDSN and SCDHHS to help move in right direction. Vocational Rehab was mentioned as one agency to help better support these endeavors. They would like to see continued oversight to insure best practices and noted that abuse and neglect was easier to spot when individuals were institutionalized. It is harder to spot when individuals are spread out in homes, etc. This needs to be monitored closely. P & A appreciates SCDHHS moving South Carolina forward in these areas.
- The transition plan should include a strategy to gather information about the availability of community programs which could be modified to include waiver participants.
  - *We appreciate the commenter's suggestion and will take it under advisement as we move forward through the assessment period.*
- The transition plan should address the need for SCDHHS to work with SCDHEC and other members of the Adult Protection Coordinating Council to assess the need for changes in the system for investigating abuse/neglect/exploitation of vulnerable adults. Data from SLED show that many cases occur in CTH IIs. As individuals move into smaller facilities there will be a need to determine the best way to protect them. P&A believes that procedures to protect individuals in the community are an essential part of person-centered planning and SCDHHS

quality control. The transition plan should also consider development of an adult abuse registry as a means of protecting waiver participants.
    - *Review of all processes related to HCB services will be part of the system assessment of policies.*
- There were comments on how SCDHHS needs to look at how we can share resources between agencies.

5. Response

The guidelines regarding the Statewide Transition Plan indicate that it must only address the HCBS rule settings requirements and how those will be assessed and brought into compliance. Many individual responses have been provided above that note what was included as part of the Statewide Transition Plan. Other comments will be taken under advisement as SCDHHS works to examine all aspects of coming into compliance with the HCBS rule.

Appendix A-2
Summary of the Public Notice and Comments for the South Carolina Department of Health and Human Services HCBS Statewide Transition Plan

South Carolina Department of Health and Human Services (SCDHHS) provided the following public notice for the revised South Carolina HCBS Statewide Transition Plan:

- Advertisement in The State newspaper, Feb. 23, 2016
- Advertisement in The Post and Courier, Feb. 24, 2016
- Advertisement in The Greenville News, Feb. 23, 2016
- Online webinar on Feb. 24, 2016. It was recorded and posted online at: familyconnectionsc.org/webinars.html. A transcript of the webinar was made available for later viewing during the public comment period.
- On the SCDHHS HCBS website
- On the SCDHHS website under "Public Notice"
- On the SCDDSN website
- On the Family Connections website
- On the Able South Carolina website
- On the SC Developmental Disabilities Council website
- On the AARP South Carolina website
- On the Protection & Advocacy (SC) website
- Sent out via the SCDHHS listserv
- Available in print form at the SCDHHS main office lobby (Jefferson Square, 1801 Main Street, Columbia, SC)
- Available in print form at all Healthy Connections Medicaid County Offices
- Available in print form at all Community Long Term Care (CLTC) Regional Offices

The revised Statewide Transition Plan was posted online for public viewing and comment. The public was also provided the opportunity to submit comments through the mail and/or comment section on the SCDHHS HCBS website.

South Carolina Department of Health and Human Services HCBS Statewide Transition Plan

The South Carolina Department of Health and Human Services (SCDHHS) gives notice that the revised draft Statewide Transition Plan, required per Centers for Medicare and Medicaid Services (CMS) Home and Community-Based Services (HCBS) Rule (42 CFR 441.301(c)(6)), is available for public review and comment. The revised South Carolina Statewide Transition Plan will be submitted on March 31, 2016. It will be effective upon CMS approval.

The following is a summary of the revisions made in the draft Statewide Transition Plan (originally submitted Feb. 26, 2015):

Communication and outreach

- Update provided on this public notice and comment period for the Feb. 24, 2016, draft of the Statewide Transition Plan (page 5).

Assessment of system-wide regulations, policies, procedures, licensing standards and other regulations

- Laws, regulations and licensing standards for Pediatric Medical Day Care settings were added and reviewed as they are a setting in the Medically Complex Children's waiver (page 10).
- Residential setting self-assessment was moved to this section as the self-assessment was a policy review by setting type and not by individual setting (page 7).
- Under "Outcomes of System-wide review," the identified policy in #7 for waiver participants traveling out of state was identified in SCDHHS policy in addition to SCDDSN policy (page 13).
- "Outcomes of Residential Systemic review" added on page 13.
- "Actions to bring the System into Compliance" has been expanded to provide greater detail on immediate compliance actions (page 14).
- "Actions to bring the Residential System into Compliance" added on page 16.
- "Ongoing Compliance of System" has been expanded to provider greater detail on ongoing compliance actions (page 16).
- "Ongoing Compliance of Residential System" added on page 17.

Assessment of settings

- In the identification of settings, differentiated between Community Residential Care Facilities (CRCFs) that contract with SCDDSN to provide residential habilitation and those CRCFs that do not (page 18).
- Added the Pediatric Medical Day Care setting (page 19).
- Updated the timeframe for when individual site visits will occur (page 20).
- Under "Outcomes," updated the number of settings, by setting type, estimated to fall into each of the HCBS Compliance Categories (tables, pages 21 and 22).
- "Actions for Facilities Deemed not in Compliance" has been expanded to provide greater detail on immediate compliance actions (page 22).
- "Actions for Facilities Deemed not in Compliance" includes a section on "Relocation of Waiver Participants" (page 23).
- "Ongoing Compliance" has been expanded to provider greater detail on ongoing compliance actions for HCBS settings (page 25).

Heightened Scrutiny

- This section was pulled out of the "Assessment of settings" section and given much more detail on what this process will look like for providers with settings subject to heightened scrutiny. It begins on page 27.

South Carolina Home and Community-Based Services Statewide Transition Plan Timeline

- The timeline was updated to reflect the changes and additions listed above along with updated dates (page 32).

Overall revisions

- The following appendices were added:
  - Systemic Review Spreadsheet (Appendix B)
  - C4 Day (non-residential) Setting HCBS Self-Assessment (Appendix C)
  - C4 Residential Setting HCBS Self-Assessment (Appendix D)
  - Non-residential self-assessment Global Analysis (Appendix E)
  - Residential self-assessment Global Analysis (Appendix F)
  - Relocation Guidelines: Community Residential Care Facility (CRCF) Residents (Appendix G)
  - Admissions/Discharges/Transfer of Individuals to/from SCDDSN-Funded Community Residential Settings (Appendix H)

42 CFR 441.301 (c)(6)(iv)(B) directs the state to submit with the Statewide Transition Plan a summary of the comments received during the public notice period.

Summary of comments and clarifications

1. Systems Policies and Assessments

   Comments/Questions

   - As part of assessing whether vocational services are provided in a community-based environment, DHHS should review any agreements with the Vocational Rehabilitation Department in order to increase training and employment opportunities outside the DSN Board framework.
     - *We appreciate the commenter's suggestion and staff at SCDHHS will review the relationship with Vocational Rehabilitation for opportunities to increase training and employment services for waiver beneficiaries.*
   - (Webinar) How is DDSN Directive 533-02-DD, "Sexual Assault Prevention, and Incident Procedure Follow-up," not in compliance?
     - *As written, DDSN Directive 533-02-DD mandates that a beneficiary's family/family representative/guardian is notified is an incident occurs. This may violate a beneficiary's right to privacy, if that beneficiary does not want their family/family representative/guardian to be notified.*

2. Facilities and Assessments

   Comments/Questions

   - We continue to support the need for trained external assessors to conduct site reviews.
     - *We appreciate the commenter's suggestion. SCDHHS has requested money in the upcoming state fiscal year budget to contract with an external reviewer to conduct, at minimum, the residential site visits, but this is dependent upon the final SC legislative budget allocation to SCDHHS for state FY17.*
   - Community Residential Care Facilities, especially the very large ones, are highly segregated environments. Whether or not technically subject to heightened scrutiny, they should be extremely carefully reviewed.
     - *We appreciate the commenter's suggestion and SCDHHS will engage in discussions with SCDHEC (the regulatory body for CRCF's) on how the two agencies can work together on this issue.*

- Assessment of residential options should at least include family homes as South Carolina has the second-highest percentage of individuals with developmental disabilities who still reside in their family home. Assessing true participation and true integration in the community may include if these individuals have meaningful choice of other housing options as other adults [*not receiving HCBS*] of the same age. The transition plan does not include consideration of this issue.
    - *We appreciate the commenter's suggestion and note that the regulations allow states to presume a waiver participant's private home meets the HCB settings requirements. The person-centered planning process would be utilized to address this commenter's concern about other housing options.*
- (Webinar) Will the findings of the site visits be available for public review?
    - *SCDHHS will be posting the findings of the Quality Review assessments (heightened scrutiny process) to scdhhs.gov/hcbs.*
- (Webinar) Can you explain how person-centeredness and choice will figure into the assessment of programs?
    - *When site visits are conducted, SCDHHS will look at the physical characteristics of the setting, look at service plans for individuals served in that setting, and observe the activity in that setting/program. Additionally, whether at the time of the site visit or at a separate time, interviews or focus groups with individuals who utilize the setting will be conducted to get additional feedback on the qualities of the setting.*

3. Other comments

Comments/Questions

- Regarding making HCBS recipients aware of their rights to integrated services and how to complain or appeal, a new section in 42 CFR 441.745(a)(1)(iii) (State plan HCBS administration) states, "A state must provide individuals with advance notice of and the right to appeal terminations, suspensions, or reductions of Medicaid covered services as described in part 431, subpart E." DHHS should have one path of appeal for all stages of Medicaid…the current process of separate review through DDSN, and internal processes for HMO appeals, causes confusion and delay for recipients.
    - *We appreciate the commenter's suggestion. It is important to note that the cited regulatory reference is only for state plan home and community-based services which South Carolina currently does not have and therefore is not applicable here and is outside the scope of the Statewide Transition Plan. However, SCDHHS will share this suggestion with the appropriate internal staff for further review and consideration.*
- The transition plan should include a strategy to gather information about the availability of community programs which could be modified to include waiver participants, such as community day programs run by Area Agencies on Aging and city and county recreation commissions.
    - *We appreciate the commenter's suggestion but note that the Statewide Transition Plan is for the transition of existing services and settings into compliance and this comment references what would be considered new settings. However, SCDHHS will explore this as an option for expanding existing services utilizing new settings.*

- (Webinar) For someone who provides services for medically fragile children, specifically safe transportation, will the waiver cover these services in full including vests for children with behavioral problems or older teens attacking the driver?
    - *This question would be better asked directly of one of SCDHHS' waiver administrators to be able to go fully in depth on the issues with this question as this is outside the scope of the Statewide Transition Plan. If you are unsure who to contact, please contact Kelly Eifert or Cassidy Evans directly and we will connect you with the proper person (our emails were on the slides for the webinar).*

Appendix B
Systemic Review

	DDSN Day Programs - AAC	DDSN Day Programs - WAC
Most Applicable Statute/Regulation/Standard/Directive/Policy **not exhaustive	**DDSN Day Services Standard (All services); DDSN Licensing Day Facilities Standards**	**DDSN Day Services Standard (All services); DDSN Licensing Day Facilities Standards**
All HCB Settings		
42 CFR 441.301(c)(4)(i):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.	**Compliant:** Day Services Standards (All services)	**Compliant:** Day Services Standards (All services)

42 CFR 441.301(c)(4)(ii): 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.	**Conflicting:** "Day/Support/Community Services will only be provided in or originate from facilities licensed by DDSN as Day Facilities. DDSN Day Services will only be provided by DDSN qualified Day Service providers ." -DDSN Day Services Standards, DDSN Waiver Policy Manuals **Partially compliant:** "on site attendance at the licensed facility is not required to receive services that originate from the facility:"	**Conflicting:** "Career Preparation Services will only be provided in or originate from facilities licensed by SCDDSN as Day Facilities."(individual does not have choice of non-disability specific setting). **Partially compliant:** "on site attendance at the licensed facility is not required to receive services that originate from the facility:"
42 CFR 441.301(c)(4)(iii): Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	**Compliant:** S.C. Code Ann. 44-26-10 et. seq.:"Rights of Clients with Intellectual Disability"; **Conflicting**: Sexual Assault Prevention, and Incident Procedure Follow-up (533-02-DD) V. Family Notification	**Compliant:** S.C. Code Ann. 44-26-10 et. seq.:"Rights of Clients with Intellectual Disability"; **Conflicting:** Sexual Assault Prevention, and Incident Procedure Follow-up (533-02-DD) V. Family Notification

42 CFR 441.301(c)(4)(iv): 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.	**Compliant:** "Individuals receiving DDSN Day Service are supported to make decisions and exercise choice regarding the specific DDSN Day services provided." - DDSN Day Services Standards; **Conflicting**: SC Code Ann. § 44-20-420: "The director or his designee may designate the service or program in which a client is placed. The appropriate services and programs must be determined by the evaluation and assessment of the needs, interests, and goals of the client."	**Conflicting:** SC Code Ann. § 44-20-490: (A) When the department determines that a client may benefit from being placed in an employment situation, the department shall regulate the terms and conditions of employment, shall supervise persons with intellectual disability, a related disability, head injury, or spinal cord injury so employed, and may assist the client in the management of monies earned through employment to the end that the best interests of the client are served.
42 CFR 441.301(c)(4)(v): Facilitates individual choice regarding services and supports, and who provides them.	**Conflicting:** SC Code Ann. § 44-20-420: "The director or his designee may designate the service or program in which a client is placed. The appropriate services and programs must be determined by the evaluation and assessment of the needs, interests, and goals of the client."	**Conflicting:** SC Code Ann. § 44-20-490: (A) When the department determines that a client may benefit from being placed in an employment situation, the department shall regulate the terms and conditions of employment, shall supervise persons with intellectual disability, a related disability, head injury, or spinal cord injury so employed, and may assist the client in the management of monies earned through employment to the end that the best interests of the client are served.

	Adult Day Health Care	Pediatric Medical Day Care
Most Applicable Statute/Regulation/Standard/Directive/Policy **not exhaustive	**SC Reg 61-75**	**SC Code Ann.§§ 63-13-10** **SC Reg 114-500**
All HCB Settings		
42 CFR 441.301(c)(4)(i):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.	**Compliant:** A person choosing to receive services in an Adult Day Health Care is choosing to participate in activities and therapies designed to activate, motivate and/or retain participants to enable them to sustain or regain functional independence. Each facility has to make available social, group, individual, educational, recreational, and other activities. These activities take place in the facility, normally, but there must be opportunities for excursions or outing to points of interest of participants, assistance with community and personal referral activities, and planned indoor and outdoor recreation. S.C. Code. Regs. 61-75 (D).	**Compliant:** Licensed the same as any other child care facility in the state. See SC Code Ann.§§ 63-13-10.

42 CFR 441.301(c)(4)(ii): 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.	**Silent**	**Silent**
42 CFR 441.301(c)(4)(iii): Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	**Compliant:** A statement of Rights of Adult Day Care Participants must be posted in each facility. The rights, including but not limited , to privacy, dignity, respect, and the freedom from coercion and restrain can be found in S.C. Code Regs. 61-75(N).	**Compliant**: Each facility must have a statement on behavior management that includes the prohibition of emotional and physical abuse, and of chemical or physical restraint (SC Code Regs 114-506 (B)). Additionally, the facility must maintain the confidentiality of the attending children's records (SC Code Regs 114-503(I)).

42 CFR 441.301(c)(4)(iv): 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.	**Silent**	**Partially Compliant**: Each facility must develop a daily planned program of activites for the children attending the center that are age appropriate and designed to promote developmental growth, including opportunities for alone time in quiet areas (SC Code Regs 114-506 (A))
42 CFR 441.301(c)(4)(v): Facilitates individual choice regarding services and supports, and who provides them.	**Silent**	**Silent**

Requirement	CRCFs
Most Applicable Statute/Regulation/Standard/Directive/Policy **not exhaustive	**SC Reg. 61-84; DDSN Residential Habilitation Standards**
All HCB Settings	
42 CFR 441.301(c)(4)(i):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.	**Compliant:** DDSN Residential Habilitation Standards; RH3.0 People are supported and encouraged to participate and be involved in the life of the community; RH3.1, People are supported to mainatin and enhance links with families, friends, or other support netowrks.; **Conflicting:** R. 61-84-902 Fiscal Management; Personal Funds Maintained at the Residential Level (200-01-DD)
42 CFR 441.301(c)(4)(ii): 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.	**Compliant,** DDSN Residential Habilitation Standards: RH1.2: People's preferences/wishes/desires for how, where, and with whom they live are learned from the person: prior to entry into a residential setting; and continuously; DDSN Waiver Policy.

42 CFR 441.301(c)(4)(iii): Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	**Compliant:** DDSN Residential Habilitation Standards**,** S.C. Code Ann. 44-26-10 et. seq.:"Rights of Clients with Intellectual Disability"; Freedom from Restraint R.61-84-905 and R. 61-84-1001(G), Rights and Assurances R. 61-84-1001; **Conflicting**, Sexual Assault Prevention, and Incident Procedure Follow-up (533-02-DD): V. Family Notification
42 CFR 441.301(c)(4)(iv): 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.	**Compliant**: R. 61-84-1001(D): "Achieving the highest level of self-care and independence by residents shall be reflected in the manner in which the facility provides/promotes resident care, e.g., residents making their own decisions, selecting a physicisan or other provider, maintaing personal property, managing finances."; R. 61-81-1001(F): Residents shall be provided the opportunity to provide input into changes in facility operational policies, procedures, services, including "house rules"
42 CFR 441.301(c)(4)(v): Facilitates individual choice regarding services and supports, and who provides them.	**Compliant:** DDSN Residential Habilitation Standards

RESIDENTIAL ONLY	CRCFs
42 CFR 441.301(c)(4)(vi)(A): The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law	**Compliant:** "There shall be a written agreement between the resident, and /or his/her responsible party, and the facility. This agreement shall include at least the following…Discharge/transfer provisions to include the conditions under which the resident may be discharges and the agreement terminated, and the disposition of personal belongings." R. 61-84-901(A)(7); Discharge/Transfer Policy R.61-84-906
42 CFR 441.301(c)(4)(vi)(B): Each individual has privacy in their sleeping or living unit	**Compliant:** DDSN Residential Habilitation Standards; R. 61-84-2702(I): In semi-private rooms, when personal care is being provided, arrangements shall be made to ensure privacy."
42 CFR 441.301(c)(4)(vi)(B)(1): Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	**Compliant**: DDSN Residential Habilitation Standards; R. 61-84-2705(I): "If resident doors are lockable, there shall be provisions for emergency entry. There shall not be locks that cannot be unlocked and operated from inside the room."
42 CFR 441.301(c)(4)(vi)(B)(2): Individuals sharing units have a choice of roommates in that setting.	**Compliant:** R. 61-84-2702(K): "Consideration shall be given to resident compatability in the assignment of rooms for which there is multiple occupancy."

42 CFR 441.301(c)(4)(vi)(B)(3): Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	**Compliant:** Residents Room, R. 61-84 2702: right to furnish room
42 CFR 441.301(c)(4)(vi)(C): Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	**Compliant:** DDSN Residential Habilitation Standards RH 2.0: Personal freedoms, such as the right to make a phone call in private, to decide to have a friend visit, choices as to what to have for a snack, etc. are not restricted without due process."; RH2.1 "People are supported to make decisions and exercise choices regarding their daily activities."; Individual Care Plan, R. 61-84-703; Meal Service R. 61-84-1305: At a minimum, three nutritionally adequate meals must be provided in each 24 hour period.
42 CFR 441.301(c)(4)(vi)(D)Individuals are able to have visitors of their choosing at any time.	**Compliant:** DDSN Residential Habilitation Standards RH 2.0: " Personal freedoms, such as the right to make a phone call in private, to decide to have a friend visit, choices as to what to have for a snack, etc. are not restricted without due process."
42 CFR 441.301(c)(4)(vi)€: The setting is physically accessible to the individual.	**Compliant:** DDSN Residential Habilitation Standards, "Residential Habilitation services demonstrate due regard for the health, safety and well-being of each person when they: Meet or exceed applicable federal, state and local fire, health and safety regulations, policies and procedures." **Conflicting:** R. 61-84-103(B) Complinace: 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.

Requirement	CTHI	CTHII	SLPI	SLPII	CLOUD
Most Applicable Statute/Regulation/Standard/Directive/Policy **not exhaustive	**DDSN Residential Habilitation Standards; DDSN Residential Licensing Standards**				
All HCB Settings					
42 CFR 441.301(c)(4)(i):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.	**Compliant:** DDSN Residential Habilitation Standards; RH3.0 People are supported and encouraged to participate and be involved in the life of the community; RH3.1, People are supported to mainatin and enhance links with families, friends, or other support netowrks.; **Conflicting:** Personal Funds Maintained at the Residential Level (200-01-DD):: does not allow individuals to control personal resources (only allowed $50 and kept in cash box collectively which is only accessible to a limited number of staff)				
42 CFR 441.301(c)(4)(ii): 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.	**Compliant,** DDSN Residential Habilitation Standards: RH1.2: People's preferences/wishes/desires for how, where, and with whom they live are learned from the person: prior to entry into a residential setting; and continuously; DDSN Waiver Policy.				

42 CFR 441.301(c)(4)(iii): Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	**Compliant**, DDSN Residential Habilitation Standards; S.C. Code Ann. 44-26-10 et. seq.:"Rights of Clients with Intellectual Disability" **Conflicting:** Sexual Assault Prevention, and Incident Procedure Follow-up (533-02-DD): V. Family Notification
42 CFR 441.301(c)(4)(iv): 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.	**Compliant:** DDSN Residential Habilitation Standards; RH2.1 People are supported to make decisions and exercise choices regarding their daily activities; **Conflicting:** SC Code Ann. § 44-20-420: "The director or his designee may designate the service or program in which a client is placed. The appropriate services and programs must be determined by the evaluation and assessment of the needs, interests, and goals of the client."
42 CFR 441.301(c)(4)(v): Facilitates individual choice regarding services and supports, and who provides them.	**Compliant:** DDSN Residential Habilitation Standards

RESIDENTIAL ONLY	CTHI	CTHII	SLPI	SLPII	CLOUD
42 CFR 441.301(c)(4)(vi)(A): The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law	**Silent**				
42 CFR 441.301(c)(4)(vi)(B): Each individual has privacy in their sleeping or living unit	**Compliant:** DDSN Residential Licensing Standard 2.9: "When occupied by more than one (1) resident the setting must afford each resident sufficient space and opportunity for privacy including bathing/toileting facilities behind a lockable door, lockable doors on bedroom/sleeping quarters and lockable storage."				
42 CFR 441.301(c)(4)(vi)(B)(1): Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	**Compliant**, DDSN Residential Habilitation Standards: RH2.4: "Unless contraindictated by assessment data, each resident must be provided with a key to his/her bedroom." RH2.5: "Unless contraindictated by assessment data, each resident must be provided with a key to his/her home."; DDSN Residential Licensing Standard 2.9: "When occupied by more than one (1) resident the setting must afford each resident sufficient space and opportunity for privacy including bathing/toileting facilities behind a lockable door, lockable doors on bedroom/sleeping quarters and lockable storage."				
42 CFR 441.301(c)(4)(vi)(B)(2): Individuals sharing units have a choice of roommates in that setting.	**Silent**				

42 CFR 441.301(c)(4)(vi)(B)(3): Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	**Silent**
42 CFR 441.301(c)(4)(vi)(C): Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	**Compliant:** DDSN Residential Habilitation Standards RH 2.0: " Personal freedoms, such as the right to make a phone call in private, to decide to have a friend visit, choices as to what to have for a snack, etc. are not restricted without due process."; RH2.1 "People are supported to make decisions and exercise choices regarding their daily activities."
42 CFR 441.301(c)(4)(vi)(D)Individuals are able to have visitors of their choosing at any time.	**Compliant:** DDSN Residential Habilitation Standards RH 2.0: " Personal freedoms, such as the right to make a phone call in private, to decide to have a friend visit, choices as to what to have for a snack, etc. are not restricted without due process."
42 CFR 441.301(c)(4)(vi)€: The setting is physically accessible to the individual.	**Compliant:** DDSN Residential Habilitation Standards, "Residential Habilitation services demonstrate due regard for the health, safety and well-being of each person when they: Meet or exceed applicable federal, state and local fire, health and safety regulations, policies and procedures."

Modifications to Residential	CRCF	CTH I & II	SLP I	SLP II	CLOUD
42 Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan: 42 CFR 441.301(c)(4)(vi)(F)(1): Identify a specific and individualized assessed need. 42 CFR 441.301(c)(4)(vi)(F)(2): Document the positive interventions and supports used prior to any modifications to the person-centered service plan. 42 CFR 441.301(c)(4)(vi)(F)(3): Document less intrusive methods of meeting the need that have been tried but did not work. 42 CFR 441.301(c)(4)(vi)(F)(4): Include a clear description of the condition that is directly proportionate to the specific assessed need. 42 CFR 441.301(c)(4)(vi)(F)(5): Include regular collection and review of data to measure the ongoing effectiveness of the modification. 42 CFR 441.301(c)(4)(vi)(F)(6): Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. 42 CFR 441.301(c)(4)(vi)(F)(7): Include the informed consent of the individual. 42 CFR 441.301(c)(4)(vi)(F)(8): Include an assurance that interventions and supports will cause no harm to the individual.	**Compliant**, S.C. Code Ann. 44-26-70 (Supp. 2007) requires that each DDSN Regional Center and DSN Boad establishes a Human Rights Committee. Contract Service providers may either use the Human Rights Committee of the local DSN Board or establish their own Committee. Contract providers must have formal documentation of this relationship. See also DDSN policy 535-02-DD.				

Appendix C
Instructions for completing the C4 Day (non-residential) HCBS self-assessment:

1. Assessment answers must be entered into the online webform at the HCBS website. The link was provided in your letter from SCDHHS. This includes uploading any documentation requested in the assessment (see #2 below).
2. You can also access a printable copy of the assessment at: https://msp.scdhhs.gov/hcbs/site-page/c4-settings-assessment. We strongly encourage you to print it out and review it first before starting. The assessment asks for some supplemental documentation and it may be helpful to gather that ahead of time. Documentation includes:
    a. Program/facility policies and procedures on participant transportation
    b. Program/facility policies and procedures on grievances
    c. Program/facility policies and procedures on filing anonymous complaints

    When attaching your document, first click on "Choose File."
    Then, select the file from your computer that you wish to attach.
    Once you select your file, click "Upload" (the blue button on the screen).
3. You **must** do one assessment for each day (non-residential) facility you own and/or operate.
4. Assess your facility(ies).
    a. It is suggested to complete the assessment on paper first and then transfer the answers to the online form.
    b. It is strongly encouraged that you talk with your participants to help you accurately answer some of the questions.
    c. Your staff may also be helpful in answering some of the questions.
5. Once you have completed all of your assessments, SCDHHS will review them along with the data gathered from the independent site visits and provide you with feedback on each facility indicating where it is in compliance and where it is not.
6. Any questions regarding the assessments can be sent to HCBSAssessments@scdhhs.gov.

Terminology:

Facility:	The physical space where the day program/service is provided *Also called a setting*
HCBS:	Home and community-based services *Also known as Medicaid waiver services*
Individual:	The participant in the day program/service
Program:	The collective events, activities, services, etc., offered in the facility
Public Institution:	An inpatient facility that is financed and operated by a county, state, municipality, or other unit of government
Public Transportation:	Transportation provided in the community and available to the public, including, but not limited to, buses, trains, and taxi services
Service Plan:	The document created for the individual that details the goals and outcomes of the individual, along with the services and supports that will be provided to assist in achieving those goals and outcomes, specific to the Day program/service *Also called a Care Plan or Plan of Care*

HCBS Setting Requirements (from 42 CFR 441.301(c)(4)

All Home and Community-Based Settings must have the following qualities:

- Is integrated in and supports full access to the greater community
- Provide individuals opportunities to seek employment and work in competitive integrated settings
- Provide individuals the opportunity to engage in community life
- Provide individuals the opportunity to control their personal resources
- Provide individuals the opportunity to receive services in the community
- Is selected by the individual from among setting options
  - Including non-disability specific settings
- Ensures the individual's right of privacy
- Ensures the individual's right of dignity
- Ensures the individual's right of respect
- Ensures the individual's right of freedom from coercion
- Ensures the individual's right of freedom from restraint
- Optimizes individual initiative
- Optimizes an individual's autonomy
- Optimizes an individual's independence in making life choices, including but not limited to:
  - Choice in daily activities
  - Choice in physical environment
  - Choice with whom to interact
- Facilitates an individual's choice regarding services and supports
- Facilitates an individual's choice regarding service provider

1	SETTING		
1.1	*Does the program's setting isolate individuals from the surrounding community and persons who are not receiving Medicaid HCBS services?*		
	Expectation: Individuals do not receive services/training primarily in isolated facilities, or settings which limit their potential integration with the community at large.		
	Related Questions:		
	Is the program surrounded by high walls/fences and/or have closed/locked gates?	☐ YES	☐ NO
	Is the program setting among private residences/businesses and community resources?	☐ YES	☐ NO
	Does the program purposefully separate individuals receiving Medicaid HCBS services from those who do not?	☐ YES	☐ NO
	Is the program on the grounds of, or adjacent to, a public institution? *Note: A Public Institution is an inpatient facility that is financed and operated by a county, state, municipality, or other unit of government.*	☐ YES	☐ NO
	Is the setting located on a parcel of land that contains more than one State licensed facility?	☐ YES	☐ NO
	Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment?	☐ YES	☐ NO
1.2	*Is the program traversable by the individuals it serves; does it meet the needs of individuals who require supports?*		
	Expectation: Individuals are able to maneuver through the hallways, doorways, and common areas with or without assistive devices. Supports are available to individuals who require them.		
	Related Questions:		
	Are supports provided for individuals who need them to move around the setting independently/as they are able (grab bars, ramps, viable emergency exits etc.)?	☐ YES	☐ NO
	Are appliances/amenities accessible to individuals with varying access needs?	☐ YES	☐ NO
	Can individuals make use of furniture and spaces conveniently and comfortably?	☐ YES	☐ NO
	Are hallways/common areas accessible to individuals of varying needs?	☐ YES	☐ NO
	Are individuals, or groups of individuals, restricted from areas of the program because it is inaccessible to individuals with specific ambulatory needs?	☐ YES	☐ NO
1.3	*Is the program non-institutional in nature?*		
	Expectation: Programs should have characteristics of community settings.		
	Related Questions:		
	Does the program offer individuals flexibility outside of the structured events?	☐ YES	☐ NO
	Does the program afford opportunities for individual schedules that focus on the needs and desires of an individual?	☐ YES	☐ NO

2	**ACTIVITIES AND COMMUNITY INTEGRATION**			
2.1	*Do individuals go outside of the facility during the receipt of services?*			
	Expectation: Individuals receive services in community settings outside the facility.			
	Related Questions:			
	Do individuals exercise choice in determining community-based activities (related to objectives in their service plan) in which they will participate during receipt of services?	☐ YES	☐ NO	
	Do individuals have planned opportunities to interact with citizens without disabilities?	☐ YES	☐ NO	
	Do individuals have unplanned opportunities to interact with citizens without disabilities?	☐ YES	☐ NO	
	How often does the program provide opportunities for individuals to receive services in community settings outside the facility?			
2.2	*Do services provided by the program make individuals more aware of community resources and employment options?*			
	Expectation: Individuals have opportunities to discover and learn to access new community resources and identify potential employment options.			
	Related Questions:			
	How does the program facilitate individuals' access to the community?			
	Does the program organize activities or facilitate access to community resources of individuals' choosing (related to objectives in their service plan)?	☐ YES	☐ NO	
	How does the program and its organized activities expose individuals to new community resources and potential employment options?			
2.3	*Are individuals employed outside of the facility?*			
	Expectation: Individuals have the ability to seek and gain competitive employment in the community.			
	Related Questions:			
	How does the program aid individuals who wish to pursue competitive employment in the community?			

2.4	*Are individuals able to move freely outside of the facility?*			
	Expectation: Individuals have full access to the community and are allowed to come and go from the facility, as they are able, unless the individual's safety would be jeopardized. Reasons to restrict movement are documented in the individual's record. Attempts to mitigate safety issues prior to revoking an individual's right to freedom of movement are documented.			
	Related Questions:			
	Are individuals able to come and go from the facility and its grounds as they are able?	☐ YES	☐ NO	
	Can individuals engage in community and social activities of their preference outside of the facility as they are able?	☐ YES	☐ NO	
	Are individuals moving around inside and outside of the facility?	☐ YES	☐ NO	
	Does the facility provide accessible transportation so individuals may access the community?	☐ YES	☐ NO	
	Is transportation provided or arranged by the facility to community activities?	☐ YES	☐ NO	
	How does the facility organize appropriate transportation to community activities?			
	Do individuals have access to public transportation?	☐ YES	☐ NO	
	Does the facility offer training to individuals on how to use public transportation?	☐ YES	☐ NO	☑ N/A
	Are public transport schedules and contact information readily accessible to individuals?	☐ YES	☐ NO	☐ N/A
	Do individuals with physical accessibility needs have access to accessible transportation?	☐ YES	☐ NO	
	Describe and provide a copy of the facility's policies and procedures regarding transportation to community activities.			

3	**CHOICE, DIGNITY & RESPECT**		
3.1	*Do individuals have opportunities to make choices relating to all aspects of services received in the program free from coercion?*		
	Expectation: Individuals have opportunities to make choices relating to all aspects of services received in the program free from coercion.		
	Related Questions:		
	Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible?	☐ YES	☐ NO
	Do staff retaliate or impose consequences on individuals in response to complaints?	☐ YES	☐ NO
	Are individuals allowed to voice grievances to the facility staff, public officials, the ombudsman, or any other person, without fear of reprisal, retaliation, restraint, interference, or coercion?	☐ YES	☐ NO
	How does the facility ensure individuals are allowed to voice grievances without fear of reprisal, retaliation, restraint, interference, or coercion? Please explain or provide a copy of the facility's policy and procedure on grievances.		
	Do individuals make choices regarding the activities in which they engage that are aligned with their plan of care/service plan?	☐ YES	☐ NO
	Are individuals encouraged to create a personal activities schedule?	☐ YES	☐ NO
	Are individuals encouraged to initiate and create activities of their choice?	☐ YES	☐ NO
	Do individual schedules vary from others?	☐ YES	☐ NO
3.2	*Are individuals provided appropriate information/resources on how to file an anonymous complaint?*		
	Expectation: Information is available to individuals on how to file an anonymous complaint. Telephone numbers for appropriate regulating bodies (e.g., the Department of Health and Environmental Control, Long-Term Care Ombudsman, Department of Social Services - Adult Protective Services) and information for reporting Abuse, Neglect and Exploitation are posted in a common area of the facility.		
	Related Questions:		
	How does the program make information about how to register an anonymous complaint available to individuals?		
	Is information about filing complaints posted in obvious and accessible areas?	☐ YES	☐ NO

3.3	*How do staff treat individuals?*		
	Expectation: Staff treat individuals in a dignified manner.		
	Related Questions:		
	Do staff greet and chat with individuals?	☐ YES	☐ NO
	Do staff converse with individuals while providing assistance/services and during the course of the day?	☐ YES	☐ NO
	Do staff talk to other staff in front of individuals as if the individual is not there?	☐ YES	☐ NO
	Do staff address individuals in the manner they like to be addressed?	☐ YES	☐ NO
	Are staff available when support/assistance is needed or desired?	☐ YES	☐ NO
	Are there program policies for responding to incidents in which staff do not treat individuals with dignity and respect? Please provide a copy.	☐ YES	☐ NO

3.4	*Are individual choices accommodated?*		
	Expectation: Individual choices are accounted for and honored unless the individual's safety would be jeopardized and in accordance with the person-centered plan.		
	Related Questions:		
	Do staff ask the individual about his/her needs/preferences?	☐ YES	☐ NO
	Are individuals aware of how to make service requests?	☐ YES	☐ NO
	How are individual requests accommodated?		

3.5	*Are individuals, or their representatives, active participants in the development of, and updates to, the plan of care / service plan?*		
	Expectation: Individuals and/or their representatives are active participants in the service planning process. Planning meetings occur at times convenient to the individual/representative.		
	Related Questions:		
	How does the setting post or provide information to individuals/representative(s) about how to request and schedule a planning meeting?		
	Was the individual/representative(s) present during the last plan meeting?	☐ YES	☐ NO
	Do individuals participate in their plan meetings?	☐ YES	☐ NO
	Is the individual's input reflected in the service plan?	☐ YES	☐ NO
3.6	*Is the individual's right to dignity and privacy respected?*		
	Expectation: The individual's right to dignity and privacy is protected and respected.		
	Related Questions:		
	Is health information about individuals kept private?	☐ YES	☐ NO
	Is health information stored in a central location, locked in a secure area, and only accessible to professional staff? If no, where is it stored?	☐ YES	☐ NO
	Are schedules of individuals for PT, OT, medications, restricted diet, etc., posted in a general open area for all to view?	☐ YES	☐ NO
	Are health-related and personal care activities conducted in private locations? Examples: blood pressure readings, personal hygiene, incontinence care, etc.	☐ YES	☐ NO

Appendix D
Instructions for completing the C4 Residential HCBS self-assessment:

1. Assessment answers must be entered into the online webform at the HCBS website. The link was provided in your letter from SCDHHS. This includes uploading any documentation requested in the assessment (see #2 below).
2. You can access a printable copy of the assessment at: https://msp.scdhhs.gov/hcbs/site-page/c4-settings-assessment. We strongly encourage you to print it out and review it first before starting. The assessment asks for some supplemental documentation and it may be helpful to gather that ahead of time. Documentation includes:
    a. Visitor policies and procedures
    b. Resident privacy and access policies
    c. Policies and procedures on resident transportation
    d. Policies and procedures on grievances
    e. Policies and procedures on filing anonymous complaints
    f. Current copy of lease or residency agreement
    g. Copy or picture of previous month's activity calendar for each residential setting type and corresponding log of activities (who went, etc.)
    h. Policy on rights restrictions

    When attaching your document, first click on "Choose File."
    Then, select the file from your computer that you wish to attach.
    Once you select your file, click "Upload" (the blue button on the screen).
3. You **must** do one assessment for each residential facility program type that you operate. Program types includes:
    a. Community Residential Care Facilities (CRCF)
    b. Community Training Home II (CTH II)
    c. Community Training Home I (CTH I)
    d. Supervised Living Program II (SLP II)
    e. Supported Living Program I (SLP I)
    f. Customized Living Options Uniquely Designed (CLOUD)

    No assessment is needed for any ICF/IID settings.
4. Assess your residential program.
    a. It is suggested to complete the assessment on paper first and then transfer the answers to the online form.
    b. It is **strongly encouraged** that you talk with your residents to help you accurately answer some of the questions.
    c. Your staff may also be helpful in answering some of the questions.
5. Once you have completed all of your assessments, SCDHHS will review them along with the data gathered from the independent site visits and provide you with feedback on each residential program type indicating where it is in compliance and where it is not. Information from the independent site visits may be used to indicate specific compliance concerns with specific residential settings.
6. Any questions regarding the assessments can be sent to HCBSAssessments@scdhhs.gov.

Terminology:

Facility:	The physical space where the residential program is provided; the home. *Also called a setting*
HCBS:	Home and community-based services *Also known as Medicaid waiver services*
Individual:	The participant in the residential program
Program:	The collective services offered in the residential setting
Public Institution:	An inpatient facility that is financed and operated by a county, state, municipality, or other unit of government
Public Transportation:	Transportation provided in the community and available to the public, including, but not limited to, buses, trains, and taxi services
Service Plan:	The document created for the individual that details the goals and outcomes of the individual, along with the services and supports that will be provided to assist in achieving those goals and outcomes, specific to the residential program/service *Also called a Care Plan or Plan of Care*

HCBS Setting Requirements (from 42 CFR 441.301(c)(4)

All Home and Community-Based Settings must have the following qualities:

- Is integrated in and supports full access to the greater community
- Provide individuals opportunities to seek employment and work in competitive integrated settings
- Provide individuals the opportunity to engage in community life
- Provide individuals the opportunity to control their personal resources
- Provide individuals the opportunity to receive services in the community
- Is selected by the individual from among setting options
  - Including non-disability specific settings
  - Option for private unit in residential setting
- Ensures the individual's right of privacy
- Ensures the individual's right of dignity
- Ensures the individual's right of respect
- Ensures the individual's right of freedom from coercion
- Ensures the individual's right of freedom from restraint
- Optimizes individual initiative
- Optimizes an individual's autonomy
- Optimizes an individual's independence in making life choices, including but not limited to:
  - Choice in daily activities
  - Choice in physical environment
  - Choice with whom to interact
- Facilitates an individual's choice regarding services and supports
- Facilitates an individual's choice regarding service provider

In addition to above, **all residential settings** *must have* the following qualities:

- Legally enforceable agreement between the provider and the resident with:
  - same responsibilities and protections from eviction that tenants have under landlord/tenant law; OR
  - If tenant laws don't apply, a written agreement is in place that addresses eviction appeals.
- Provides an individual privacy in their sleeping/living unit
- Entrance doors lockable by individual with only appropriate staff having keys
- Individuals have a choice of roommate, if have to share
- Individuals have the freedom to furnish and decorate their sleeping/living units
- Individuals have the freedom and support to control their own schedules/activities
- Individuals have the freedom to have access to food at any time
- Individuals are able to have visitors, of their choosing, at any time.
- Physically accessible to individuals.

C4 Residential HCBS Self-Assessment

1.0	**SETTING**		
1.1	*Does the residential setting isolate individuals from the surrounding community and persons who are not receiving Medicaid HCB services?*		
	Expectation: Individuals do not live in isolated compounds, or settings which limit their potential integration with the community at large.		
	Related Questions:		
	Is the residential setting surrounded by fences or high walls , or have closed or locked gates? If yes, please explain the reason for them.	☐ YES	☐ NO
	Is the residential setting among private residences, businesses and community resources?	☐ YES	☐ NO
	Does the residential purposely separate individuals receiving Medicaid HCB services from those who do not?	☐ YES	☐ NO
	Is the residential setting located on the grounds of, or adjacent to, a public institution? *Note: A public institution is an inpatient facility that is financed and operated by a county, state, municipality, or other unit of government.*	☐ YES	☐ NO
	Is the residential setting located on, or adjacent to, a parcel of land that contains more than one State licensed facility?	☐ YES	☐ NO
	Is the residential setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment?	☐ YES	☐ NO
1.2	*Do the residential setting's common areas have a home-like feel?*		
	Expectation: The common areas do not resemble an institution, are comfortable, and encourage social interactions free from undue restrictions.		
	Related Questions:		
	Are the common areas decorated in a home-like fashion (paint, artwork, home furnishings etc.)?	☐ YES	☐ NO
	Is there a common living room/social area with home-like furnishings?	☐ YES	☐ NO
	Are individuals free to move around common areas?	☐ YES	☐ NO
1.3	*Is the residential setting traversable by the individuals it serves; does it meet the needs of individuals who require supports?*		
	Expectation: Individuals are able to maneuver through the hallways, doorways, and common areas with or without assistive devices. Supports are available to individuals who require them.		
	Related Questions:		
	Are supports provided for individuals who need them to move around the setting independently/as they are able (grab bars, ramps, viable emergency exits etc.) ?	☐ YES	☐ NO
	Are appliances and amenities accessible to individuals with varying access needs?	☐ YES	☐ NO
	Can individuals make use of furniture and spaces conveniently and comfortably? (e.g., Tables and chairs at a convenient height)	☐ YES	☐ NO
	Are hallways and common areas accessible to individuals of varying needs?	☐ YES	☐ NO
	Are individuals, or groups of individuals, restricted from areas of the residential setting because it is inaccessible to individuals with specific ambulatory needs?	☐ YES	☐ NO

1.4	*Are visitors restricted from entering the residential setting? Do individuals have a private meeting room to receive visitors?*			
	Expectation: Individuals are able to receive visitors. Visitation is not restricted or hampered by facility policies or practices. Standard visiting hours are posted, and individuals are made aware of after hours visiting policy. Visitors must be allowed outside of standard visiting hours, but restrictions to accommodate other residents, such as limiting visitors to certain areas of the residential setting and observing "quiet hours," may be imposed. There is a comfortable private place for individuals to have visitors.			
	Related Questions:			
	Are visiting hours restricted? If so, explain reasoning for the restriction(s).	☐ YES	☐ NO	☐ N/A
	Are visiting hours posted? If Yes, where are they posted? (Please provide a copy)	☐ YES	☐ NO	
	Are individuals or visitors required to give advance notice of visitation?	☐ YES	☐ NO	
	Are there provisions for private visitation in home-like settings?	☐ YES	☐ NO	
	Are individuals allowed to have over night guests, if space and accommodations are available? If no, please explain.	☐ YES	☐ NO	
	Please attach or send a copy of the visitor policy and procedures			
1.5	*Are there areas within the residential setting that an individual cannot enter without permission or an escort?*			
	Expectation: Individuals are able to access all areas of the residential setting unless their safety would be jeopardized, e.g., individuals do not have access to maintenance rooms, janitor's closets, etc.			
	Related Questions:			
	Which areas are individuals restricted from entering? Please provide an explanation.			
	How are individuals prevented from entering restricted areas (industrial gates, locked door, barriers etc.)?			
1.6	*Do individuals have access to standard household amenities including appliances?*			
	Expectation: Individuals have independent access to appliances and household amenities in order to complete standard household chores and activities of daily living as appropriate.			
	Related Questions:			
	Do individuals have access to a laundry room?	☐ YES	☐ NO	
	Do individuals have access to cooking or a food preparation area/space ?	☐ YES	☐ NO	
	Are individuals encouraged and supported to do personal chores and housekeeping if they choose?	☐ YES	☐ NO	

2.0	**ROOM AND PRIVACY**			
2.1	*Do individuals have a choice of a private or semi-private room and choice of roommate if applicable?*			
	Expectation: Individuals have the ability to choose whether to upgrade to a private room (room and board rates may be different based on the individual's election of a private or semi-private room). If the individual lives in a semi-private room, they are not auto-assigned a roommate. Individuals are given the option to move to another room and/or change roommate if their preference becomes available.			
	Related Questions:			
	Do individuals have the option to elect a private room?	☐ YES	☐ NO	☐ N/A
	Are individuals given the opportunity to choose their roommate if applicable?	☐ YES	☐ NO	
	Does the individual talk positively about their roommate?	☐ YES	☐ NO	☐ N/A
	How are individuals made aware of how to request a roommate change?			
	Under what circumstances may an individual change rooms and/or roommate?			
	How do individuals request a change of room or roommate?			
	Are residents notified of roommates and changes prior to move in?	☐ YES	☐ NO	
	Does the residential setting alert individuals to the fact their room or roommate preference is available?	☐ YES	☐ NO	
	May married couples choose to share, or not to share a room?	☐ YES	☐ NO	
2.2	*Are the residential setting's rooms home-like?*			
	Expectation: Individuals' living areas do not resemble institutional settings or wards. Individuals are encouraged and supported to maintain their personal space according to their preferences, and living areas are the appropriate size for the number of residents.			
	Related Questions:			
	How many beds are in the bedrooms?			
	Are the individuals' personal items, such as pictures, books, and memorabilia, present and arranged as the individual desires?	☐ YES	☐ NO	
	Do the furniture, linens, and other household items reflect the individuals' personal choices?	☐ YES	☐ NO	
	Do individuals' living areas reflect their interests and hobbies?	☐ YES	☐ NO	

2.3	*Do individuals have privacy in their bedrooms and toileting facilities?*			
	Expectation: Individuals have the right to privacy, including lockable doors to their individual rooms and toileting facilities, unless the individual's physical or cognitive condition means their safety could be compromised if afforded privacy.			
	Related Questions:			
	Does the individual's room and bathroom have a locking door?	☐ YES	☐ NO	
	Who has keys to access individual's rooms?			
	Do furniture arrangements ensure privacy?	☐ YES	☐ NO	
	Do staff, other residents and visitors always knock and receive permission prior to entering an individual's room or bathroom?	☐ YES	☐ NO	
	Do individuals have the option to close their doors when wanting total privacy? If no, please explain reason(s).	☐ YES	☐ NO	
	Are cameras present in the residential setting? If so, where? Document where each one is located.	☐ YES	☐ NO	
2.4	*Does the residential setting have a policy and procedure that addresses staff access to individuals' rooms?*			
	Expectation: Residential setting staff respects the individual's privacy in their room, and is familiar with and properly implements the policy and procedure to enter an individual's room (e. g., knock, ask to enter, and wait for a response, etc.)			
	Related Questions:			
	Under what circumstances would an individual's room be accessed without their permission? Please explain.			
	Are provisions for access discussed with and agreed to by the individual?	☐ YES	☐ NO	
	Describe the residential setting's privacy and access policy. Please provide a copy.			

2.5	*Are individuals able to make or send private telephone calls, text, or emails at their preference and convenience?*			
	Expectation: Individuals have access to make private telephone calls, send text messages, or send e-mail at the individual's preference and convenienc			
	Related Questions:			
	Does the individual have a private cell phone, computer or other personal communication device, or have access to a telephone or other technology device to use for personal communication in private at any time?	☐ YES	☐ NO	
	Is the telephone or other technology device in a location that has space around it to ensure privacy?	☐ YES	☐ NO	
	May individuals have a telephone jack, WI-FI or ETHERNET jack installed in their rooms if they choose?	☐ YES	☐ NO	
2.6	*Is the individual's right to dignity and privacy respected?*			
	Expectation: The individual's right to dignity and privacy is protected and respected.			
	Related Questions:			
	Is health information about individuals kept private?	☐ YES	☐ NO	
	Is health information stored in a central location, locked in a secure area, and only accessible to professional staff? If no, where is it stored?	☐ YES	☐ NO	
	Are schedules of individuals for PT, OT, medications, restricted diet, etc., posted in a general open area for all to view?	☐ YES	☐ NO	
	Are individuals, who need assistance with grooming, groomed as they desire?	☐ YES	☐ NO	
	Are individuals, who need assistance to dress, dressed in their own clothes, appropriate to the time of day and individual preferences?	☐ YES	☐ NO	
	Are individuals wearing clothes that fit, are clean, and are appropriate for the time of day, weather, and preferences?	☐ YES	☐ NO	
	Are health-related and personal care activities conducted in private locations? Examples: blood pressure readings, personal hygiene, incontinence care, etc.	☐ YES	☐ NO	

3.0	MEALS		
3.1	*Are individuals required to follow a set schedule for meals?*		
	Expectation: Individuals have the choice of when to eat.		
	Related Questions:		
	Does the individual have a meal at the time and place of his/her choosing?	☐ YES	☐ NO
	Are snacks accessible and available anytime?	☐ YES	☐ NO
3.2	*Do individuals have a choice of menu items that are consistent with their preferences and meal choices?*		
	Expectation: Individuals have a choice of what to eat and are offered a substitute meal if they prefer. Posted menus state that alternate meals are available or list the alternate menu selections.		
	Related Questions:		
	How are individual's preferences incorporated into the residential setting's menus?		
	Are individuals encouraged and supported to choose from a variety of menu options?	☐ YES	☐ NO
	Are individuals encouraged and supported to make special menu or meal requests?	☐ YES	☐ NO
	What restrictions are there for individuals requesting alternate meals?		
3.3	*Do individuals have a choice of where and with whom to eat their meals in the residential setting?*		
	Expectation: Individuals are given the option to eat in areas other than the dining room, including their private living space, and may choose to eat with persons of their choosing, or alone.		
	Related Questions:		
	Are individuals required to sit in an assigned seat for meals?	☐ YES	☐ NO
	May individuals eat alone, or with people of their choosing?	☐ YES	☐ NO
	Do individuals converse during meal time, if they choose?	☐ YES	☐ NO
	May individuals eat in their private living area or in areas other than a designated dining room?	☐ YES	☐ NO
3.4	*Are individuals afforded dignity and respect during meal times?*		
	Expectation: Individuals are free from unnecessary interventions and rules during meal times which may impinge on their ability to eat and drink with dignity and respect.		
	Related Questions:		
	Are individuals required to wear bibs or other protective equipment?	☐ YES	☐ NO
	If a resident requests assistance with eating, is staff available to assist so the individual is not embarrassed at meal time?	☐ YES	☐ NO
	Does the residential setting use home-like dishes, cutlery, and tableware?	☐ YES	☐ NO
	Are individuals required to remain in the dining room/at the table until all residents have completed their meals?	☐ YES	☐ NO

3.5	*Do individuals have access to snacks? Are they allowed to make their own snacks? Is there an area individuals can use to keep their own food and prepare snacks (e.g., kitchen or snack preparation area with refrigerator, sink, and microwave)?*		
	Expectation: Individuals have access to a kitchenette (microwave, refrigerator and sink), a food preparation area (a place to prepare and reheat foods), or a food pantry where they can store snacks that are accessible at any time as they are able.		
	Related Questions:		
	Do individuals have to ask staff for a snack?	☐ YES	☐ NO
	Do individuals prepare their own snack as they are able?	☐ YES	☐ NO
	What amenities are available for individuals to prepare their own snack?		
	Does the residential setting provide snacks; if so, how do individuals access them?	☐ YES	☐ NO
	How and where do individuals store snacks/personal food items?		

4.0 ACTIVITIES AND COMMUNITY INTEGRATION

4.1 *Are individuals supported and encouraged to move freely outside of the residential setting?*

Expectation: Individuals have full access to the community and are allowed to come and go from the residential setting, as they desire, unless the individual's safety would be jeopardized. Reasons to restrict movement are documented in the individual's record. Attempts to mitigate safety issues prior to revoking an individual's right to freedom of movement are documented.

Related Questions:			
Does the residential setting impose a curfew, or otherwise restrict individuals' ability to enter or leave the residential setting as they are able?	☐ YES	☐ NO	
Are individuals able to come and go from the residential setting and its grounds as they are able?	☐ YES	☐ NO	
Can individuals engage in community and social activities of their preference outside of the residential setting as they are able?	☐ YES	☐ NO	
Does the residential setting provide accessible transportation so individuals may access the community?	☐ YES	☐ NO	
Is transportation provided or arranged by the residential setting to community activities?	☐ YES	☐ NO	
How does the residential setting organize appropriate transportation to community activities?			
Do individuals have access to public transportation?	☐ YES	☐ NO	
Does the residential setting offer training to individuals on how to use public transportation?	☐ YES	☐ NO	☐ N/A
Are public transport schedules and contact information readily accessible to individuals?	☐ YES	☐ NO	☐ N/A
Do individuals with physical accessibility needs have access to accessible transportation?	☐ YES	☐ NO	
Describe and provide a copy of the residential setting's policies and procedures regarding transportation to community activities.			

4.2	*Are individuals made aware of community activities via a community board, flyers, etc.?*		
	Expectation: Individuals have the opportunity, but are not required, to participate in scheduled and unscheduled community and social activities. An activities calendar is posted in a common area of the residential setting. Individuals are consulted in selecting, planning and scheduling organized activities.		
	Related Questions:		
	Do individuals exercise choice in determining community-based activities (related to objectives in their service plan) in which they will participate?	☐ YES	☐ NO
	How does the residential setting facilitate individual access to community activities?		
	Where is the activity calendar posted? Attach or send a copy of a picture.		
	How often is the activity calendar updated?		
	Does the residential setting organize activities, including wellness activities, or facilitate access to activities of individuals' choosing?	☐ YES	☐ NO
	Do individuals shop, attend religious services, schedule appointments, meet family and friends, etc., in the community and at their will and convenience?	☐ YES	☐ NO
	Do individuals in the residential setting talk about social and community activities?	☐ YES	☐ NO
	Are individuals required to participate in group or individual activities?	☐ YES	☐ NO
	Are individuals encouraged to participate in activities?	☐ YES	☐ NO

4.4	*Are individuals supported and encouraged to create their personal daily schedules (e.g., decide when to wake up, go to bed, go to the movies, the mall, religious events, etc.)?*		
	Expectation: Individuals are allowed to choose how to spend their day including sleeping schedule (i.e., wake up and bedtimes, scheduled or unscheduled naps). Individuals are allowed to vary their schedule at will in accordance with their person-centered plan.		
	Related Questions:		
	How does the residential setting ensure an individual knows they do not have to conform to a prescribed schedule for activities of daily living and social activities?		
	Are individuals encouraged and supported to create a personal activities schedule?	☐ YES	☐ NO
	Are individuals encouraged and supported to initiate and create activities of their choice?	☐ YES	☐ NO
	Do individual schedules vary from others?	☐ YES	☐ NO
	Do any residential setting policies or practices inhibit individuals' choice?	☐ YES	☐ NO

4.5	*Are individuals employed outside of the residential setting?*			
	Expectation: Individuals have the option to seek and gain competitive employment in the community.			
	Related Questions:			
	How does the residential setting support/accommmodate individuals who wish to pursue competitive employment in the community?			

5.0	**RESPECT, RIGHTS, AND CHOICE**			
5.1	*Are individuals given the option to keep/control their own resources?*			
	Expectation: Individuals have the option to keep their own money and to control their own finances/resources.			
	Related Questions:			
	Do individuals have the option of having personal bank accounts?	☐ YES	☐ NO	
	How do individuals access their personal funds?			
	How does the residential setting ensure individuals understand they are not required to sign over their personal resources to the provider?			
	If the residential setting is representative payee, are individuals included in the decision making related to finances as they are able?	☐ YES	☐ NO	
5.2	*Are individuals provided appropriate information/resources on how to file an anonymous complaint?*			
	Expectation: Information is available to individuals on how to file an anonymous complaint. Telephone numbers for the Department of Health and Environmental Control, Long-Term Care Ombudsman and other regulating bodies, and information for reporting Abuse, Neglect and Exploitation are posted in a common area of the residential setting.			
	Related Questions:			
	How does the residential setting make information about how to register an anonymous complaint available to individuals?			
	Is information about filing complaints posted in obvious and accessible areas?	☐ YES	☐ NO	

5.3	*Are individuals free from coercion?*			
	Expectation: Individuals have the right to live in an environment free from coercion, and to exercise their right to choice and self-determination.			
	Related Questions:			
	Are individuals allowed to voice grievances to the residential setting staff, public officials, the ombudsman, or any other person, without fear of reprisal, retaliation, restraint, interference, or coercion?	☐ YES	☐ NO	
	How does the residential setting ensure residents are allowed to voice grievances without fear of reprisal, retaliation, restraint, interference, or coercion? Please explain or provide a copy of the setting's policy and procedure on grievances.			
	Do individuals in the setting display different personal styles, haircuts, etc.?	☐ YES	☐ NO	
5.4	*How does staff treat individuals?*			
	Expectation: Staff treats individuals in a dignified manner.			
	Related Questions:			
	Do staff greet and chat with individuals?	☐ YES	☐ NO	
	Are the needs met for individuals who need a hearing aide, eyeglasses, walkers, or other assistive devices?	☐ YES	☐ NO	
	Does the staff verbally communicate with individuals in a loud tone of voice? If yes, please explain.	☐ YES	☐ NO	
	Does staff converse with individuals while providing assistance or services and during the course of the day?	☐ YES	☐ NO	
	Do staff talk to other staff in front of individuals as if the individual is not there?	☐ YES	☐ NO	
	Does staff address individuals in the manner they like to be addressed?	☐ YES	☐ NO	

5.5	*Are individuals' choices incorporated into the services and supports they receive?*			
	Expectation: Individual choices are accounted for and honored unless the individual's safety would be jeopardized and in accordance with the person-centered plan.			
	Related Questions:			
	Does staff ask the individual about their needs and preferences?	☐ YES	☐ NO	
	How are individuals made aware of the process for making service request service requests?			
	Is individual choice facilitated such that the individual feels empowered to make decisions?	☐ YES	☐ NO	
	Do individuals have the option to choose from whom they receive services and supports?	☐ YES	☐ NO	
	How are individual requests accommodated?			
5.6	*Are individuals, or their representatives, active participants in the development of, and updates to, the plan of care / service plan?*			
	Expectation: Individuals and/or their representatives are active participants in the service planning process. Planning meetings occur at times convenient to the individual/representative.			
	Related Questions:			
	How does the setting post or provide information to individuals/representative(s) about how to request and schedule a planning meeting?			
	Was the individual/representative(s) present during the last plan meeting?	☐ YES	☐ NO	
	Do individuals participate in their plan meetings?	☐ YES	☐ NO	
	Is the individual's input reflected in the service plan?	☐ YES	☐ NO	

6.0	**OTHER**
6.1	*Is there a legally enforceable agreement between the residential setting and the individual who resides there?*
	Expectation: The individual has the same landlord/tenant protections, is protected from eviction, and afforded the same appeal rights as persons not receiving Medicaid HCB services.
	Related Questions:
	Does the individual have a lease, or for settings in which landlord/tenant laws do not apply, a residency agreement? ☐ YES ☐ NO Please provide a copy of the current agreement.
	How are individuals made aware of their housing rights?
	How are individuals made aware of the process of relocating and requesting new housing?
6.2	*How are modifications to the HCBS settings requirements addressed and documented?*
	Expectation: Modifications to the HCBS settings requirements are supported by an assessed need and justified in the individual's service plan/care pla
	Related Questions:
	What factors are considered before restricting an individual's rights?
	Does the setting prepare documentation if an individual's rights have to be restricted? If yes, what type? ☐ YES ☐ NO
	Does the individual provide informed consent for the modification or restriction? ☐ YES ☐ NO
	How often is the restriction reviewed to determine if it is still needed?

Appendix E
Non-Residential Self-Assessment Global Analysis

Number of ADHCs: 73

Number of DDSN Day Programs (AAC/WAC/Unidentified): 84

1. SETTING

1.1. *Individuals do not receive services/training primarily in isolated facilities, or setting which limit their potential integration with the community at large.*

1.1.1. Is the program surrounded by high walls/fences and/or have closed/locked gates?

	Yes	No	N/A	Blank
ADHCs	12	61	0	0
DDSN Day Programs	11	84	0	0

1.1.2. Is the program setting among private residences/businesses and community resources?

	Yes	No	N/A	Blank
ADHCs	64	9	0	0
DDSN Day Programs	81	3	0	0

1.1.3. Does the program purposefully separate individuals receiving Medicaid HCB services from those who do not?

	Yes	No	N/A	Blank
ADHCs	0	73	0	0
DDSN Day Programs	5	79	0	0

1.1.4. Is the programs on the grounds of, or adjacent to, a public institution?

	Yes	No	N/A	Blank
ADHCs	4	69	0	0
DDSN Day Programs	5	76	0	3

1.1.5. Is the setting located on a parcel of land that contains more than one State licensed facility?

	Yes	No	N/A	Blank
ADHCs	7	66	0	0
DDSN Day Programs	13	71	0	0

1.1.6. Is the setting located in a building that is also publicly or privately operated facility that provides inpatient institutional treatment?

	Yes	No	N/A	Blank
ADHCs	2	71	0	0
DDSN Day Programs	1	83	0	0

1.2. *Individuals are able to maneuver through hallways, doorways, and common areas with or without assistive devices. Supports are available to individuals who require them.*

1.2.1. Are supports provided for individuals who need them to move around the setting independently/as they are able (grab bars, ramps, viable emergency exits, etc.)?

	Yes	No	N/A	Blank
ADHCs	71	2	0	0
DDSN Day Programs	84	0	0	0

1.2.2. Are appliances/amenities accessible to individuals with varying access needs?

	Yes	No	N/A	Blank
ADHCs	67	5	0	1
DDSN Day Programs	82	2	0	0

1.2.3. Can individuals make use of furniture and spaces conveniently and comfortably?

	Yes	No	N/A	Blank
ADHCs	73	0	0	0
DDSN Day Programs	84	0	0	0

1.2.4. Are hallways/common areas accessible to individuals of varying needs?

	Yes	No	N/A	Blank
ADHCs	72	0	0	1
DDSN Day Programs	83	0	0	1

1.2.5. Are individuals, or groups of individuals, restricted from areas of the program because it is inaccessible to individuals with specific ambulatory needs?

	Yes	No	N/A	Blank
ADHCs	1	72	0	0
DDSN Day Programs	2	82	0	0

1.3. *Programs should have characteristics of community settings.*

1.3.1. Does the program offer individuals flexibility outside of the structured events?

	Yes	No	N/A	Blank
ADHCs	69	4	0	0
DDSN Day Programs	81	3	0	0

1.3.2. Does the program afford opportunities for individual schedules that focus on the needs and desires of an individual?

	Yes	No	N/A	Blank
ADHCs	71	2	0	0
DDSN Day Programs	81	3	0	0

2. ACTIVITIES AND COMMUNITY INTEGRATION

2.1. *Individuals receive services in community setting outside the facility.*

2.1.1. Do individuals exercise choice in determining community-based activities (related to objectives in their service plan) in which they will participate during receipt of services?

	Yes	No	N/A	Blank
ADHCs	68	5	0	0
DDSN Day Programs	77	7	0	0

2.1.2. Do individuals have planned opportunities to interact with citizens without disabilities?

	Yes	No	N/A	Blank
ADHCs	71	2	0	0
DDSN Day Programs	78	6	0	0

2.1.3. Do individuals have unplanned opportunities to interact with citizens without disabilities?

	Yes	No	N/A	Blank
ADHCs	67	7	0	0
DDSN Day Programs	83	1	0	0

2.1.4. How often does the program provide opportunities for individuals to receive services in community settings outside the facility?

2.2. *Individuals have opportunities to discover and learn to access new community resources and identify potential employment options.*

2.2.1. How does the program facilitate individuals' access to the community?

2.2.2. Does the program organize activities or facilitate access to community resources of individuals' choosing (related to objectives in their service plan)?

	Yes	No	N/A	Blank
ADHCs	64	7	0	2
DDSN Day Programs	70	11	0	2

2.2.3. How does the program and its organized activities expose individuals to new community resources and potential employment options?

2.3. *Individuals have the ability to seek and gain competitive employment in the community.*

2.3.1. How does the program aid individuals who wish to pursue competitive employment in the community.

2.4. *Individuals have full access to the community and are allowed to come and go from the facility, as they are able, unless the individual's safety would be jeopardized. Reasons to restrict movement are documented in the individual's record. Attempts to*

mitigate safety issues prior to revoking an individual's right to freedom of movement are documented.

2.4.1. Are individuals able to come and go from the facility and its grounds as they are able?

	Yes	No	N/A	Blank
ADHCs	49	23	0	1
DDSN Day Programs	67	17	0	0

2.4.2. Can individuals engage in community and social activities of their preference outside of the facility as they are able?

	Yes	No	N/A	Blank
ADHCs	55	17	0	1
DDSN Day Programs	79	4	0	1

2.4.3. Are individuals moving around inside and outside of the facility?

	Yes	No	N/A	Blank
ADHCs	62	10	0	1
DDSN Day Programs	78	5	0	1

2.4.4. Does the facility provide accessible transportation so individuals may access the community?

	Yes	No	N/A	Blank
ADHCs	63	9	0	1
DDSN Day Programs	79	3	0	2

2.4.5. Is transportation provided or arranged by the facility to community activities?

	Yes	No	N/A	Blank
ADHCs	33	39	0	1
DDSN Day Programs	53	30	0	1

2.4.6. How does the facility organize appropriate transportation to community activities?

2.4.7. Do individuals have access to public transportation?

	Yes	No	N/A	Blank
ADHCs	14	9	49	1
DDSN Day Programs	32	18	34	0

2.4.8. Does the facility offer training to individuals on how to use public transportation?

	Yes	No	N/A	Blank
ADHCs	22	8	41	2
DDSN Day Programs	32	18	32	2

2.4.9. Are public transport schedules and contact information readily accessible to individuals?

	Yes	No	N/A	Blank
ADHCs	62	8	0	3
DDSN Day Programs	82	2	0	0

2.4.10. Describe and provide a copy of facility's policies and procedures regarding transportation to community activities.

3. CHOICE, DIGNITY & RESPECT

3.1. *Individuals have opportunities to make choices relating to all aspects of services received in the program free from coercion.*

3.1.1. Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible?

	Yes	No	N/A	Blank
ADHCs	71	2	0	0
DDSN Day Programs	83	1	0	0

3.1.2. Do staff retaliate or impose consequences on individuals in response to complaints?

	Yes	No	N/A	Blank
ADHCs	2	71	0	0
DDSN Day Programs	4	80	0	0

3.1.3. Are individuals allowed to voice grievances to the facility staff, public officials, the ombudsman, or any other person, without fear of reprisal, retaliation, restraint, interference, or coercion?

	Yes	No	N/A	Blank
ADHCs	73	0	0	0
DDSN Day Programs	83	0	0	1

3.1.4. How does the facility ensure individuals are allowed to voice grievances without fear of reprisal, retaliation, restraint, interference, or coercion? Please explain or provide a copy of the facility's policy and procedure on grievances.

3.1.5. Do individuals make choices regarding the activities in which they engage that are aligned with their plan of care/service plan?

	Yes	No	N/A	Blank
ADHCs	71	2	0	0
DDSN Day Programs	83	0	0	1

3.1.6. Are individuals encouraged to create a personal activities schedule?

	Yes	No	N/A	Blank
ADHCs	62	11	0	0
DDSN Day Programs	52	31	0	1

3.1.7. Are individuals encouraged to initiate and create activities of their choice?

	Yes	No	N/A	Blank
ADHCs	71	2	0	0
DDSN Day Programs	74	9	0	1

3.1.8. Do individuals' schedules vary from others?

	Yes	No	N/A	Blank
ADHCs	63	10	0	0
DDSN Day Programs	74	9	0	1

3.2. *Information is available to individuals on how to file an anonymous complaint. Telephone numbers for appropriate regulating bodies and information for reporting Abuse, Neglect, and Exploitation are posted in a common area of the facility.*

3.2.1. How does the program make information about how to register an anonymous complaint available to individuals?

3.2.2. Is information about filing complaints posted in obvious and accessible areas?

	Yes	No	N/A	Blank
ADHCs	70	3	0	0
DDSN Day Programs	75	9	0	0

3.3. *Staff treat individuals in a dignified manner.*

3.3.1. Do staff greet and chat with individuals?

	Yes	No	N/A	Blank
ADHCs	73	0	0	0
DDSN Day Programs	84	0	0	0

3.3.2. Do staff converse with individuals while providing assistance/services and during the course of the day?

	Yes	No	N/A	Blank
ADHCs	71	0	0	2
DDSN Day Programs	84	0	0	0

3.3.3. Do staff talk to other staff in front of individuals as if the individual is not there?

	Yes	No	N/A	Blank
ADHCs	1	72	0	0
DDSN Day Programs	10	74	0	0

3.3.4. Do staff address individuals in the manner they like to be addressed?

	Yes	No	N/A	Blank
ADHCs	73	0	0	0
DDSN Day Programs	83	0	0	1

3.3.5. Are staff available when support/assistance is needed or desired?

	Yes	No	N/A	Blank
ADHCs	73	0	0	0
DDSN Day Programs	85	0	0	0

3.3.6. Are there program policies in which staff do not treat individuals with dignity and respect? Please provide a copy.

	Yes	No	N/A	Blank
ADHCs	67	4	0	2
DDSN Day Programs	83	1	0	0

3.4. *Individual choices are accounted for and honored unless the individual's safety would be jeopardized and in accordance with the person-centered plan.*

3.4.1. Do staff ask the individual about his/her needs/preferences?

	Yes	No	N/A	Blank
ADHCs	72	0	0	1
DDSN Day Programs	83	0	0	1

3.4.2. Are individuals aware of how to make service requests?

	Yes	No	N/A	Blank
ADHCs	70	2	0	1
DDSN Day Programs	78	4	0	2

3.4.3. How are individual requests accommodated?

3.5. *Individuals and/or their representatives are active participants in the service planning process. Planning meetings occur at times convenient to the individual/representative.*

3.5.1. How does the setting post or provide information to individuals/representative(s) about how to request and schedule a planning meeting?

3.5.2. Was the individual/representative(s) present during the last plan meeting?

	Yes	No	N/A	Blank
ADHCs	44	26	0	3
DDSN Day Programs	77	5	0	2

3.5.3. Do individuals participate in their planning meetings?

	Yes	No	N/A	Blank
ADHCs	52	19	0	2
DDSN Day Programs	82	1	0	1

3.5.4. Is the individual's input reflected in the service plan?

	Yes	No	N/A	Blank
ADHCs	62	9	0	2
DDSN Day Programs	82	1	0	1

3.6. *The individual's right to dignity and privacy is protected and respected.*

3.6.1. Is health information about individual's kept private?

	Yes	No	N/A	Blank
ADHCs	71	1	0	1
DDSN Day Programs	83	1	0	0

3.6.2. Is health information stored in a central location, locked in a secure area, and only accessible to professional staff? If no, where is it stored?

	Yes	No	N/A	Blank
ADHCs	70	3	0	0
DDSN Day Programs	79	4	0	1

3.6.3. Are schedules of individuals for PT, OT, medications, restricted diet, etc., posted in a general open area for all to view?

	Yes	No	N/A	Blank
ADHCs	3	69	0	1
DDSN Day Programs	3	80	0	1

3.6.4. Are health related and personal care activities conducted in private locations? Examples: blood pressure readings, personal hygiene, incontinence care, etc.

	Yes	No	N/A	Blank
ADHCs	70	2	0	1
DDSN Day Programs	80	4	0	0

Appendix F
Residential Self-Assessment Global Analysis

Number of CRCFs: 20 Number of CTH Is: 20 Number of CTH IIs: 49

Number of SLP Is: 31 Number of SLP IIs: 23 *Total: 143 programs*

1. SETTING

1.1. *Individuals do not live in isolated compounds, or settings which limit their potential integration with the community at large.*

1.1.1. Is the residential setting surrounded by high walls/fences and/or have closed/locked gates? If yes, please explain the reason for them.

	Yes	No	N/A	Blank
CRCF	1	18	0	1
CTH I	0	20	0	0
CTH II	5	44	0	0
SLP I	1	30	0	0
SLP II	2	21	0	0

1.1.2. Is the residential setting among private residences, businesses and community resources?

	Yes	No	N/A	Blank
CRCF	19	1	0	0
CTH I	19	0	0	1
CTH II	46	3	0	0
SLP I	31	0	0	0
SLP II	23	0	0	0

1.1.3. Does the residential setting purposely separate individuals receiving Medicaid HCB services from those who do not?

	Yes	No	N/A	Blank
CRCF	1	19	0	0
CTH I	1	19	0	0
CTH II	0	48	0	1
SLP I	0	31	0	0
SLP II	0	22	0	1

1.1.4. Is the residential setting located on the grounds of, or adjacent to, a public institution?

	Yes	No	N/A	Blank
CRCF	1	19	0	0
CTH I	0	20	0	0
CTH II	1	47	0	1
SLP I	0	31	0	0
SLP II	0	23	0	0

1.1.5. Is the residential setting located on, or adjacent to, a parcel land that contains more than one State licensed facility?

	Yes	No	N/A	Blank
CRCF	1	19	0	0
CTH I	0	20	0	0
CTH II	4	45	0	0
SLP I	1	30	0	0
SLP II	4	19	0	0

1.1.6. Is the residential setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment?

	Yes	No	N/A	Blank
CRCF	1	19	0	0
CTH I	1	19	0	0
CTH II	1	48	0	0
SLP I	0	31	0	0
SLP II	0	23	0	0

1.2. *The common areas do not resemble and institution, are comfortable, and encourage social interactions free from undue restrictions.*

1.2.1. Are the common areas decorated in a home-like fashion (paint, artwork, home furnishings, etc.)?

	Yes	No	N/A	Blank
CRCF	19	0	0	1
CTH I	20	0	0	0
CTH II	49	0	0	0
SLP I	31	0	0	0
SLP II	23	0	0	0

1.2.2. Is there a common living room/social area with home-like furnishings?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	48	0	0	1
SLP I	31	0	0	0
SLP II	23	0	0	0

1.2.3. Are individuals free to move around common areas?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	49	0	0	0
SLP I	31	0	0	0
SLP II	23	0	0	0

1.3. *Individuals are able to maneuver through hallways, doorways, and common areas with or without assistive devices. Supports are available to individuals who require them.*

1.3.1. Are supports provided for individuals who need them to move around the setting independently/as they are able (grab bars, ramps, viable emergency exits, etc.)?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	49	0	0	0
SLP I	30	1	0	0
SLP II	23	0	0	0

1.3.2. Are appliances and amenities accessible to individuals with varying access needs?

	Yes	No	N/A	Blank
CRCF	19	1	0	0
CTH I	20	0	0	0
CTH II	48	1	0	0
SLP I	30	1	0	0
SLP II	23	0	0	0

1.3.3. Can individuals make use of furniture and spaces conveniently and comfortably?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	49	0	0	0
SLP I	31	0	0	0
SLP II	23	0	0	0

1.3.4. Are hallways and common areas accessible to individuals of varying needs?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	48	0	0	1
SLP I	31	0	0	0
SLP II	23	0	0	

1.3.5. Are individuals, or groups of individuals, restricted from areas of the residential setting because it is inaccessible to individuals with specific ambulatory needs?

	Yes	No	N/A	Blank
CRCF	0	20	0	0
CTH I	2	18	0	0
CTH II	2	47	0	0
SLP I	4	27	0	0
SLP II	0	23	0	0

1.4. *Individuals are able to receive visitors. Visitation is not restricted or hampered by facility policies or practices. Standard visiting hours are posted, and individuals are made aware of after-hours visiting policy. Visitors must be allowed outside of standard visiting hours, but restrictions to accommodate other residents, such as limiting visitors to certain areas of the residential setting and observing "quiet hours," may be imposed. There is a comfortable private place for individuals to have visitors.*

*1.4.1.*Are visiting hours restricted? If so, explain reasoning for restrictions(s).

	Yes	No	N/A	Blank
CRCF	2	16	2	0
CTH I	5	11	4	0
CTH II	8	36	5	0
SLP I	4	27	0	0
SLP II	0	20	3	0

*1.4.2.*Are visiting hours posted? If yes, where are they posted? (Please provide a copy)

	Yes	No	N/A	Blank
CRCF	2	18	0	0
CTH I	0	20	0	0
CTH II	7	40	0	2
SLP I	1	28	0	2
SLP II	0	22	0	1

*1.4.3.*Are individuals or visitors required to give advance notice of visitation?

	Yes	No	N/A	Blank
CRCF	0	19	0	1
CTH I	7	13	0	0
CTH II	9	38	0	2
SLP I	1	29	0	1
SLP II	0	22	0	1

*1.4.4.*Are there provisions for private visitation in home-like settings?

	Yes	No	N/A	Blank
CRCF	18	2	0	0
CTH I	17	2	0	1
CTH II	43	4	0	2
SLP I	26	4	0	1
SLP II	17	5	0	1

1.4.6.Are individuals allowed to have overnight guests, if space and accommodations are available? If no, please explain.

	Yes	No	N/A	Blank
CRCF	4	15	0	1
CTH I	12	8	0	0
CTH II	16	33	0	0
SLP I	30	0	0	1
SLP II	20	3	0	0

1.4.7.Please attach or send a copy of the visitor policy and procedures.

1.5. *Individuals are able to access all areas of the residential setting unless their safety would be jeopardized, e.g., individuals do not have access to maintenance rooms, janitor's closets, etc.*

1.5.1.Which areas are individuals restricted from entering? Please provide an explanation.

1.5.2.How are individuals prevented from entering restricted areas?

1.6. *Individuals have independent access to appliances and household amenities in order to complete standard household chores and activities of daily living as appropriate.*

1.6.1.Do individuals have access to a laundry room?

	Yes	No	N/A	Blank
CRCF	18	2	0	0
CTH I	19	1	0	0
CTH II	48	1	0	0
SLP I	31	0	0	0
SLP II	23	0	0	0

1.6.2.Do individuals have access to cooking for a food preparation area/space?

	Yes	No	N/A	Blank
CRCF	18	2	0	0
CTH I	19	1	0	0
CTH II	49	0	0	0
SLP I	31	0	0	0
SLP II	23	0	0	0

1.6.3.Are individuals encouraged and supported to do personal chores and housekeeping, if they choose?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	19	1	0	0
CTH II	49	0	0	0
SLP I	31	0	0	0
SLP II	23	0	0	0

2. ROOM AND PRIVACY

2.1. *Individuals have the ability to choose whether to upgrade to a private room (room and board rates may be different based on the individual's election of a private or semi-private room). If the individual lives in a semi-private room, they are not auto-assigned a roommate. Individuals are given the option to move to another room and/or change roommate if their preference becomes available.*

2.1.1.Do individuals have the option to elect a private room?

	Yes	No	N/A	Blank
CRCF	8	5	7	0
CTH I	13	0	7	0
CTH II	29	0	20	0
SLP I	17	0	14	0
SLP II	16	0	7	0

2.1.2.Are individuals given the opportunity to choose their roommate is applicable?

	Yes	No	N/A	Blank
CRCF	13	4	0	3
CTH I	13	4	0	3
CTH II	33	6	0	10
SLP I	22	2	0	7
SLP II	17	1	0	5

2.1.3. Does the individual talk positively about their roommate?

	Yes	No	N/A	Blank
CRCF	13	0	7	0
CTH I	6	0	13	1
CTH II	30	1	15	3
SLP I	6	0	24	1
SLP II	7	1	14	1

2.1.4. How are individuals made aware of how to request a roommate change?

2.1.5. Under what circumstances may an individual change rooms and/or roommate?

2.1.6. How do individuals request a change of room or roommate?

2.1.7. Are residents notified of roommates and changes prior to move in?

	Yes	No	N/A	Blank
CRCF	19	0	0	1
CTH I	14	2	0	4
CTH II	41	2	0	6
SLP I	18	3	0	10
SLP II	19	1	0	3

2.1.8. Does the residential setting alert individuals to the fact their room or roommate preference is available?

	Yes	No	N/A	Blank
CRCF	17	2	0	1
CTH I	16	3	0	1
CTH II	40	4	0	5
SLP I	18	3	0	10
SLP II	19	1	0	3

2.1.9. May married couples choose to share, or not to share a room?

	Yes	No	N/A	Blank
CRCF	10	7	0	3
CTH I	16	3	0	1
CTH II	31	12	0	6
SLP I	25	0	0	6
SLP II	19	3	0	1

2.2. *Individuals' living areas do not resemble institutional settings or wards. Individuals are encouraged and supported to maintain their personal space according to their preferences, and living areas are the appropriate size for the number of residents.*

2.2.1. How many beds are in the bedrooms?

2.2.2. Are the individuals' personal items, such as pictures, books, and memorabilia, present and arranged as the individual desires?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	49	0	0	0
SLP I	30	0	0	1
SLP II	22	0	0	1

2.2.3.Do the furniture, linens, and other household items reflect the individuals' personal choices?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	49	0	0	0
SLP I	31	0	0	0
SLP II	22	0	0	1

2.2.4.Do individuals; living areas reflect their interests and hobbies?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	49	0	0	0
SLP I	31	0	0	0
SLP II	22	0	0	1

2.3. *Individuals have the right to privacy, including lockable doors to their individual rooms and toileting facilities, unless the individual's physical or cognitive condition means their safety could be compromised if afforded privacy.*

2.3.1.Does the individual's room and bathroom have a locking door?

	Yes	No	N/A	Blank
CRCF	12	8	0	0
CTH I	19	1	0	0
CTH II	46	3	0	0
SLP I	27	2	0	2
SLP II	19	2	0	0

2.3.2.Who has keys to access individual's rooms?

2.3.3.Do furniture arrangements ensure privacy?

	Yes	No	N/A	Blank
CRCF	16	4	0	0
CTH I	19	1	0	0
CTH II	45	2	0	2
SLP I	30	0	0	1
SLP II	21	0	0	2

2.3.4.Do staff, other residents, and visitors always knock and receive permission prior to entering an individual's room or bathroom?

	Yes	No	N/A	Blank
CRCF	19	1	0	0
CTH I	19	1	0	0
CTH II	42	6	0	1
SLP I	30	0	0	1
SLP II	22	0	0	1

2.3.5. Do individuals have the option to close their doors when wanting total privacy? If no, please explain reason(s).

	Yes	No	N/A	Blank
CRCF	19	1	0	0
CTH I	19	1	0	0
CTH II	49	0	0	0
SLP I	29	1	0	1
SLP II	22	0	0	1

2.3.6. Are cameras present in the residential setting? If so, where? Document where each one is located.

	Yes	No	N/A	Blank
CRCF	1	18	0	1
CTH I	2	18	0	0
CTH II	5	44	0	0
SLP I	3	28	0	0
SLP II	2	21	0	0

2.4. *Residential setting staff respects the individual's privacy in their room, and is familiar with and properly implements the policy and procedure to enter an individual's room (e. g., knock, ask to enter, and wait for a response, etc.)*

2.4.1. Under what circumstances would an individual's room be accessed without their permission? Please explain.

2.4.2. Are provisions for access discussed with and agreed to by the individual?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	19	1	0	0
CTH II	49	0	0	0
SLP I	28	1	0	2
SLP II	22	0	0	1

2.4.3. Describe the residential setting's privacy policy and access policy. Please provide a copy.

2.5. *Individuals have access to make private telephone calls, send text messages, or send e-mail at the individual's preference and convenience.*

2.5.1. Does the individual have a private cell phone, computer, or other personal communication device, or have access to a telephone or other technology device to use for personal communication in private at any time?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	18	2	0	0
CTH II	47	2	0	0
SLP I	30	0	0	1
SLP II	23	0	0	0

2.5.2. Is the telephone or other technology device in a location that space around it to ensure privacy?

	Yes	No	N/A	Blank
CRCF.	20	0	0	0
CTH I	19	1	0	0
CTH II	49	0	0	0
SLP I	31	0	0	0
SLP II	23	0	0	0

2.5.3. May individuals have a telephone jack, WI-FI or ETHERNET jack installed in their rooms if they choose?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	18	2	0	0
CTH II	48	1	0	0
SLP I	31	0	0	0
SLP II	23	0	0	0

2.6. *The individual's right to dignity and privacy is protected and respected.*

2.6.1. Is health information about individuals kept private?

	Yes	No	N/A	Blank
CRCF	19	0	0	1
CTH I	20	0	0	0
CTH II	49	0	0	0
SLP I	31	0	0	0
SLP II	23	0	0	0

2.6.2. Is health information stored in a central location, locked in a secure area, and only accessible to professional staff? If no, where is it stored?

	Yes	No	N/A	Blank
CRCF	18	1	0	1
CTH I	19	1	0	0
CTH II	46	2	0	1
SLP I	30	1	0	0
SLP II	22	1	0	0

2.6.3. Are schedules on individuals for PT, OT, medications, restricted diet, etc., posted in a general open area for all to view?

	Yes	No	N/A	Blank
CRCF	2	18	0	0
CTH I	0	19	0	1
CTH II	2	47	0	0
SLP I	0	29	0	2
SLP II	1	22	0	0

2.6.4.Are individuals, who need assistance with grooming groomed as they desire?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	18	2	0	0
CTH II	49	0	0	0
SLP I	29	0	0	2
SLP II	23	0	0	0

2.6.5.Are individuals, who need assistance to dress, dressed in their own clothes, appropriate to the time of the day and individual preferences?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	18	2	0	0
CTH II	49	0	0	0
SLP I	27	1	0	3
SLP II	21	0	0	2

2.6.6.Are individuals wearing clothes that fit, are clean, and are appropriate for the time of day, weather, and preferences?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	47	0	0	2
SLP I	29	0	0	2
SLP II	21	0	0	2

2.6.7.Are health-related and personal care activities conducted in private locations? Examples: blood pressure readings, personal hygiene, incontinence care, etc.

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	48	1	0	0
SLP I	29	0	0	2
SLP II	23	0	0	0

3. MEALS

3.1. *Individuals have the choice of when to eat.*

3.1.1.Does the individual have a meal at the time and place of his/her choosing?

	Yes	No	N/A	Blank
CRCF	16	4	0	0
CTH I	17	3	0	0
CTH II	42	7	0	0
SLP I	28	3	0	0
SLP II	21	2	0	0

3.1.2.Are snacks accessible and available anytime?

	Yes	No	N/A	Blank
CRCF	18	2	0	0
CTH I	19	1	0	0
CTH II	49	0	0	0
SLP I	31	0	0	0
SLP II	23	0	0	0

3.2. *Individuals have a choice of what to eat and are offered a substitute meal if they prefer. Posted menus state that alternate meals are available or list the alternate menu selections.*

3.2.1.How are individuals' preferences incorporated into the residential setting's menu?

3.2.2.Are individuals encouraged and supported to choose from a variety of menu options?

	Yes	No	N/A	Blank
CRCF	18	2	0	0
CTH I	19	1	0	0
CTH II	46	2	0	1
SLP I	26	2	0	3
SLP II	20	1	0	2

3.2.3.Are individuals encouraged and supported to make special menu or meal requests?

	Yes	No	N/A	Blank
CRCF	18	2	0	0
CTH I	19	1	0	0
CTH II	48	1	0	0
SLP I	27	2	0	2
SLP II	21	0	0	2

3.2.4.What restrictions are there for individuals requesting alternate meals?

3.3. *Individuals are given the option to eat in areas other than the dining room, including their private living space, and may choose to eat with persons of their choosing, or alone.*

3.3.1.Are individuals required to sit in an assigned seat for meals?

	Yes	No	N/A	Blank
CRCF	1	19	0	0
CTH I	0	20	0	0
CTH II	1	48	0	0
SLP I	1	29	0	1
SLP II	1	21	0	1

3.3.2.May individuals eat alone, or with people of their choosing?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	19	1	0	0
CTH II	49	0	0	0
SLP I	28	1	0	2
SLP II	21	1	0	1

3.3.3.Do individuals converse during meal time, if they choose?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	17	2	0	1
CTH II	49	0	0	0
SLP I	27	2	0	2
SLP II	21	1	0	1

3.3.4.May individuals eat in their private living areas or in areas other than a designated dining room?

	Yes	No	N/A	Blank
CRCF	16	4	0	0
CTH I	16	4	0	0
CTH II	38	11	0	0
SLP I	29	0	0	2
SLP II	21	1	0	1

3.4. *Individuals are free from unnecessary interventions and rules during meal times which may impinge on their ability to eat and drink with dignity and respect.*

3.4.1.Are individuals required to wear bibs or other protective equipment?

	Yes	No	N/A	Blank
CRCF	1	18	0	1
CTH I	4	16	0	0
CTH II	4	45	0	0
SLP I	1	29	0	1
SLP II	0	22	0	1

3.4.2.If a resident requests assistance with eating, is staff available to assist so the individual is not embarrassed at meal time?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	19	1	0	0
CTH II	49	0	0	0
SLP I	23	5	0	3
SLP II	20	0	0	3

3.4.3.Does the residential setting uses home-like dishes, cutlery, and tableware?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	19	1	0	0
CTH II	49	0	0	0
SLP I	28	2	0	1
SLP II	22	0	0	1

3.4.4. Are individuals required to remain in the dining room/at the table until all residents have completed their meals?

	Yes	No	N/A	Blank
CRCF	1	19	0	0
CTH I	1	19	0	0
CTH II	2	47	0	0
SLP I	0	29	0	2
SLP II	0	22	0	1

3.5. *Individuals have access to a kitchenette (microwave, refrigerator and sink), a food preparation area (a place to prepare and reheat foods), or a food pantry where they can store snacks that are accessible at any time as they are able.*

3.5.1. Do individuals have ask staff for a snack?

	Yes	No	N/A	Blank
CRCF	10	10	0	0
CTH I	1	19	0	0
CTH II	9	40	0	0
SLP I	1	29	0	1
SLP II	0	22	0	1

3.5.2. Do individuals prepare their own snack as they are able?

	Yes	No	N/A	Blank
CRCF	17	3	0	0
CTH I	18	2	0	0
CTH II	47	2	0	0
SLP I	29	1	0	1
SLP II	18	3	0	2

3.5.3. What amenities are available for individuals to prepare their own snack?

3.5.4. Does the residential setting provide snacks; if so, how do individuals access them?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	18	2	0	0
CTH II	49	0	0	0
SLP I	7	22	0	2
SLP II	7	15	0	1

3.5.5. How and where do individuals store snacks/personal food items?

4. ACTIVITIES AND COMMUNITY INTEGRATION

4.1. *Individuals have full access to the community and are allowed to come and go from the residential setting, as they desire, unless the individual's safety would be jeopardized. Reasons to restrict movement are documented in the individual's record. Attempts to mitigate safety issues prior to revoking an individual's right to freedom of movement are documented.*

4.1.1. Does the residential setting impose a curfew, or otherwise restrict individuals' ability to enter or leave the residential setting as they are able?

	Yes	No	N/A	Blank
CRCF	5	15	0	0
CTH I	6	14	0	0
CTH II	9	40	0	0
SLP I	3	28	0	0
SLP II	2	21	0	0

4.1.2. Are individuals able to come and go from the residential setting and its grounds as they are able?

	Yes	No	N/A	Blank
CRCF	17	3	0	0
CTH I	18	2	0	0
CTH II	42	7	0	0
SLP I	28	3	0	0
SLP II	21	2	0	0

4.1.3. Can individuals engage in community and social activities of their preference outside of the residential setting as they are able?

	Yes	No	N/A	Blank
CRCF	19	0	0	1
CTH I	18	1	0	1
CTH II	49	0	0	0
SLP I	31	0	0	0
SLP II	23	0	0	0

4.1.4. Does the residential setting provide accessible transportation so individuals may access the community?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	48	0	0	1
SLP I	26	4	0	1
SLP II	23	0	0	0

4.1.5. Is transportation provided or arranged by the residential setting to community activities?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	19	0	0	1
CTH II	49	0	0	0
SLP I	25	4	0	2
SLP II	23	0	0	0

4.1.6. How does the residential setting organize appropriate transportation to community activities?

4.1.7. Do individuals have access to public transportation?

	Yes	No	N/A	Blank
CRCF	9	10	0	1
CTH I	12	8	0	0
CTH II	27	22	0	0
SLP I	22	8	0	1
SLP II	14	8	0	1

4.1.8. Does the residential setting offer training to individuals on how to use public transportation?

	Yes	No	N/A	Blank
CRCF	7	3	9	1
CTH I	9	0	10	1
CTH II	19	4	25	1
SLP I	18	0	13	0
SLP II	11	2	10	0

4.1.9. Are public transportation schedules and contact information readily accessible to individuals?

	Yes	No	N/A	Blank
CRCF	4	4	12	0
CTH I	9	0	11	0
CTH II	20	2	26	1
SLP I	16	0	14	1
SLP II	10	3	10	0

4.1.10. Do individuals with physical accessibility needs have access to accessible transportation?

	Yes	No	N/A	Blank
CRCF	19	0	0	1
CTH I	18	2	0	0
CTH II	20	2	26	1
SLP I	27	0	0	4
SLP II	21	1	0	1

4.1.11. Describe and provide a copy of the residential setting's policies and procedures regarding transportation to community activities.

4.2. *Individuals have the opportunity, but are not required, to participate in scheduled and unscheduled community and social activities. An activities calendar is posted in a common area of the residential setting. Individuals are consulted in selecting, planning and scheduling organized activities.*

4.2.1. Do individuals exercise choice in determining community-based activities (related to objections in their service plan) in which they will participate?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	19	1	0	0
CTH II	48	0	0	1
SLP I	31	0	0	0
SLP II	21	0	0	2

4.2.2. How does the residential setting facilitate individual access to community activities?

4.2.3. Where is the activity calendar posted? Attach or send a copy of a picture?

4.2.4. How often is the activity calendar updated?

4.2.5. Does the residential setting organize activities, including wellness activities, or facilitate access to activities of individuals' choosing?

	Yes	No	N/A	Blank
CRCF	19	0	0	1
CTH I	18	1	0	1
CTH II	49	0	0	0
SLP I	25	4	0	2
SLP II	23	0	0	0

4.2.6. Do individuals shop, attend religious services, schedule appointments, meet family and friends, etc., in the community and at their will and convenience?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	48	1	0	0
SLP I	30	0	0	1
SLP II	23	0	0	0

4.2.7. Do individuals in the residential setting talk about social and community activities?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	19	1	0	0
CTH II	48	0	0	1
SLP I	30	0	0	1
SLP II	23	0	0	0

4.2.8. Are individuals required to participate in group or individual activities?

	Yes	No	N/A	Blank
CRCF	5	15	0	0
CTH I	4	16	0	0
CTH II	12	37	0	0
SLP I	4	26	0	1
SLP II	0	23	0	0

4.2.9. Are individuals encouraged to participate in activities?

	Yes	No	N/A	Blank
CRCF	19	1	0	0
CTH I	19	1	0	0
CTH II	49	0	0	0
SLP I	30	0	0	1
SLP II	23	0	0	0

4.3. *Individuals are allowed to choose how to spend their day including sleeping schedule (i.e., wake up and bedtimes, scheduled or unscheduled naps). Individuals are allowed to vary their schedule at will in accordance with their person-centered plan.*

4.3.1. How does the residential setting ensure an individual knows they do not have to conform to a prescribed schedule for activities of daily living and social activities?

4.3.2.Are individuals encouraged and supported to create a personal activities schedule?

	Yes	No	N/A	Blank
CRCF	17	3	0	0
CTH I	19	1	0	0
CTH II	44	4	0	1
SLP I	27	3	0	1
SLP II	21	2	0	0

4.3.3.Are individuals encouraged and supported to initiate and create activities of their choice?

	Yes	No	N/A	Blank
CRCF	19	1	0	0
CTH I	19	1	0	0
CTH II	49	0	0	0
SLP I	30	0	0	1
SLP II	23	0	0	0

4.3.4.Do individuals' schedules vary from others?

	Yes	No	N/A	Blank
CRCF	18	2	0	0
CTH I	19	1	0	0
CTH II	48	0	0	1
SLP I	29	0	0	2
SLP II	22	0	0	1

4.3.5.Do any residential setting policies or practices inhibit individuals' choice?

	Yes	No	N/A	Blank
CRCF	0	20	0	0
CTH I	0	20	0	0
CTH II	6	43	0	0
SLP I	2	28	0	1
SLP II	0	23	0	0

4.4. *Individuals have the option to seek and gain competitive employment in the community.*

4.4.1.How does the residential setting support/accommodate individuals who wish to pursue competitive employment in the community?

5. RESPECT, RIGHTS, AND CHOICE

5.1. *Individuals have the option to keep their own money and to control their own finances/resources.*

5.1.1.Do individuals have the option of having personal bank accounts?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	48	1	0	0
SLP I	28	3	0	0
SLP II	22	1	0	0

5.1.2.How do individuals access their personal funds?

5.1.3.How does the residential setting ensure individuals understand they are not required to sign over their personal resources to the provider?

5.1.4. If the residential setting is representative payee, are individuals included in the decision making related to finances as they are able?

	Yes	No	N/A	Blank
CRCF	19	0	0	1
CTH I	19	0	0	1
CTH II	49	0	0	0
SLP I	29	1	0	1
SLP II	23	0	0	0

5.2. *Information is available to individuals on how to file an anonymous complaint. Telephone numbers for the Department of Health and Environmental Control, Long-Term Care Ombudsman and other regulating bodies, and information for reporting Abuse, Neglect and Exploitation are posted in a common area of the residential setting.*

5.2.1. How does the residential setting make information about how to register an anonymous complaint available to individuals?

5.2.2. Is information about filing complaints posted in obvious and accessible areas?

	Yes	No	N/A	Blank
CRCF	19	1	0	0
CTH I	11	9	0	0
CTH II	44	4	0	1
SLP I	23	6	0	2
SLP II	18	5	0	0

5.3. *Individuals have the right to live in an environment free from coercion, and to exercise their right to choice and self-determination.*

5.3.1. Are individuals allowed to voice grievances to the residential setting staff, public officials, the ombudsman, or any other person, without fear of reprisal, retaliation, restraint, interference or coercion?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	47	0	0	2
SLP I	30	0	0	1
SLP II	23	0	0	0

5.3.2. How does the residential setting ensure residents are allowed to voice grievances without fear of reprisal, retaliation, restraint, interference, or coercion? Please explain or provide a copy of the setting's policy and procedures on grievances.

5.3.3. Do individuals in the setting display different personal styles, haircuts, etc.?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	48	0	0	1
SLP I	31	0	0	0
SLP II	23	0	0	0

5.4. *Staff treats individuals in a dignified manner.*

5.4.1. Do staff greet and chat with individuals?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	47	0	0	2
SLP I	31	0	0	0
SLP II	23	0	0	0

5.4.2. Are the needs met for individuals who need a hearing aide, eyeglasses, walkers, or other assistive devices?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	47	0	0	2
SLP I	28	0	0	3
SLP II	23	0	0	0

5.4.3. Does the staff verbally communicate with individuals in a loud tone? If yes, please explain.

	Yes	No	N/A	Blank
CRCF	2	17	0	1
CTH I	0	20	0	0
CTH II	5	44	0	0
SLP I	4	26	0	1
SLP II	9	14	0	0

5.4.4. Does staff converse with individuals while providing assistance or services and during the course of the day?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	47	0	0	2
SLP I	28	2	0	1
SLP II	21	1	0	1

5.4.5. Do staff talk to other staff in front of individuals as if the individual is not there?

	Yes	No	N/A	Blank
CRCF	1	19	0	0
CTH I	0	20	0	0
CTH II	3	44	0	1
SLP I	0	30	0	1
SLP II	2	21	0	0

5.4.6. Does staff address individuals in the manner they like to be addressed?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	19	1	0	0
CTH II	48	0	0	1
SLP I	30	1	0	0
SLP II	23	0	0	0

5.5. *Individual choices are accounted for and honored unless the individual's safety would be jeopardized and in accordance with the person-centered plan.*

5.5.1. Does staff ask the individual about their needs and preferences?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	48	0	0	1
SLP I	31	0	0	0
SLP II	23	0	0	0

5.5.2. How are individuals made aware of the process for making service requests?

5.5.3. Is individual choice facilitated such that the individual feels empowered to make decisions?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	48	0	0	1
SLP I	30	0	0	1
SLP II	23	0	0	0

5.5.4. Do individuals have the option to choose from whom they receive services and supports?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	48	0	0	1
SLP I	30	0	0	1
SLP II	23	0	0	0

5.5.5. How are individual requests accommodated?

5.6. *Individuals and/or their representatives are active participants in the service planning process. Planning meetings occur at times convenient to the individual/representative.*

5.6.1. How does the setting post or provide information to individuals/representative(s) about how to request and schedule a planning meeting?

5.6.2. Was the individual/representative(s) present during the last plan meeting?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	18	2	0	0
CTH II	45	3	0	1
SLP I	29	2	0	0
SLP II	23	0	0	0

5.6.3. Do individuals participate in their plan meetings?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	48	0	0	1
SLP I	30	1	0	0
SLP II	23	0	0	0

5.6.4.Is the individual's input reflected in the service plan?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	48	0	0	1
SLP I	30	1	0	0
SLP II	23	0	0	0

6. OTHER

6.1. *The individual has the same landlord/tenant protections, is protected from eviction, and afforded the same appeal rights as persons not receiving Medicaid HCB services.*

6.1.1.Does the individual have a lease, or settings in which landlord/tenant laws do not apply, a residency agreement? Please provide a copy of the current agreement.

	Yes	No	N/A	Blank
CRCF	15	5	0	0
CTH I	12	8	0	0
CTH II	28	19	0	2
SLP I	23	7	0	1
SLP II	18	5	0	0

6.1.2.How are individuals made aware of their housing rights?

6.1.3.How are individuals made aware of the process of relocating and requesting new housing?

6.2. *Modifications to the HCBS settings requirements are supported by an assessed need and justified in the individual's service plan/care plan.*

6.2.1.What factors are considered before restricting an individual's rights?

6.2.2.Does the setting prepare documentation if an individual's rights have to be restricted? If yes, what type?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	20	0	0	0
CTH II	47	1	0	1
SLP I	28	2	0	1
SLP II	22	1	0	0

6.2.3.Does the individual provide informed consent for the modification or restriction?

	Yes	No	N/A	Blank
CRCF	20	0	0	0
CTH I	19	0	0	1
CTH II	48	0	0	1
SLP I	27	2	0	2
SLP II	23	0	0	0

6.2.4.How often is the restriction reviewed to determine if it is still needed?

Appendix G

RELOCATION GUIDELINES
COMMUNITY RESIDENTIAL CARE FACILITY (CRCF) RESIDENTS

PURPOSE: The following guidelines are provided for agencies to assist residents of community residential care facilities (CRCF) in relocating when the CRCF closes (these guidelines do not apply in emergency and imminent danger closures). These agencies are the Department of Health and Environmental Control (DHEC), the Department of Health and Human Services (DHHS), the Department of Social Services (DSS), the Department of Mental Health (DMH), and the Department of Disabilities and Special needs (DDSN) and the State Long Term Care Ombudsman. The guidelines were developed to enhance communication, provide a coordinated response in relocation situations and to outline the duties and responsibilities of agencies in meeting the needs of these vulnerable adults. This protocol does not replace agencies' internal policies and procedures for addressing the needs of residents in emergency and imminent danger situations. It provides for interagency communication and a coordinated response when residents need assistance to be moved.

These guidelines have been put into place in an effort to ensure that the rights of the residents, including the right to free, informed choice of placement and to be fully informed in matters concerning them, are protected.

NOTE: In all relocation situations, it is the professional ethical and moral responsibility of agency staff 1) to assume responsibility and to take actions to protect residents when problem situations are encountered in CRCFs; 2) to assist any resident of a CRCF whether the resident was placed by an agency involved, by the resident him/herself or with assistance from another source; and 3) to assist any resident regardless of the resident's income or payment source for residential care. It is the responsibility of staff to protect and to meet the needs of all vulnerable adult residents and to be supported by their agencies in carrying out their professional ethical and moral responsibilities. Further, agencies placing clients in CRCFs should place only in facilities that are licensed and in good standing as defined by DHEC's Division of Health Licensing.

These relocation guidelines should be utilized in conjunction with the closure, notification of closure or potential closure of a CRCF by an owner/operator, when circumstances may exist which could jeopardize the health and well-being of residents, when financial circumstances exist which may place residents at risk of relocation or at any other time an agency believes it may be in the best interests of residents to move. (These guidelines do not replace those guidelines which apply in cases of facility violations or licensing violations/problems.)

PROCEDURES: A **Relocation Oversight Committee (ROC)** will be established and will be comprised of the State Long Term Care Ombudsman; DHHS Optional State Supplementation (OSS) program representative, Community Long Term Care (CLTC) program representative,

Integrated Personal Care (IPC) program representative and Medicaid eligibility program representative; DHEC Division of Health Licensing (DHL) representative; DMH and DDSN representatives; and representatives from the DSS state office for adult protective services. A **Relocation Team** to conduct the resident relocation activities will be established by the Relocation Oversight Committee and will be led by the State or Regional Long Term Care Ombudsman.

The Relocation Oversight Committee (ROC) may be convened in the following circumstances:

1. DHEC may convene the ROC upon notification that a CRCF is to be or may be closed;
2. Any of the other agencies upon notification that a CRCF is to be or may be closed;
3. The ROC will be convened in either a face to face meeting or via telephone conference when notified that DHEC has sent a letter indicating that a facility with more than 15 residents is no longer in good standing with DHEC and/or when any member of the committee or staff has received notification that a facility with more than 15 residents may be closed.
4. DHHS OSS staff when a facility's OSS participation has been terminated or when OSS holds the check or funds for some other reason;
5. State Long Term Care Ombudsman upon notification that a CRCF is to be or may be closed;
6. Any agency when circumstances may exist which could jeopardize the health and well-being of residents or financial circumstances exist which may place residents at risk of relocation.

The Relocation Oversight Committee (ROC) will develop a checklist of activities to be completed and identify appropriate agency assignments. Agency assignments should include the following:

- The Relocation Team should meet with the administrator of the facility as soon as possible to outline/remind the administrator of her/her responsibilities to residents in terms of care and relocation, the existence and purpose of the ROC and team, etc.
- Determination of OSS status: DHHS
- Direct contact with residents and residents' families: sponsoring agencies (DMH, DDSN, DSS, and Ombudsman)
- Determine if on-site coordination is required and notify the ROC so the ROC can agree upon an on-site lead agency and plan;
- Determine if ROC should be asked to form an emergency team; creation of an emergency team may be triggered by 1) the size of facility balanced by the experience and/or good performance of administrator (15 or more residents alert will go to ROC); 2) conditions of facility and/or staffing; 3) diagnosis and/or care needs of residents (ex. number with mental illness, number meeting nursing home level of care, etc.); 4) OSS/Category 85 residents; 5) number of residents without family supports, responsible parties or other supports; 6) if facility is experiencing change in ownership, operational control or financial difficulties which could cause confusion in management to the extent it affects daily operations; 7) history of administrator (licensure history, experience of agencies with

administrator over time, etc.); 8) law enforcement has been called to the facility; 9) any other situation or condition which could severely impact the health and/or safety or violate the rights of the residents. ROC will convene either face-to-face or via conference call to decide if emergency team should be formed; person/agency recommending emergency team shall be allowed to present basis for team. If ROC decides not to form an emergency team at that time, it may reconsider this decision at any time, especially if conditions at the facility worsen. Likewise, if a team is formed and it becomes apparent that a team is not needed, it can be disbanded by the ROC. The emergency team will provide on-going reports back to ROC. The emergency team will consist of agencies with residents in the facility, the Ombudsman, DHHS, P&A and DSS. Leadership of the team will rotate by the percentage of involvement of an agency (number of residents served) or payment source or combination thereof or number of residents in need of level of care determinations or who lack family supports or responsible parties.

- Notify local law enforcement that the facility may or is closing, if appropriate;
- Verify appropriateness of placement, referrals for level of care assessment for nursing home or other care options: Relocation Team
- Notify Protection and Advocacy for People with Disabilities to protect the rights of resident: Relocation Team or sponsor
- File appropriate complaints, regarding problems at the facility or with the administrator with LLR;
- Complete assessment for level of care determination: CLTC
- Develop a check list to ensure that the resident satisfies all requirements (ex. Medical exams/tests such as tuberculin screening or physical examinations, Medicare coverage, etc.) and has all information needed (ex. personal needs allowance records, representative payee, etc.) for relocation or transfer: sponsor and Relocation Team
- Assist in finding services at neighboring facilities: sponsor and Relocation Team
- Assist with inventory, packing and transfer of residents' belongings: sponsor and Relocation Team
- Assure that no resident is moved out of state (especially a SC Medicaid recipient) unless there is a comprehensive explanation of the repercussions which may be encountered in regards to transfer of Medicaid, service providers, etc.
- Ensure appropriate transfer of residents' medical records, medications, Medicaid cards, etc., to new facility: sponsor and Relocation Team
- Assist in coordinating residents' transportation to the new facility: sponsor and Relocation Team
- Notify the Social Security Administration concerning the actions taken for transferring residents. The notification will include the name and address of the facility and its administrator, a list of residents to be moved, and the addresses of the new facilities. The Social Security Administration will notify the facility to officially instruct the facility administrator to forward the resident's SSA/SSI checks, refunds, etc., to the client's new location/facility. When facility operators fail to forward residents' funds, the State Long Term Care Ombudsman should report to law enforcement; DHEC Division of Health Licensing; Department of Labor, Licensing and Regulation, Board of Long Term Health

Care Administrators; the Social Security Administration; and the State Attorney General's Office: Ombudsman

- The Ombudsman or the sponsoring agency will follow-up with each resident after the relocation is complete and will notify the Relocation Team or Committee if there are problems or concerns with the new placement.
- Protection and Advocacy will convene the Relocation Oversight Committee after relocation if Protection and Advocacy believes there are problems or concerns with the relocation or the new placement of any of the residents.

The protocol for the relocation of residents will be determined on a case-by-case basis. The protocol will consist of the following:

- The regional Long Term Care Ombudsman will obtain a complete onsite census of the facility with a face sheet that reflects responsible party and the address and telephone of the responsible party, and will ensure that the Relocation Team receives the census and face sheet. Confidential information concerning residents, such as full name, Medicaid number and other identifying information will not be shared via email.
- The Relocation Team or the resident's sponsor will ensure that the family and/or the responsible party are informed of the resident's relocation rights and status. This communication will be made via letter form. *NOTE*: Regardless of case status, the county DSS office that placed a client in a facility in another county is responsible for that client and will provide assistance with relocation and meeting the client's needs.
- The Relocation Team will be responsible for assisting residents with no agency sponsor in choice of appropriate and desired placement.
- An on-site visit may be made by members of the Relocation Team.
- Any time there is need for immediate action, a member of the Relocation Team may contact DHEC and any other appropriate agency for assistance. Any member of the Relocation Team may also notify the Relocation Oversight Committee or request that the Relocation Oversight Committee be reconvened.
- Any agency which helps in the relocation of a resident will notify the Relocation Oversight Committee as each resident is moved and will provide the new address and phone number for each resident so that appropriate follow-up may be done (including ensuring that all property and benefits of the resident have moved with the resident).

When appropriate, all state agencies will notify their divisions/departments and subordinate entities, and may also notify their counterparts in surrounding states, of actions taken or closures so that those entities or states will not refer clients to the facility from which residents were relocated. Agencies are also encouraged to notify hospitals and/or other entities or persons who make referrals or placements to the facility in question.

Final: March 19, 2007
Approved by Adult Protection Coordinating Council August 20, 2007
Approved by all agencies November 19, 2007

ASSESSMENT TOOL
Community Residential Care Facility

I. IDENTIFYING DATA

CRCF Name: _____ **Date: _____/_____/_____**

Address: _____ **Time: ___:___- ___:___**

_____

Administrator: _____ **# Residents: _____**

Completed by: _____ **Agency: _____**

II. OVERVIEW

The Community Residential Care Facility (CRCF) Assessment Tool has been developed for the CRCF Relocation Oversight Committee to be used to identify a potential crisis situation in a community residential care facility. When brought to the attention of the administrator [or person in charge] if any of these situations are not being immediately acted upon, *professional judgment* must be used in determining whether there is imminent threat.

- ✓ Not an adequate supply of food on hand to meet the needs of the residents
- ✓ No electricity, telephone, fire system, and/or other utilities in operation
- ✓ Lack of proper administration of medications to include adequate supply of medications in stock
- ✓ Lack of adequate staffing on all shifts
- ✓ Evidence of immediate fire/health/safety hazards
- ✓ Evidence of abuse and/or neglect and/or exploitation
- ✓ Evidence of serious physical plant problems
- ✓ Evidence of insect and/or rodent infestation
- ✓ Residents with unmet skilled nursing level needs

If it is determined that an imminent threat exists, the following agencies must be notified immediately:

- Local Law Enforcement
- Department of Health and Environmental Control, Division of Health Licensing
- State Long Term Care Ombudsman
- CRCF Relocation Oversight Committee

III. NOTIFICATIONS

Specify the actions taken to notify the applicable agencies. Include the agency, staff person contacted, telephone number, date/time, a summary of actions to be taken, and any needed follow-up.

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IV. NOTES

Appendix H

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State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
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Policy
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SOUTH CAROLINA Department OF Disabilities AND Special Needs

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Reference Number:	502-01-DD
Title of Document:	Admissions/Discharge/Transfer of Individuals To/From DDSN Funded Community Residential Settings
Date of Issue:	January 29, 1988
Effective Date:	January 29, 1988
Last Review Date:	October 19, 2015
Date of Last Revision:	October 19, 2015 **(REVISED)**
Applicability:	DSN Boards and Contracted Residential Service Providers

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Purpose:

To assure that people who are eligible for South Carolina Department of Disabilites and Special Needs (DDSN) services receive the services most appropriate to meet their needs and that limited resources are utilized prudently.

I. General Conditions of Community Residential Service Provision

A. Unless otherwise authorized by DDSN, the residential setting must have a valid certificate or license issued by DDSN or the South Carolina Department of Health and Environmental Control (DHEC) to provide services.

B. The residential setting must have sufficient capacity as indicated on its license or certificate to serve those admitted.

C. The residential service provider must have a valid contract to deliver the residential services in specified settings.

II. Initial Admission into Community Residential Services

The following conditions must be met prior to admission.

A. The person must have been determined eligible to receive DDSN services.

B. The person must be on the DDSN Critical Needs Waiting List or currently residing in one of the DDSN Regional Centers (reference DDSN Directive 502-05-DD: DDSN Waiting Lists) unless otherwise approved by DDSN when there are sufficient resources available to support such admissions (e.g., Residential Priority I Waiting List, Court Ordered Judicial Admission, living with aging caregiver).

C. The person/guardian must have chosen to receive services in the proposed residential setting. This choice should be an informed choice that is documented. Documentation must be maintained in the person's record. Additionally, others living in the home should support the person's admission.

D. The proposed residential setting must represent the least restrictive setting in which the person's needs can be met. The following lists residential settings from most to least restrictive.

1. Regional Center
2. Community ICF/IID
3. CRCF
4. CTH-II
5. SLP-II/CTH-I
6. SLP-I/CTH-I

E. The residential provider must have resources and expertise necessary to safely and effectively meet the needs of the person being admitted.

F. Efforts must be made to establish person's Medicaid eligibility and ICF/IID Level of Care need prior to residential admission.

G. The funding for services in the proposed setting must have been approved by DDSN. An approved Admission/Discharge/Transfer form on the ADT application located on the DDSN Application Portal will constitute approval of funding.

H. The Admission/Discharge/Transfer form must be completed on the ADT application by the residential services provider proposing to serve the individual, and approved by the appropriate DDSN officials (Assistant District Director and Director of Cost Analysis/designee) prior to the admission. The online system will notify via email the residential provider, the individual's Case Manager and appropriate DDSN personnel of the ADT approval/disapproval.

III. Transfer between DSN Board/Contracted Service Provider's Community Residential Setting (applies to all transfers be they to less, more or equally restrictive settings or intra- or inter-agency transfers)

A. There must be a legitimate reason for the transfer (e.g., the person requires a more/less intensive level of service, the person is not compatible with the other persons residing at the home, the person desires to move to another home closer to his family).

B. The person/guardian must have chosen to receive services in the proposed residential setting. This choice should be an informed choice that is documented. Documentation must be in the person's record. Additionally, others living in the home should support the person's transfer.

C. The proposed residential setting should represent the least restrictive setting in which the person's needs can be met. The following lists residential settings from most to least restrictive.

1. Community ICF/IID
2. CRCF
3. CTH-II
4. SLP-II/CTH-I
5. SLP-I/CTH-II

D. The funding for services in the proposed setting must have been approved by DDSN. An approved Admission/Discharge/Transfer form on the ADT application located on the DDSN Application Portal will constitute approval of funding.

E. The residential provider must have resources and expertise necessary to safely and effectively meet the needs of the person being admitted.

F. The DDSN Admission/Discharge/Transfer form must have been completed on the ADT application by the residential services provider proposing to serve the individual (receiving provider), and approved by the appropriate DDSN officials (assistant District Director and Director of Cost Analysis/designee) prior to the transfer. The online system will notify via email the sending and receiving residential providers (for interagency transfers), the individual's Case Manager, and appropriate DDSN personnel of the ADT approval/disapproval. If the proposed transfer involves moving an individual from a Regional Center/Community ICF/IID to a non-ICF/IID residential setting, final approval will not be provided until the individual is ready to be enrolled in the ID/RD Waiver.

G. The person must be notified of the pending transfer in writing. Notice will be provided at least thirty days prior to the proposed transfer unless this length of notice would jeopardize the health and/or safety of the individual to be transferred or any other individual. If the person/legal guardian/surrogate consent giver disagrees with the transfer, the dispute should be resolved in accordance with DDSN Directive 535-08-DD: Concerns of People Receiving Services - Reporting and Resolution.

IV. Residential Discharge

A. There must be a legitimate reason for the discharge (e.g., the person no longer requires residential services, the DSN Board/contracted service provider does not

have a residential setting capable of meeting the person's needs, the person has died).

B. If applicable, there must be a plan that outlines the post-discharge service/support needs of the person. This plan should be shared with future service providers.

C. If alternative services are proposed, funding for those services must have been approved prior to discharge. An approved Admission/Discharge/Transfer form on the ADT application located on the DDSN Application Portal will signify DDSN's approval.

D. The DDSN Admission/Discharge/Transfer form must be completed on the ADT application by the residential services provider, and approved by the appropriate DDSN officials (Assistant District Director and Director of Cost Analysis/designee) prior to the discharge (unless reason for discharge is due to individual's death on a weekend or holiday, in which case, it must be done the next business day). The online system will notify via email the residential provider, the individual's Case Manager, and appropriate DDSN personnel of the ADT approval/disapproval.

E. The person may not be discharged to a setting that does not meet the person's needs.

F. The person must be notified of the pending discharge in writing. Notice will be provided at least 30 days prior to the proposed discharge unless this length of notice would jeopardize the health and/or safety of the individual to be discharged or any other individual. If the person/legal guardian/surrogate consent giver disagrees with the discharge, the dispute should be resolved in accordance with DDSN Directive 535-08-DD: Concerns of People Receiving Services - Reporting and Resolution.

V. Residential Vacancies

A. DSN Boards must admit people (as specified in Section II B of this document) into a funded residential vacancy within 30 calendar days. Failure to do so may result in financial sanction unless reasonable justification for extended vacancy has been approved by DDSN.

1. For the purpose of this funding requirement, a residential vacancy is considered to exist if someone receiving community residential services has been admitted to a DDSN Regional Center for short term behavioral/medical stabilization or has not been sleeping at the residence for ten (10) consecutive nights.

2. Residential service providers must notify their respective Assistant District Director of any such temporary residential vacancies within three (3) days. Notice should be in writing (.e.g., email or memo) and include the projected date that the person will return to the community residence.

B. Residential service providers must provide a monthly summary of efforts to fill any vacancies using the attached DDSN "Residential Vacancy" form (Attachment B). This report must be submitted to the Assistant District Director no later than the first (1st) Monday of each month.

C. Residential service providers should remain knowledgeable of those DDSN Regional Center residents who have expressed a desire to receive residential services in a community-based setting. DDSN will periodically distribute a listing of DDSN Regional Center residents who desire to receive services in the community.

VI. Respite

A. Residential service providers can also provide respite in certain residential settings (i.e., CTH-I, CTH-II, CRCF, ICF/IID) to people who are in crisis or as a planned break for the person's primary caretaker. The residential service provider must also be an approved respite provider.

B. In order to provide respite, there must be sufficient licensed/certified capacity in the residential setting to accommodate all who will be present.

C. The residents of the home must agree to respite being provided unless the provision of respite is approved by local Human Rights Committee and DDSN. If a resident's bedroom will be used in his/her absence for respite, appropriate consent must be obtained from the resident and, if desired, he/she must be able to secure personal belongings in his/her absence.

D. The DDSN "Residential Respite" form (Attachment A) must be completed by the residential service provider proposing to provide the respite and be approved by DDSN official (District Director) prior to the provision of any residential respite in excess of three (3) calendar days. The Executive Director/CEO must approve any residential respite provided for three (3) calendar days or less.

Susan Kreh Beck.
Associate State Director-Policy
(Originator)

Beverly A.H. Buscemi, Ph.D.
State Director
(Approval)

To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number.

Attachment A: Residential Respite Form
Attachment B: Residential Vacancy Form

Review and Feedback on the HCBS Final Rule Transition

October, 2015

Sherry H. Lerch, Senior Consultant
Jon Delman, Senior Evaluator
Technical Assistance Collaborative

Completed for:
South Carolina Department of Health and Human Services

1 Background

As required by the Centers for Medicare and Medicaid Services (CMS), the South Carolina Department of Health and Human Services (DHHS) submitted a plan for how the state will assess and come into compliance with the Home and Community Based Services (HCBS) settings final rule. Recognizing that the state is in need of additional affordable housing options for individuals with disabilities and life challenges, DHHS contracted with the Technical Assistance Collaborative, Inc. (TAC) to assist the Department with developing a strategic statewide housing plan. As part of that contract, DHHS also requested that TAC review and provide feedback on the Department's process for coming into compliance with the HCBS final rule for residential settings.

2 Process

TAC staff reviewed DHHS' dedicated HCBS website, including the State's Transition Plan and "HCBS Rule Residential Setting Assessment." TAC staff also participated in onsite assessments of Community Residential Care Facilities (CRCFs), Community Training Homes (CTHs) and Supported Living Programs (SLPs) in which individuals receiving HCB services reside in all five regions of the state.

	CRCF Sites Visited	CTH Sites Visited	SLP Sites Visited
Upstate	0	4	1
Rock Hill	1	4	2
Charleston	1	CTH II – 3 CTH I - 1	1
Pee Dee	2	2	1
Midlands	2	6	2
Total	6	20	7

3 Observations

3.1 HCBS Final Rule Residential Setting Assessment

DHHS developed a self-assessment tool for providers to evaluate compliance with the final rule for all residential settings in which HCBS recipients reside. The assessment tool includes not only the criteria as stated in the final rule, but also the Exploratory Questions provided by CMS to assist states in ascertaining the qualities and characteristics of each residential setting.

DHHS has indicated that self-assessments have been returned from all but one provider. DHHS or its vendor will visit a sample of sites after reviewing the self-assessments. It's unclear how the Department will determine how many or which sites to visit. DHHS has indicated that providers will receive written feedback from the onsite assessment. It is also unclear if DHHS will take further action based on the overall findings from the onsite visits. For example, if a

high per cent of sites are determined to need more remedial action than the self-assessment indicated will DHHS conduct onsite visits at additional/all settings?

DHHS has also indicated that Waiver participants will receive satisfaction surveys to complete about their residences. Self-reporting is a viable source of information if done appropriately. We recommend that DHHS require/insure that residents receive individualized education about the surveys and their intended use. In addition, DHHS should require/insure that residents will be able to complete the surveys in a location where they are comfortable providing honest answers to the questions. We recommend that DHHS require/insure that residents receive assistance from an un-biased party who will not try to "steer" the questions or responses.

3.2 TAC On-site Visits

While TAC staff did not conduct the residential visits as a formal assessment, there are a number of observations from the visits that are identified to help inform DHHS' ongoing process. Observations in bold-print are assessed as concerns that will need to be addressed either through heightened scrutiny or remedial action in order to comply with the Final Rule.

3.2.1 Community Residential Care Facilities and Community Training Homes

<u>Physical Characteristics</u>

- Well-maintained residences with home-like furnishings. **However, in many of the homes, individuals do not have residential agreements.**
- Occupancy ranged from 3 to 8 with most homes having 4 residents. While CMS has stated repeatedly that its focus is on the qualities of a setting and not the number of residents, recent guidance focuses on how the community perceives the setting…is it identified as a setting specifically for individuals with disabilities? DHHS can take the position that the homes do not stand out as "programs" and look no different than other homes in the community. Outreach efforts to engage neighbors could be helpful in this regard.
- In most of the homes observed, residents have individual bedrooms. In settings where bedrooms are shared, new individuals are typically limited to choice of roommates since they must move into the bedroom with the vacancy. Facilities indicated that roommates can be matched with someone else if needed as vacancies occur in the future.
- Most bedrooms could be locked from within, however there were a few sites with **bedrooms which could not be locked from the inside.** The Directors at these sites indicated that the absence of locks was due to "safety issues." If that is accurate it should be confirmed in the individuals' service plans.
- Office areas in some homes were completely separate from residents' living areas, while **in other homes there were desks and office equipment in the living rooms and resident charts/information in the open for anyone to see. Memos correcting staff behaviors were posted in living areas in a few facilities.**

- Bedrooms are furnished/decorated by residents and contained personal belongings indicative of their interests. One facility noted that families had interior decorators design the residents' bedrooms.

Accessibility

- Most homes are single-story. A few have ramps to facilitate mobility. Some of the residents have physical limitations. Doorways and hallways are able to accommodate wheelchairs. One home had a second-floor bedroom which offered a private bedroom/bath for the resident, however he is in his mid to late 50s and will need to either move downstairs or to another facility if navigating stairs becomes an issue. A second home had three steps the occupant had to navigate to access his bedroom.
- No home visited had adaptations to support individuals who are hearing or visually impaired.
- Homes are located in quiet residential areas. Depending in the area of the state, some homes are located "in town," while in more rural parts of the state, the homes would be considered to be part of the community. **Some homes reported little to no interaction with neighbors** while others reported frequent interaction.
- **The residences in the now defunct naval yard in Charleston were especially isolating**. The two adjacent homes are located in the center of the base, apart from the community. The area was spacious and offered residents open area for exercise; however, **the setting does not promote community inclusion**.
- It is evident that residents do participate in a variety of community activities of their choosing. Most settings have a van which staff uses to transport residents to daily programming, jobs, shopping, community activities, etc. While we would agree with the Director who commented that using the vans is not very "normalizing," the primary concern related to HCBS compliance is if the vans draw attention to the settings as specifically serving people with disabilities. The vans may also reinforce the practice of residents all going to the same day program.

Operational Characteristics

- Homes are staffed "24/7," however most residents participate in the residential providers' day programs. When residents were onsite during the visits and could be interviewed, some reported they were fine with attending the day program or sheltered workshop, while others said they would prefer to do something else. One facility director commented that some residents don't want to attend their sheltered workshop but said it "gets them out of the house. " **It's questionable that all residents within a home would choose to attend the**

provider-run day program if they had an alternative. The final rule stresses informed choice of daily activities.

- **At least 2 CTHs reported needing to "lay eyes" on residents every 15 minutes**, to assure safety. It was unclear if this policy was unique to the populations served by the two programs, but it was not a policy observed in every CTH. If there is a need to assure safety in these homes, the need for checks should be verified in the residents' service plans.
- There are menus posted in each home which are reportedly developed by a dietician and unique to the residents in each house. Staff reported that if the residents don't want to eat a menu item that it can be changed. The food is prepared by staff, who also do the grocery shopping. **Staff appear to do most of the "chores"** though residents can, and some reportedly do, help with laundry, carrying their plates from table to kitchen, etc.
- Snacks are reported to be available if diet allows. However, **it was not clear that residents have free access to food and drinks in all the homes. Restricted access should be validated in service plans if an issue.**
- **Residents' funds are managed and dispersed by staff**. Some program staff did comment that residents are working on money management skills. Policies on money management and each resident's plan of care should be reviewed to assure facility control is necessary.
- When asked about overnight visitors it was clear that it doesn't happen at this level of care. **One director indicated that she believed overnight guests would be viewed by state licensing staff as exceeding their census; during a recent emergency, the director was told by the state agency that she could not temporarily allow a resident from another home to spend the night in her fully occupied home.** DHHS should determine if having an overnight guest would be a regulatory violation and if so, addressing the regulation would need to be added to the Transition Plan.

3.2.2 Supported Living Programs

Physical Characteristics

- Residents have individual leases.
- **One group of apartments in the Upstate region is in an area that the Director and, reportedly, Case Managers do not feel is safe.**
- At an SLP II in Charleston, **three individuals have rooms in an apartment which also serves as the house manager's office**. These residents share the living area with each other and the house manager, **offering little independence or privacy.**
- Most SLPs visited are located within larger apartment complexes, with most of the apartments clustered rather than dispersed. An SLP III pilot in Columbia was a model program exception: the apartments were dispersed among different apartment complexes. In another location, **one set of apartments is located adjacent to a Community Training Home. Another provider indicated the agency was intentionally leasing apartments**

within the same area of a complex as opposed to dispersing them throughout the complex.

Accessibility

- Absent public transportation in most SC communities, residents are transported to work/activities or may have their own transportation.
- All apartments were single story, though units at some complexes were located on a second story of a building. Units appeared to be ADA compliant.

Operational Characteristics

- SLP residents have more choice about their daily activities. Some were working, some were attending day programming and some were at their residences or visiting with neighbors.
- Residents have keys to their apartments and are allowed visitors at any time. One exception was an SLP II in Charleston. **The House Manager controls who the residents can have onsite in their apartment, requiring that she meets them first and approves of them. No one can stay overnight in these apartments.**
- **One resident was observed asking a Program Director for spending money and she replied that she would make sure it happened. The resident's service plan should verify why he doesn't have access to his funds and there should be a habilitation goal to build this skill.**

3.3 Overall Findings/Recommendations

Based on the sites TAC visited, there do not appear to be egregious violations of the HCBS Final Rule on residential settings. However, most if not all of the settings require at least minor remedies in order to be in full compliance. Some settings were assessed to have institutional-like characteristics – facilities that were converted from Interim Care Facilities appear to be challenged with transforming their service delivery to a more person-centered approach. Conversely, settings operated by private providers appeared to have a clear focus on providing rehabilitation and supporting independence. One private provider did raise a concern, however, when she reported that the facility's residents performed off-site volunteer work as opposed to earning wages, so as not to reduce their benefits.

We recommend the following actions in order to better align services with the Final Rule:

1. Require provider staff, from the direct service personnel to the Directors, to be trained in how to insure that residents exercise informed choice.
   a. Verify that each individual living in a CRCF or CTH was offered a choice to live in a non-disability residential setting capable of meeting the individual's needs.

b. Address the lack of *choice* in daily activities/programs. Activities which are available to individuals without disabilities may be preferred by some residents.

2. Require residential agreements or leases for all settings.
3. As leases expire, disperse Supported Living apartments throughout complexes.
4. Insure office areas and equipment are separate from resident living areas. Resident information must be kept confidential and staff communications should not be displayed for residents and visitors to view.
5. Enhance skill-building in the residences…staff shouldn't do the daily activities, such as cooking meals or shopping for groceries, because it's quicker or easier than assisting the residents to work on skill development. It was difficult to tell in some settings how much, if any, skill building was occurring.
6. Conduct a random site cost-benefit analysis to assess the implications of converting use of large vans to smaller vehicles. Transporting residents using smaller vehicles is less stigmatizing, incents individualized trips and destinations and is likely to have cost efficiencies; these reduced costs may be off-set however, if more staff are needed for transporting.

4 In Summary

DHHS is responding to its obligation to come into compliance with the HCBS final rule. The Department is wise to have taken the Final Rule seriously…given that there are 9 waivers supporting thousands of individuals with HCB services in South Carolina, working towards compliance is critical. CMS is giving states time to comply with the regulation, but the agency is clear that it intends to enforce the Final Rule.

DHHS is in the process of identifying areas of vulnerability…several are identified in this summary. TAC recommends using a phased approach to the state's response.

1. Identify the most egregious facilities and/or areas of vulnerability most common among facilities.
2. Determine if the facilities can and are willing to come into compliance.
3. Determine strategies necessary for addressing the common violations.
4. Determine if there are state resources that can be used to offset the cost of efforts required for compliance.
5. Develop work plans with specific actions necessary and timelines to modify regulations, policies and procedures that allow or require providers to come into compliance with the Final Rule.
6. Identify options for re-locating residents if needed as a last resort. There may be some settings that will not want or be able to comply with the Final Rule and if so, finding and/or

developing alternatives for those residents should begin sooner rather than later. Detailed plans with action steps and timelines will be required for your Transition plan update.

7. The Department *must* address options for daily activities in order for residents to have meaningful choice. Options include expanding Supported Employment services, training providers and residents on the ability to earn wages and not lose entitlements and increasing the use of natural supports and community programs.
8. Once provider assessment results are analyzed, begin development of detailed action plans and timelines for those remedial actions which will require substantive time and effort.
9. The Department may also want to create opportunities for success and examples of change by taking on some of the quicker and easier-to-achieve changes. This will show CMS, provider agencies and stakeholders that you are taking action to achieve compliance.