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

Independent. Integrated. Individual.

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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 home and community-based 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 requires 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 under its Healthy Connections Communities division. Additionally, SCDHHS has developed a specific tagline for HCBS: *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 received. In South Carolina, the home and community-based services are currently offered through the following waiver programs:

- Intellectual Disabilities and Related Disabilities waiver (ID/RD)
- Community Supports waiver (CS)
- Head and Spinal Cord Injury waiver (HASCI)
- Pervasive Developmental Disorder waiver (PDD)
- 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).

Per CMS requirements, this Statewide Transition Plan 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.

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

- The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
- The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board
- Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
- Facilitates individual choice regarding services and supports, and who provides them.

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
 - 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 above settings will be presumed to be a setting that has the qualities of an institution unless the Secretary of the US Department of Health and Human Services determines through heightened scrutiny, based on information presented by the State or other parties, that the setting does not have the qualities of an institution and that the setting does have the qualities of home and community-based settings.

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

Communications and Outreach – Public Notice Process

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

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

Public Notice and Comment on Statewide Transition Plan

SCDHHS used multiple methods of public notice and input for the Statewide Transition Plan.

- 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-notice).
- 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 Connections 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.

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

scdhhs.gov/public-notice

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

Communication During the Implementation of the Statewide Transition Plan

SCDHHS will continue 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.

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

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):
 - 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.

Outcomes of System-Wide Review

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

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](#)¹
 - 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)
 - 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)

¹ 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.

- 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 (533-902-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 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

Residential Settings: CRCF's, CTH I, CTH II, CLOUD, SLP I, SLP II

- 1. [Community Residential Care Facilities, S.C. Regs. 61-84](#)
- 2. [SCDDSN Standards](#)²
 - a. SCDDSN Residential Habilitation Standards
 - b. SCDDSN Residential Licensing Standards
 - c. CLOUD Licensing Standards
 - d. HASCI Division Rehabilitation Supports Standards
- 3. [SCDDSN Directives](#)³
 - 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)

Day Program Settings: AAC, WAC

- 1. [SCDDSN Policy Manuals](#)
 - a. Day Services Manual
- 2. [SCDDSN Standards](#)⁴

² 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 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.

⁴ 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.

- a. SCDDSN Day Standards (All services)
- b. Licensing Day Facilities Standards
- 3. [SCDDSN Directives](#)⁵

Adult Day Health Care Facilities

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

After reviewing these sources, SCDHHS has created a spreadsheet detailing which statutes 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 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 service 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 term and conditions of that employment does not

⁵ 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.

- 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 DDSN Residential Habilitation standards which require compliance with all federal statutes and regulations.
 4. **SCDDSN Day Services Standards & SCDDSN Waiver Policy Manuals:** *Day/Support/Community Services "will only be provided in or originate from facilities licensed by SCDDSN as Day Facilities. SCDDSN Day Services will only be provided by SCDDSN qualified Day Service providers."*
 - a. This standard/policy is not fully compliant with 42 C.F.R. 441.301(c)(4)(ii). Having day services only provided or originating from facilities licensed by SCDDSN does not give an individual the option to select a non-disability specific setting in which to receive this service. It is recommended that this standard be updated to comply with federal regulations.
 5. **SCDDSN Waiver Policy Manuals:** *"Career Preparation Services will only be provided in or originate from facilities licensed by SCDDSN as Day Facilities."*
 - a. This standard/policy is not fully compliant with 42 C.F.R. 441.301(c)(4)(ii). Having day services only provided or originating from facilities licensed by SCDDSN does not give an individual the option to select a non-disability specific setting in which to receive this service. It is recommended that this policy be updated to comply with federal regulations.
 6. **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.
7. **SCDDSN Directive 200-120-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.
 8. **SCDDSN Directive 533-902-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). It is recommended that this directive and any underlying statutes be reviewed to determine if revisions are necessary to comply with federal regulations.
 9. **SCDHHS Policy, Waiver Documents, and SCDDSN Medicaid Waiver Policy Manuals Medicaid HCB Waiver Policy Regarding Waiver Services Provided while Clients Travel Out-of-State:** *"[...] Waiver participants may travel out of state and retain a waiver slot under the following conditions: the trip is planned and will not exceed 90 consecutive days; the participant continues to receive a waiver service consistent with SCDDSN policy; the waiver service received is provided by a South Carolina Medicaid provider; South Carolina Medicaid eligibility is maintained. During travel, waiver services will be limited to the frequency of service currently approved in the participant's plan. Services must be monitored according to SCDDSN policy. The parameters of this policy are established by SCDHHS for all HCB Waiver participants."*

- a. This policy does not specifically touch on any of the home and community-based settings requirements, but it may be an unnecessary restriction on an individual with disabilities. This policy may need further review.

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

Actions to Bring System into Compliance

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

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

SCDHHS will create a joint workgroup with SCDDSN to begin fall of 2015 to review SCDDSN waiver specific policy, procedures, directives, and standards. The workgroup will make recommendations for changes to bring waiver policy and procedures in line with the HCBS requirements. SCDHHS anticipates the review period to be complete by the end of the year with recommended changes to be made by March 1, 2016.

Ongoing Compliance of System

Ongoing compliance of the system will be monitored per SCDHHS policies. SCDHHS serves as the Administrative and the Operating Authority for the four Community Long Term Care (CLTC) 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 waiver. Performance requirements, assessment methods, and methods for problem correction related to PRIME are described more thoroughly in the three-way contract between CMS, the CICOs and the state. 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), 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). 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. 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.

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

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

Assessment of Settings

Setting Types

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

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).

Adult Day Health Cares (ADHC). There are approximately 79 Adult Day Health Care settings, utilized in various waivers.

Residential Homes. There are approximately 1200 residential settings, largely provided through the ID/RD waiver, and there are six types of residential settings.

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.

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. Participants are responsible for selecting support providers, house mates, and housing.

Community Residential Care Facility (CRCF). 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. In addition to ID/RD waiver recipients, Community Choices waiver recipients and HIV/AIDS waiver recipients may also live in CRCFs that meet HCBS requirements. These CRCFs may be waiver service providers if they meet additional provider qualifications.

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 will use waiver participant surveys as a third source of data to determine compliance.

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

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

SCDHHS conducted a pilot test of the setting-specific assessment tools to determine reliability and decide if any revisions needed to be made prior to distributing to providers. Testing the pilot was conducted with providers who own or operate home and community-

based settings. The testing process also aided in the development of clear instructions on how to complete the assessment. Pilot testing began in January 2015 and was completed in March 2015. It was determined from the pilot test results that individual day (non-residential) facilities would still be individually assessed. However, residential facilities would be assessed by residential setting type. Both self-assessments included a review of policies for the setting. The assessments, and the instructions, are attached as appendices to this Statewide Transition Plan.

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

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

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

Individual site visits will occur after the provider self-assessments. These are anticipated to begin in January of 2016. These site visits will be on individual HCBS settings and will be conducted by SCDHHS or a contracted vendor. All day (non-residential) settings will be subject to an independent site visit. Day settings comprise approximately 79 Adult Day Health Care centers and approximately 84 day facilities.

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

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

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

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

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

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

Providers will receive initial written feedback from SCDHHS after review of the self-assessments. Included in this written feedback will be SCDHHS' expectation that providers self-assess all of their settings to determine each setting's level of compliance with the new standards and establish any steps needed to come into compliance for any deficiencies. The initial feedback to all providers is anticipated to be completed by December 2015.

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

Waiver Participant surveys. Waiver participant experience and satisfaction surveys are waiver specific and ask questions directly of the waiver participant/Primary Contact about their experiences with services in the waiver and their satisfaction level with those services.

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

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

SCDHHS has contracted with an external entity and they are currently developing and conducting the waiver participant experience and satisfaction surveys.

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

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

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

Outcomes

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

To date, SCDHHS has gathered preliminary information from the Initial C5 Assessment (see pg. 22), the C4 provider self-assessment, and selected site visits conducted with the Technical Assistance Collaborative (TAC), Inc. (see pg. 23). Based on that information, SCDHHS estimates that the following number of settings fall into the following categories.

HCBS Compliance Category	Number of Settings
Fully comply with federal requirements	201 ⁶
Do not comply – will require modifications	1010 ⁷
Cannot meet requirements – will require removal from the program/relocation of individuals	2 ⁸
Subject to C5 Heightened Scrutiny	112 ⁹

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

Waiver Participant Surveys. As each waiver participant experience and satisfaction survey (for specific waivers) is completed, SCDHHS will review the data and determine if any changes are needed in waiver policies or procedures. Additionally, the agency will use the data to assist providers as they develop their action plans for compliance.

Actions for Facilities Deemed not in Compliance

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

⁶ This number represents the SLP I residential settings

⁷ This number represents all other settings not accounted for in the other categories

⁸ This number represents two adult day health care centers located in other facilities

⁹ This number represents day programs and some residential settings

changes, or whether the action plan needs further work. If the action plan needs further work, SCDHHS will give providers two weeks from receipt of the letter to make changes to the action plan and resubmit it to SCDHHS for approval. SCDHHS will review the revised action plan and will either approve it, or send notification to the appropriate program area to have the provider and setting reviewed for disciplinary action.

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

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

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

Relocation of waiver participants in non-compliant Day 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 Residential settings. SCDHHS would identify all participants authorized to receive services from the provider of the non-compliant setting and an oversight committee would be established to determine all necessary steps to relocate participants to a new residential setting. For residents in a Community Residential Care Facility (CRCF), the "Relocation Guidelines: Community Residential Care Facility (CRCF) Residents" developed by SCDHHS with SCDHEC, SCDMH, SCDSS, and SCDDSN will be utilized for proper protocol and procedure. See Appendix E for those guidelines.

The oversight committee would designate a relocation team to conduct the actual relocation activities, including communication with the participants and their families/responsible parties on the relocation. The relocation team would ensure that all participants were informed of their options for alternative residential placement and providers.

Once a participant chooses a new residential placement and/or provider, the relocation team will assist the participant in the relocation, coordinating with appropriate agencies, case managers, and family members/responsible parties as needed and appropriate.

If the participant chooses not to use another residential provider, the case manager may explain alternative options should the waiver participant choose to still receive residential services from the non-compliant provider 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 referrals are made to that non-compliant setting.

Timeline. Relocation of waiver beneficiaries 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.

Ongoing Compliance

Ongoing compliance of the settings will be monitored per SCDHHS policies. SCDHHS serves as the Administrative and the Operating Authority for the four Community Long Term Care (CLTC) 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 waiver. Performance requirements, assessment methods, and methods for problem correction related to PRIME are described more thoroughly in the three-way contract between CMS, the CICOs and the state. SCDHHS maintains a Memorandum of Agreement (MOA) with SCDDSN and is implementing an Administrative Contract as well to outline responsibilities regarding SCDDSN's waiver 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), 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. 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, and appropriateness of services based on assessed needs. 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. 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. 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, that the participant/family still wants and needs them, and that they comply with contract and/or funding requirements and best practices. 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. 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).

It is through the SCDHHS QA process, SCDDSN service provider assessment process and the annual licensing inspection process that settings' ongoing compliance with HCBS standards for the ID/RD, CS, HASCI and PDD waivers will be monitored.

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

established system of quality assurance review that settings' ongoing compliance of HCBS standards for the CC, HIV/AIDS, and Mechanical Ventilator waivers will be monitored.

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 or not the settings have home and community-based qualities and if any of the settings will be submitted to CMS for final heightened scrutiny review.

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.

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.

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.

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.

Timeframe to conduct assessments.

Providers had until Dec. 1, 2014, to complete the "C5" assessment and return it to SCDHHS. That was approximately 26 calendar days.

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.

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.*

Outcomes

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.

Heightened Scrutiny Process

SCDHHS has undertaken the following actions to begin identifying settings that may need to go through the heightened scrutiny process:

- Initial C5 Heightened Scrutiny Assessment: this assessment asked providers to self-identify whether they own or operate any settings that 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.

- 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.
- Geocode Data: SDHHS 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 HCBS settings within South Carolina. This data has broken down the proximity of each setting to public and private institutions and other HCBS settings. It shows generally where HCBS settings are located in comparison to the broader community of each town.
- Consultation with Technical Assistance Collaborative (TAC), Inc.: SCDHHS hired TAC, Inc. to review South Carolina's HCBS residential programs. TAC, Inc. has 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. will furnish a report to SCDHHS in November 2015 with its findings.

SCDHHS is using all of the above information to inform which settings will need to go through the heightened scrutiny process. Additionally, SCDHHS will seek public input in the fall of 2015 on settings that might be subject to the heightened scrutiny process. Any information provided through this public input will be reviewed for inclusion on the independent site visits that will occur beginning in 2016.

After the independent site visits are completed, 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 the fall of 2016. 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.

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

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.

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

Section 1. Identification

<i>Action Item</i>	<i>Description</i>	<i>Start Date</i>	<i>End Date</i>	<i>Sources</i>	<i>Stakeholders</i>	<i>Intervention/Outcome</i>
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	October 2014	SCDHHS, SCDDSN, SCDHEC, SC Code of Laws, SC Code of Regulations	SCDHHS, SCDDSN, private providers	Gather all sources of regulation in advance of systemic review.

Section 2. Assessment

Action Item	Description	Start Date	End Date	Sources	Stakeholders	Intervention/Outcome
Review existing 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 2015	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 will be 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 2015	March 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 2015	April 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* <i>*Providers will have 45 days to complete the assessment</i>	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	December 2015	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
Conduct site visits at provider facilities	SCDHHS or contracted vendor will conduct site visits on individual settings to determine if any corrective action is needed to meet new standards.	January 2016	December 2016	Assessment tools; enrolled providers; HCBS standards	SCDHHS, SCDDSN, providers, advocacy groups, beneficiaries, families	Independent assessment of individual settings is completed.
Review of assessment data	SCDHHS will review the assessment data from providers and the independent site visits to determine which facilities are in compliance and which facilities are not in compliance.	January 2016	December 2016	Assessment results (self-assessment and independent)	SCDHHS; SCDDSN, providers	Results identify deficiencies and steps needed to come into compliance are determined.
Create response to providers using the results from the assessment	Providers will be notified of their assessment results and any areas of correction for compliance with HCBS Rule.	January 2016	December 2016	Assessment results	SCDHHS, SCDDSN, providers, advocacy groups, beneficiaries, families	Providers aware of deficiencies regarding compliance with HCBS Rule.
Program Areas notified of	Appropriate program areas are given copies of the provider	January 2016	December 2016	Letter to providers with	SCDHHS, SCDDSN, providers	Program areas hold providers accountable

assessment results	assessment results to monitor progress to compliance and for QA/contractual purposes			assessment results		for meeting new HCBS requirements
Section 3. Compliance Actions						
Action Item	Description	Proposed Start Date	Proposed End Date	Sources	Stakeholders	Intervention/Outcome
Policy revisions	SCDHHS will review and revise policies as necessary to reflect HCBS regulations as well as ongoing monitoring and compliance.	September 2015	March 2016	CMS guidance, CFR, SCDHHS policy manuals	SCDHHS, partner agencies, providers, beneficiaries, families, advocacy groups	Policies reflect HCBS requirements.
Develop action plan for compliance	SCDHHS informs providers to create their own action plan outlining how they will bring their facility(ies) into compliance. It will be submitted to SCDHHS to review and approve.	January 2016* <i>*Providers will have 30 days to develop an action plan</i>	December 2016	Assessment results, information from SCDHHS, CMS guidance	SCDHHS, providers	Each provider develops an approved action plan for compliance.
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 2016	December 2016	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	January 2017	December 2018	Assessment results, provider action plans, CMS guidance,	SCDHHS, providers	Providers come into compliance with HCBS rule.

	timeframe in their approved action plans.			CFR, SCDHHS policies		
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 compliance with requirements.	January 2016	December 2017	CMS guidance, CFR, SCDHHS policies,	SCDHHS, partner agencies, providers	Educate providers on HCBS rule and its requirements.
Section 4. Communications						
Action Item	Description	Start Date	End Date	Sources	Stakeholders	Intervention/Outcome
Form stakeholder workgroup	Invited various stakeholders to come together to address new HCBS Final Rule and provide input on plans to come into compliance.	Feb. 26, 2014	December 2015	Partner agencies, advocacy groups, providers, beneficiaries, and families	Partner agencies, advocacy groups, providers, beneficiaries, and families	Monthly workgroup meetings; more frequent subgroup meetings.
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, beneficiaries, advocacy groups	MCAC advised of Statewide Transition Plan and when it will be submitted to CMS.
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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	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.

	was hosted live and a recording was posted online for later viewing until the end of the comment period.					
Section 4. Communications <i>continued</i>						
<i>Action Item</i>	<i>Description</i>	<i>Start Date</i>	<i>End Date</i>	<i>Sources</i>	<i>Stakeholders</i>	<i>Intervention/Outcome</i>
Public comment 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.

Appendix A

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 B Systemic Review

DDS Day Programs - AAC		DDS Day Programs - WAC
Most Applicable Statute/Regulation/Standard/Directive/Policy **not exhaustive	DDS Day Services Standard (All services); DDS Licensing Day Facilities Standards	DDS Day Services Standard (All services); DDS Licensing Day Facilities Standards
All HCB Settings		
<p>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.</p>	Compliant: Day Services Standards (All services)	Compliant: Day Services Standards (All services)

<p>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.</p>	<p>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</p>	<p>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:"</p>
<p>42 CFR 441.301(c)(4)(iii): Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>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</p>	<p>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</p>

<p>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.</p>	<p>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."</p>	<p>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.</p>
<p>42 CFR 441.301(c)(4)(v): Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>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."</p>	<p>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.</p>

Adult Day Health Care

**Most Applicable
Statute/Regulation/Standard/Directive/Policy **not
exhaustive**

SC Reg 61-75

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).

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

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).

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

42 CFR 441.301(c)(4)(v): Facilitates individual choice regarding services and supports, and who provides them.

Silent

Requirement	CRCFs
<p>Most Applicable Statute/Regulation/Standard/Directive/Policy **not exhaustive</p>	<p>SC Reg. 61-84; DDSN Residential Habilitation Standards</p>
All HCB Settings	
<p>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.</p>	<p>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 maintain and enhance links with families, friends, or other support networks.; Conflicting: R. 61-84-902 Fiscal Management; Personal Funds Maintained at the Residential Level (200-01-DD)</p>
<p>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.</p>	<p>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.</p>

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 physician or other provider, maintaining 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."

<p>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.</p>	<p>Compliant: Residents Room, R. 61-84 2702: right to furnish room</p>
<p>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.</p>	<p>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.</p>
<p>42 CFR 441.301(c)(4)(vi)(D)Individuals are able to have visitors of their choosing at any time.</p>	<p>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."</p>
<p>42 CFR 441.301(c)(4)(vi)E: The setting is physically accessible to the individual.</p>	<p>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) Complinance: 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.</p>

Requirement	CTHI	CTHII	SLPI	SLPII	CLOUD
<p align="center">Most Applicable Statute/Regulation/Standard/Directive/Policy **not exhaustive</p>	<p align="center">DDSN Residential Habilitation Standards; DDSN Residential Licensing Standards</p>				
<p align="center">All HCB Settings</p>					
<p>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.</p>	<p>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 maintain and enhance links with families, friends, or other support networks.; 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)</p>				
<p>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.</p>	<p align="center">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.</p>				

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
<p>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</p>			Silent		
<p>42 CFR 441.301(c)(4)(vi)(B): Each individual has privacy in their sleeping or living unit</p>					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."
<p>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.</p>					Compliant, DDSN Residential Habilitation Standards: RH2.4: "Unless contraindicated by assessment data, each resident must be provided with a key to his/her bedroom." RH2.5: "Unless contraindicated 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."
<p>42 CFR 441.301(c)(4)(vi)(B)(2): Individuals sharing units have a choice of roommates in that setting.</p>			Silent		

<p>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.</p>	<p style="text-align: center;">Silent</p>
<p>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.</p>	<p>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."</p>
<p>42 CFR 441.301(c)(4)(vi)(D) Individuals are able to have visitors of their choosing at any time.</p>	<p>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."</p>
<p>42 CFR 441.301(c)(4)(vi)€: The setting is physically accessible to the individual.</p>	<p>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."</p>

Modifications to Residential	CRCF	CTH I & II	SLP I	SLP II	CLOUD
<p>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:</p> <p>42 CFR 441.301(c)(4)(vi)(F)(1): Identify a specific and individualized assessed need.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>42 CFR 441.301(c)(4)(vi)(F)(5): Include regular collection and review of data to measure the ongoing effectiveness of the modification.</p> <p>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.</p> <p>42 CFR 441.301(c)(4)(vi)(F)(7): Include the informed consent of the individual.</p> <p>42 CFR 441.301(c)(4)(vi)(F)(8): Include an assurance that interventions and supports will cause no harm to the individual.</p>					<p>Compliant, S.C. Code Ann. 44-26-70 (Supp. 2007) requires that each DDSN Regional Center and DSN Board 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.</p>

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 complaintsWhen 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:

<u>Facility:</u>	The physical space where the day program/service is provided <i>Also called a setting</i>
<u>HCBS:</u>	Home and community-based services <i>Also known as Medicaid waiver services</i>
<u>Individual:</u>	The participant in the day program/service
<u>Program:</u>	The collective events, activities, services, etc., offered in the facility
<u>Public Institution:</u>	An inpatient facility that is financed and operated by a county, state, municipality, or other unit of government
<u>Public Transportation:</u>	Transportation provided in the community and available to the public, including, but not limited to, buses, trains, and taxi services
<u>Service Plan:</u>	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 <i>Also called a Care Plan or Plan of Care</i>

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

C4 Day (non-residential) HCBS Self-Assessment

1 SETTING			
1.1 <i>Does the program's setting isolate individuals from the surrounding community and persons who are not receiving Medicaid HCBS services?</i>			
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the program setting among private residences/businesses and community resources?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does the program purposefully separate individuals receiving Medicaid HCBS services from those who do not?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the program on the grounds of, or adjacent to, a public institution? <i>Note: A Public Institution is an inpatient facility that is financed and operated by a county, state, municipality, or other unit of government.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the setting located on a parcel of land that contains more than one State licensed facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
1.2 <i>Is the program traversable by the individuals it serves; does it meet the needs of individuals who require supports?</i>			
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.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are appliances/amenities accessible to individuals with varying access needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Can individuals make use of furniture and spaces conveniently and comfortably?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are hallways/common areas accessible to individuals of varying needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are individuals, or groups of individuals, restricted from areas of the program because it is inaccessible to individuals with specific ambulatory needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
1.3 <i>Is the program non-institutional in nature?</i>			
Expectation: Programs should have characteristics of community settings.			
Related Questions:			
Does the program offer individuals flexibility outside of the structured events?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does the program afford opportunities for individual schedules that focus on the needs and desires of an individual?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

C4 Day (non-residential) HCBS Self-Assessment

2	ACTIVITIES AND COMMUNITY INTEGRATION		
2.1	<i>Do individuals go outside of the facility during the receipt of services?</i>		
	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Do individuals have planned opportunities to interact with citizens without disabilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Do individuals have unplanned opportunities to interact with citizens without disabilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	How often does the program provide opportunities for individuals to receive services in community settings outside the facility?		
2.2	<i>Do services provided by the program make individuals more aware of community resources and employment options?</i>		
	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)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	How does the program and its organized activities expose individuals to new community resources and potential employment options?		
2.3	<i>Are individuals employed outside of the facility?</i>		
	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?		

C4 Day (non-residential) HCBS Self-Assessment

2.4	<i>Are individuals able to move freely outside of the facility?</i>			
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Can individuals engage in community and social activities of their preference outside of the facility as they are able?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Are individuals moving around inside and outside of the facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Does the facility provide accessible transportation so individuals may access the community?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Is transportation provided or arranged by the facility to community activities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	How does the facility organize appropriate transportation to community activities?			
	Do individuals have access to public transportation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Does the facility offer training to individuals on how to use public transportation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A
	Are public transport schedules and contact information readily accessible to individuals?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	Do individuals with physical accessibility needs have access to accessible transportation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Describe and provide a copy of the facility's policies and procedures regarding transportation to community activities.			

C4 Day (non-residential) HCBS Self-Assessment

3	CHOICE, DIGNITY & RESPECT			
3.1	<i>Do individuals have opportunities to make choices relating to all aspects of services received in the program free from coercion?</i>			
	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Do staff retaliate or impose consequences on individuals in response to complaints?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Are individuals encouraged to create a personal activities schedule?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Are individuals encouraged to initiate and create activities of their choice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Do individual schedules vary from others?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3.2	<i>Are individuals provided appropriate information/resources on how to file an anonymous complaint?</i>			
	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

C4 Day (non-residential) HCBS Self-Assessment

3.3	<i>How do staff treat individuals?</i>			
Expectation: Staff treat individuals in a dignified manner.				
Related Questions:				
	Do staff greet and chat with individuals?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Do staff converse with individuals while providing assistance/services and during the course of the day?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Do staff talk to other staff in front of individuals as if the individual is not there?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Do staff address individuals in the manner they like to be addressed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Are staff available when support/assistance is needed or desired?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Are there program policies for responding to incidents in which staff do not treat individuals with dignity and respect? Please provide a copy.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3.4	<i>Are individual choices accommodated?</i>			
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Are individuals aware of how to make service requests?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	How are individual requests accommodated?			

C4 Day (non-residential) HCBS Self-Assessment

3.5	<i>Are individuals, or their representatives, active participants in the development of, and updates to, the plan of care / service plan?</i>			
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?				
<hr/>				
<hr/>				
Was the individual/representative(s) present during the last plan meeting? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Do individuals participate in their plan meetings? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Is the individual's input reflected in the service plan? <input type="checkbox"/> YES <input type="checkbox"/> NO				
3.6	<i>Is the individual's right to dignity and privacy respected?</i>			
Expectation: The individual's right to dignity and privacy is protected and respected.				
Related Questions:				
Is health information about individuals kept private? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Are schedules of individuals for PT, OT, medications, restricted diet, etc., posted in a general open area for all to view? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Are health-related and personal care activities conducted in private locations? Examples: blood pressure readings, personal hygiene, incontinence care, etc. <input type="checkbox"/> YES <input type="checkbox"/> 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:

<u>Facility:</u>	The physical space where the residential program is provided; the home. <i>Also called a setting</i>
<u>HCBS:</u>	Home and community-based services <i>Also known as Medicaid waiver services</i>
<u>Individual:</u>	The participant in the residential program
<u>Program:</u>	The collective services offered in the residential setting
<u>Public Institution:</u>	An inpatient facility that is financed and operated by a county, state, municipality, or other unit of government
<u>Public Transportation:</u>	Transportation provided in the community and available to the public, including, but not limited to, buses, trains, and taxi services
<u>Service Plan:</u>	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 <i>Also called a Care Plan or Plan of Care</i>

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	<i>Does the residential setting isolate individuals from the surrounding community and persons who are not receiving Medicaid HCB services?</i>			
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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Is the residential setting among private residences, businesses and community resources?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Does the residential purposely separate individuals receiving Medicaid HCB services from those who do not?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Is the residential setting located on the grounds of, or adjacent to, a public institution? <i>Note: A public institution is an inpatient facility that is financed and operated by a county, state, municipality, or other unit of government.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Is the residential setting located on, or adjacent to, a parcel of land that contains more than one State licensed facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Is the residential setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
1.2	<i>Do the residential setting's common areas have a home-like feel?</i>			
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.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Is there a common living room/social area with home-like furnishings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Are individuals free to move around common areas?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
1.3	<i>Is the residential setting traversable by the individuals it serves; does it meet the needs of individuals who require supports?</i>			
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.) ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Are appliances and amenities accessible to individuals with varying access needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Can individuals make use of furniture and spaces conveniently and comfortably? (e.g., Tables and chairs at a convenient height)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Are hallways and common areas accessible to individuals of varying needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Are individuals, or groups of individuals, restricted from areas of the residential setting because it is inaccessible to individuals with specific ambulatory needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

C4 Residential HCBS Self-Assessment

1.4	<i>Are visitors restricted from entering the residential setting? Do individuals have a private meeting room to receive visitors?</i>			
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).		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Are visiting hours posted? If Yes, where are they posted? (Please provide a copy)		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are individuals or visitors required to give advance notice of visitation?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are there provisions for private visitation in home-like settings?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are individuals allowed to have over night guests, if space and accommodations are available? If no, please explain.		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Please attach or send a copy of the visitor policy and procedures				
1.5	<i>Are there areas within the residential setting that an individual cannot enter without permission or an escort?</i>			
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	<i>Do individuals have access to standard household amenities including appliances?</i>			
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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do individuals have access to cooking or a food preparation area/space?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are individuals encouraged and supported to do personal chores and housekeeping if they choose?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	

C4 Residential HCBS Self-Assessment

2.0	ROOM AND PRIVACY			
2.1	<i>Do individuals have a choice of a private or semi-private room and choice of roommate if applicable?</i>			
	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	Are individuals given the opportunity to choose their roommate if applicable?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Does the individual talk positively about their roommate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Does the residential setting alert individuals to the fact their room or roommate preference is available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	May married couples choose to share, or not to share a room?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2.2	<i>Are the residential setting's rooms home-like?</i>			
	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Do the furniture, linens, and other household items reflect the individuals' personal choices?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Do individuals' living areas reflect their interests and hobbies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

C4 Residential HCBS Self-Assessment

2.3	<i>Do individuals have privacy in their bedrooms and toileting facilities?</i>			
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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Who has keys to access individual's rooms?				
Do furniture arrangements ensure privacy?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do staff, other residents and visitors always knock and receive permission prior to entering an individual's room or bathroom?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do individuals have the option to close their doors when wanting total privacy? If no, please explain reason(s).		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are cameras present in the residential setting? If so, where? Document where each one is located.		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2.4	<i>Does the residential setting have a policy and procedure that addresses staff access to individuals' rooms?</i>			
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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Describe the residential setting's privacy and access policy. Please provide a copy.				

C4 Residential HCBS Self-Assessment

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

C4 Residential HCBS Self-Assessment

3.0	MEALS			
3.1	<i>Are individuals required to follow a set schedule for meals?</i>			
	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Are snacks accessible and available anytime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3.2	<i>Do individuals have a choice of menu items that are consistent with their preferences and meal choices?</i>			
	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Are individuals encouraged and supported to make special menu or meal requests?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	What restrictions are there for individuals requesting alternate meals?			
3.3	<i>Do individuals have a choice of where and with whom to eat their meals in the residential setting?</i>			
	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	May individuals eat alone, or with people of their choosing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Do individuals converse during meal time, if they choose?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	May individuals eat in their private living area or in areas other than a designated dining room?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3.4	<i>Are individuals afforded dignity and respect during meal times?</i>			
	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	If a resident requests assistance with eating, is staff available to assist so the individual is not embarrassed at meal time?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Does the residential setting use home-like dishes, cutlery, and tableware?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Are individuals required to remain in the dining room/at the table until all residents have completed their meals?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

C4 Residential HCBS Self-Assessment

3.5	<i>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)?</i>			
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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do individuals prepare their own snack as they are able?		<input type="checkbox"/> YES	<input type="checkbox"/> 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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
How and where do individuals store snacks/personal food items?				

C4 Residential HCBS Self-Assessment

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.

C4 Residential HCBS Self-Assessment

4.2	<i>Are individuals made aware of community activities via a community board, flyers, etc.?</i>			
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?		<input type="checkbox"/> YES	<input type="checkbox"/> 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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do individuals shop, attend religious services, schedule appointments, meet family and friends, etc., in the community and at their will and convenience?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do individuals in the residential setting talk about social and community activities?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are individuals required to participate in group or individual activities?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are individuals encouraged to participate in activities?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<hr/>				
4.4	<i>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.)?</i>			
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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are individuals encouraged and supported to initiate and create activities of their choice?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do individual schedules vary from others?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do any residential setting policies or practices inhibit individuals' choice?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	

C4 Residential HCBS Self-Assessment

4.5	<i>Are individuals employed outside of the residential setting?</i>			
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	<i>Are individuals given the option to keep/control their own resources?</i>			
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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				
5.2	<i>Are individuals provided appropriate information/resources on how to file an anonymous complaint?</i>			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

C4 Residential HCBS Self-Assessment

5.3	<i>Are individuals free from coercion?</i>			
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?		<input type="checkbox"/> YES	<input type="checkbox"/> 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.?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<hr/>				
5.4	<i>How does staff treat individuals?</i>			
Expectation: Staff treats individuals in a dignified manner.				
Related Questions:				
Do staff greet and chat with individuals?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are the needs met for individuals who need a hearing aide, eyeglasses, walkers, or other assistive devices?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does the staff verbally communicate with individuals in a loud tone of voice? If yes, please explain.		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does staff converse with individuals while providing assistance or services and during the course of the day?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do staff talk to other staff in front of individuals as if the individual is not there?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does staff address individuals in the manner they like to be addressed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	

C4 Residential HCBS Self-Assessment

5.5	<i>Are individuals' choices incorporated into the services and supports they receive?</i>			
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?		<input type="checkbox"/>	YES	<input type="checkbox"/>
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?		<input type="checkbox"/>	YES	<input type="checkbox"/>
Do individuals have the option to choose from whom they receive services and supports?		<input type="checkbox"/>	YES	<input type="checkbox"/>
How are individual requests accommodated?				
5.6	<i>Are individuals, or their representatives, active participants in the development of, and updates to, the plan of care / service plan?</i>			
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?		<input type="checkbox"/>	YES	<input type="checkbox"/>
Do individuals participate in their plan meetings?		<input type="checkbox"/>	YES	<input type="checkbox"/>
Is the individual's input reflected in the service plan?		<input type="checkbox"/>	YES	<input type="checkbox"/>

C4 Residential HCBS Self-Assessment

6.0	OTHER			
6.1	<p><i>Is there a legally enforceable agreement between the residential setting and the individual who resides there?</i></p> <p>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.</p> <p>Related Questions:</p> <p>Does the individual have a lease, or for settings in which landlord/tenant laws do not apply, a residency agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO Please provide a copy of the current agreement.</p> <p>How are individuals made aware of their housing rights?</p> <p>How are individuals made aware of the process of relocating and requesting new housing?</p>			
6.2	<p><i>How are modifications to the HCBS settings requirements addressed and documented?</i></p> <p>Expectation: Modifications to the HCBS settings requirements are supported by an assessed need and justified in the individual's service plan/care plan.</p> <p>Related Questions:</p> <p>What factors are considered before restricting an individual's rights?</p> <p>Does the setting prepare documentation if an individual's rights have to be restricted? If yes, what type? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Does the individual provide informed consent for the modification or restriction? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>How often is the restriction reviewed to determine if it is still needed?</p>			

Appendix E

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/his 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.

➤ _____

➤ _____

➤ _____

➤ _____
