DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850

Disabled & Elderly Health Programs Group

August 30, 2016

Leesa M. Allen
Executive Medicaid Director
Commonwealth of Pennsylvania, Department of Public Welfare
Office of the Secretary 331 Health & Welfare Building
Harrisburg, PA 17120

Dear Ms. Allen:

I am writing to inform you that CMS is granting the state of Pennsylvania **initial approval** of its Statewide Transition Plan (STP) to bring settings into compliance with the federal home and community-based services (HCBS) regulations found at 42 CFR Section 441.301(c)(4)(5) and Section 441.710(a)(1)(2). Approval is granted because the state completed its systemic assessment, included the outcomes of this assessment in the STP, and clearly outlined remediation strategies to rectify issues that the systemic assessment uncovered, such as legislative changes and changes to contracts, and is actively working on those remediation strategies. Additionally, the state submitted the March 2016 draft for a 30-day public comment period, made sure information regarding the public comment period was widely disseminated, and responded to and summarized the comments in the STP submitted to CMS.

After reviewing the March 2016 draft submitted by the state, CMS provided additional feedback on June 30th and August 11th, requesting that the state make several technical corrections in order to receive initial approval. These changes did not necessitate another public comment period. The state subsequently addressed all issues, and resubmitted an updated version on August 29, 2016. These changes are summarized in Attachment I of this letter. The state's responsiveness in addressing CMS' remaining concerns related to the state's systemic assessment and remediation expedited the initial approval of its STP.

In order to receive final approval of Pennsylvania's STP, the state will need to complete the following remaining steps and submit an updated STP with this information included:

- Complete a thorough, comprehensive site-specific assessment of all HCBS settings, implement necessary strategies for validating the assessment results, and include the outcomes of this assessment within the STP;

- Draft remediation strategies and a corresponding timeline that will resolve issues that the site-specific settings assessment process and subsequent validation strategies uncovered by the end of the HCBS rule transition period (March 17, 2019);
- Outline a detailed plan for identifying settings that are presumed to have institutional characteristics including qualities that isolate HCBS beneficiaries, as well as the proposed process for evaluating these settings and preparing for submission to CMS for review under heightened scrutiny;
- Develop a process for communicating with beneficiaries that are currently receiving services in settings that the state has determined cannot or will not come into compliance with the HCBS settings rule by March 17, 2019; and
- Establish ongoing monitoring and quality assurance processes that will ensure all settings providing HCBS continue to remain fully compliant with the rule in the future.

While the state of Pennsylvania has made much progress toward completing each of these remaining components, there are several technical issues that have been outlined in Attachment II to this letter and that must be resolved to CMS' satisfaction before the state can receive final approval of its STP. Upon review of this detailed feedback, CMS requests that the state please contact Patricia Helphenstine at 410-786-5900 or Patricia.Helphenstine1@cms.hhs.gov or Michelle Beasley at 312-353-3746 or Michelle.Beasley@cms.hhs.gov at your earliest convenience to confirm the date that Pennsylvania plans to resubmit an updated STP for CMS review and consideration of final approval.

It is important to note that CMS' initial or final approval of a STP solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under the Americans with Disabilities Act, Section 504 of the Rehabilitation Act or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the *Olmstead* decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

I want to personally thank the state for its efforts thus far on the HCBS statewide transition plan. CMS appreciates the state's completion of the systemic review and corresponding remediation plan with fidelity, and looks forward to the next iteration of the STP that addresses the remaining technical feedback provided in the attachment.

Sincerely,

Ralph F. Lollar, Director
Division of Long Term Services and Supports

ATTACHMENT I.

SUMMARY OF TECHNICAL CHANGES MADE BY STATE OF PENNSYLVANIA TO ITS SYSTEMIC ASSESSMENT & REMEDIATION STRATEGY AT REQUEST OF CMS IN UPDATED HCBS STATEWIDE TRANSITION PLAN DATED 8-29-16

- **Public Notice and Engagement:** The Centers for Medicare and Medicaid Services (CMS) requested the state provide evidence of public notice of the Statewide Transition Plan (STP) through two methods, one of which must be non-electronic. Additionally, more information was requested about the composition of the stakeholder group developed by the Office of Developmental Programs (ODP), referred to formerly as the Information Sharing and Advisory Committee and the new Medical Assistance Advisory Committee, to assure that there is a proportionate representation of consumers, family members, and providers of various perspectives.

  State's Response: The state fully described its public notice methods and provided sufficient information regarding the composition of its stakeholder group and Medical Assistance Advisory Committee.

- **Identification of Compliance for State Standards:** CMS requested that the state update its STP to indicate that the systemic assessment is comprehensive and to clarify whether it needs to develop new regulations and/or policy bulletins to assure compliance with the federal settings requirements. CMS also asked the state to review the crosswalk to assure that all relevant state standards are clearly and accurately labeled in terms of compliance status with the federal home and community-based services (HCBS) settings rule (i.e., fully comply, do not comply, or silent).

  State's Response: The state has provided a revised STP that labels each state standard as fully compliant, not-in-conflict, non-compliant, or silent with respect to each federal requirement. The state has also indicated that it is developing new regulations and policy bulletins, as indicated in the systemic assessment crosswalk.

- **Systemic Assessment Analysis:** Appendix I of the state's STP was missing key details regarding the state's systemic assessment of its regulations and policies. Specifically, in areas where the state identified an existing state standard to be partially compliant, the state did not identify the language that the state considers to be in compliance versus the language that needs to be replaced or revised to comply with the federal requirements. CMS requested that the state clearly detail the language from the state's regulations or other standards that is partially compliant within the table by inserting this language into the column labeled "Compliance Demonstration" in Table 1; additionally, the state was requested to identify the language that is not in compliance or silent with respect to the federal requirements.

  State's Response: The state provided the specific language that is now labeled as "not in conflict" rather than "partially compliant" throughout the systemic assessment and clearly indicated the language they intend to use when revising the state standards as part of their

remediation strategy. Additionally, the state identified language that is not in compliance or is silent with respect to the federal requirements.

- **Systemic Assessment Results:** CMS asked the state to review several state standards and reconsider whether the existing regulations and policy documents are fully compliant with the federal regulations. These include regulations that prohibit the locking of doors due to safety codes, the regulations on manual restraints, and the regulations regarding access to transportation. CMS also asked the state to explain how the state will ensure that all policies and regulations developed for its new managed long term services supports program, Community Health Choices, are in full compliance with the federal HCBS settings requirements in the STP.

  State's Response: The state provided language in the STP indicating that their state code is compliant with the federal requirement on lockable doors. The STP also indicates that any use of restraints or other restrictive interventions will be fully described in the person-centered plan and utilized consistent with the appropriate Medicaid authority for delivery of HCBS. The state also clarified that support coordinators will assist participants with accessing transportation, including obtaining transportation schedules, assisting the participant to secure reduce fare cards for public transport, and accessing private transportation. The state also explained that it will ensure that all policies and regulations developed for the Community Health Choices program will comport with the federal requirements.

- **Additional Details Regarding State's Systemic Remediation:** CMS requested that Pennsylvania provide more detail to the descriptions of the changes the state will make to its state standards to bring them into full compliance with the federal requirements in the STP. In instances when the reported regulations and policies are non-compliant, not in conflict (partially compliant), or silent with regard to the federal requirements, the assessment table did not describe how the current language will be remediated in the new regulations and policies to address the requirement. CMS asked the state to include proposed draft language in Appendix I for each instance of non-compliance, silence, or areas not in conflict with the federal requirements. CMS asked the state to include in the STP and Appendix I the dates by which all of the regulations will be issued and the policies revised and these dates should not exceed March 2019.

  State's Response: In response to CMS' request, Pennsylvania added the language to this table that the state expects will be used to modify existing state standards for compliance with the federal requirements throughout the systemic assessment. The state has also provided the dates by which all of the regulations will be issued and the policies revised.

- **Tiered Standards:** The ODP will be drafting a two-tiered set of standards with different requirements for current providers than newly enrolling providers. CMS asked the state to clarify within the STP how the two sets of standards will differ.

  State's Response: The state responded that some examples of two tiered standards that ODP is exploring include: 1) Implementing different limits on the number of people who

can receive services in residential settings as well as Adult Training Facilities and Vocational Facilities depending on when the provider enrolls; and 2) Implementing different requirements about where residential settings, Adult Training Facilities and Vocational Facilities can be located depending on when the provider enrolls.

- **1915(a) Adult Community Autism Program:** CMS asked the state to ensure that any settings where individuals live or receive services under the 1915(a) managed care Adult Community Autism Program that overlap with the settings where an individual would live or receive services in a 1915(c) program if they chose to opt out of the 1915(a) managed care program, are included in the STP and fully comply with the requirements of the federal HCBS settings rule.

  State's Response: The state added the language listed above to the STP.

- **Provider Owned and Controlled Non-Residential Settings:** CMS asked the state to ensure individuals have access to food and visitors to the same degree as individuals who do not receive Medicaid HCBS in provider owned and controlled non-residential settings.

  State's Response: In response to CMS' request, Pennsylvania added language to the appropriate state standards indicating that the experience of individuals receiving HCBS in non-residential settings should be consistent with how those settings would be experienced by individuals who are not HCBS service recipients.

- **Exceptions:** The STP indicates that ODP is exploring the possibility of exceptions for certain populations and services to the federal requirement that HCBS settings are not located in a nursing facility, IMD, ICF-ID or hospital. CMS asked the state to remove this language regarding possible exceptions as the federal requirements do not allow home and community-based services to be provided in institutional settings.

  State's Response: The state indicated that the there are no exceptions permitting the delivery of services in settings presumed to be institutional unless such settings have been determined to overcome the institutional presumption through the Heightened Scrutiny review process conducted by CMS.

ATTACHMENT II.

ADDITIONAL CMS FEEDBACK ON AREAS WHERE IMPROVEMENT IS NEEDED IN ORDER TO RECEIVE FINAL APPROVAL OF THE STATEWIDE TRANSITION PLAN

[PLEASE NOTE: IT IS ANTICIPATED THAT THE STATE WILL NEED TO GO OUT FOR PUBLIC COMMENT AGAIN ONCE THESE CHANGES ARE MADE PRIOR TO RESUBMITTING TO CMS FOR FINAL APPROVAL. THE STATE IS REQUESTED TO PROVIDE A TIMELINE AND ANTICIPATED DATE FOR RESUBMISSION FOR FINAL APPROVAL AS SOON AS POSSIBLE.]

Site-Specific Assessments

In the revised Statewide Transition Plan (STP), the state has added substantial information on the planned site-specific assessment process. Both operating agencies have conducted an initial provider survey process to gather preliminary information. The Office of Developmental Programs (ODP) is planning to conduct a provider self-assessment process in which providers would be required to complete a self-assessment for each of their settings. ODP will also conduct onsite monitoring visits to validate the results of the self-assessments. The site-specific assessment and validation process for settings within the Office of Long Term Living (OLTL) waivers is less well-defined in the revised STP. Simultaneous with the state's completion of the systemic assessment, it is important that the state continue to develop and implement its site-specific assessment and validation process. The Centers for Medicare and Medicaid Services (CMS) requests that the state provide the following information regarding the site-specific assessment and validation process for each agency.

Overall Feedback

Please address the following issues in the STP:

- ***Individual, privately-owned homes:*** The state may make the presumption that privately-owned or rented homes and apartments of people living with family members, friends, or roommates meet the home and community-based settings requirements if they are integrated in typical community neighborhoods where people who do not receive HCBS also reside. A state will generally not be required to verify this presumption. However, as with all settings, if the setting in question meets any of the scenarios in which there is a presumption of being institutional in nature and the state determines that presumption is overcome, the state should submit necessary information for CMS to conduct a heightened scrutiny review to determine if the setting overcomes that presumption. In the context of private residences, this is most likely to involve a determination of whether a setting is isolating to individuals receiving HCBS (for example, a setting purchased by a group of families solely for their family members with disabilities using HCBS). The state must also address how it tracks these settings through its ongoing monitoring process to ensure they remain compliant through the transition period and into the future.
- In the revised STP, information is provided in the Provider Monitoring section that details both the site-specific assessment process and ongoing program monitoring. CMS

requests that the state distinguish between the assessment activities designed to bring the state into initial compliance and its ongoing monitoring for all three operating agencies: The Office of Child Development and Early Learning (OCDEL), ODP, and OLTL. A review of the results of the initial provider assessments found that the state possesses information to make estimates of initial compliance status by setting type. However, such estimates are not included in the revised STP. CMS requests that the state include estimates of initial compliance status in the revised STP.

- Pennsylvania posted its initial provider assessment results for ODP and OLTL online, and includes links to these reports in the revised STP. Given that not all stakeholders will be able to access the reported results online, please include a brief summary of the results in the STP and the manner in which a stakeholder could obtain this information in a non-electronic format, upon request.
- CMS recognizes the considerable detail and valuable information that is provided to stakeholders in the online reports of the state's preliminary provider assessment. However, it remains unclear how the results are being used by the state. In particular, how is the state using the results to inform its compliance determinations, additional assessments, and onsite visits? In addition, for those providers who provide services for both ODP and OLTL waivers and who completed only one assessment survey for all of their operating locations (page 22), are the agencies also coordinating their analysis and response to these surveys? Please expand the state's explanation of how it is using its preliminary assessment results in the STP.
- CMS requests that the state addresses the extent to which facilities assist individuals with access to competitive, integrated employment opportunities in its site-specific assessment.

ODP

Please address the following concerns regarding ODP's waivers in the STP:

- ***Adult Autism Waiver***: For the Adult Autism Waiver within ODP, the state is planning to conduct on-site visits for providers who do not complete the self-assessment or whose self-assessment indicates noncompliance. However, no validation is described for providers who complete the self-assessment and indicate compliance. Please describe how ODP will validate the compliance for provider self-assessments identified as fully compliant.
- ***Consolidated Waiver and P/FDS Waiver***: The STP suggests that the state will also complete onsite visits for as many as 50% of those provider self-assessments submitted under the Consolidated Waiver and P/FDS Waiver providers. The state needs to identify additional strategies for validation of the remaining 50% of these assessments. Potential validation mechanisms include beneficiary surveys that can be correlated to specific providers, licensure/certification reviews, case management reviews, etc.
- ***Non-residential Services***: CMS requests that the state confirm that all non-residential settings under ODP-managed waivers are assessed, including any settings providing group supported employment and group non-facility-based day activities. Please also clarify how those settings will be assessed in the STP.

- ***Timeline of Assessment & Validation Process***: The letter sent to the state on 9/16/15 asked the state to consider a significant acceleration of the timeline for the site-specific assessment process in order to allow enough time for all settings to be fully compliant by March 2019. However, the timelines presented in the revised STP still occur very late in the transition period. CMS understands the state's rationale for this assessment process being coordinated with the timing of anticipated adoption of changes to the state's administration regulations so as to fully comport with the rule. However, the state must assure CMS that they will have the time to assist providers to come into full compliance by implementing any necessary modifications by the end of the transition period, as well as fully address any service access issues caused by noncompliant settings and develop alternative services if necessary.
    - CMS encourages the state to consider maximizing efficiencies in the settings assessment and validation processes by introducing a corrective action plan to providers as part of the initial assessment process, and to train providers who want to get started on implementing modifications as soon as possible. Additionally, given that the site-specific assessments for the ODP waivers are not scheduled to be completed until June 2018, and the state plans to notify providers of compliance decisions in September 2018, CMS requests that the state explain how the timeline outlined for the ODP waivers allows enough time for remediation and ensures that all beneficiaries will be receiving services in a fully compliant setting by March 2019.
    - The state is proposing a tiered standard process for new and existing providers to comply with the rule, which CMS supports. CMS requests the state provide additional details as to how it will educate both new and current providers on these tiered standards and help prepare providers for the anticipated changes in the state's standards and requirements *prior to* the adoption of administrative regulations.

OLTL

Please address the following issues regarding OLTL's waivers in the STP:

- ***Provider Self-Assessment Response Rate***: For the OLTL waivers, please clarify whether OLTL was able to increase the response rate for the initial provider survey process beyond 39% through the follow-up efforts described in the Waiver Transition Plans. Additionally, please clarify how OLTL is planning to assess the compliance status of providers who did not respond to this survey.
- ***Adult Daily Living Services***: The Aging Waiver Transition Plan categorizes all Adult Daily Living Services as compliant, although the STP indicates that these sites have not yet been fully assessed and evidence may be submitted for heightened scrutiny. CMS requests that the state clarify the status of these settings in the waiver specific transition plan, Appendix D.
- ***Community Health Choices (CHC)***: Due to the implementation of the CHC program, OLTL providers will be completing enrollment forms and contracting with managed care

organizations (MCO). OLTL states that the provider enrollment process requires information pertinent to the home and community-based settings requirements.

- Please explain how this enrollment process is coordinated with OLTL's site-specific assessment efforts for existing providers, and how the parallel processes will ensure that all settings are in full compliance with the federal requirements by March 2019.
- According to the STP, providers applying to participate in the CHC program who report a potential compliance issue will complete a provider self-survey that prompts a Quality Management Efficiency Team (QMET) onsite visit. Please clarify how the state will validate the results from CHC providers that do not report compliance issues prior to the initiation of ongoing monitoring in January 2017.

- ***Participant Review Tool:*** OLTL indicates in the STP that it will be introducing a Participant Review Tool in June 2016 as part of its site-specific assessment. Please clarify whether all participants or a sample of participants will complete the tool. If only a sample of beneficiaries will complete the survey, please clarify what the sample size is, and whether this applies across every setting and/or category of settings, or is also only within a sample of settings.
- ***Timeline:*** The site-specific assessment process for the OLTL waivers will begin in 2017, but the STP does not state when it will be completed. The state should clarify the timeline for the site-specific assessment and remediation process for the OLTL waivers to ensure that all beneficiaries will be receiving services in a fully compliant setting by March 2019. CMS recommends the state take into account the time that may be needed to fully address any service access issues caused by noncompliant settings, develop alternative services if necessary, and create meaningful choices for beneficiaries.
- ***Non-Residential Services under OLTL:***
  - For the OLTL Aging Waiver transition plan, CMS requests the state clarify how it determined that non-residential settings complied with the rule. The state provided an explanation that beneficiaries leave their private residence to access day services in settings serving Medicaid and non-Medicaid beneficiaries as evidence of meeting the requirements of integration with the broader community, but CMS would like the state to provide additional detail as to how it assessed and validated the compliance of these settings with the various requirements of the federal HCBS settings rule.
  - Thank you for confirming that no OLTL non-residential service recipients receive residential supports in institutional settings during our recent conference call. Please include this information in the STP.

Site-Specific Remedial Actions

Please address the following issues regarding the state's site-specific remedial actions in the STP:

- ***Non-Disability Specific Setting Capacity:*** Please describe the state's plans to ensure that there is an adequate number of non-disability-specific settings available to beneficiaries

who request such settings across waivers and service categories. Please include this information in the STP.

- ***Corrective Action Plans:*** As in the previous version of the STP, the state indicates that providers with settings not in full compliance will complete Corrective Action Plans (CAPs) or Plans of Correction (POCs) that will govern the remediation process. The revised STP provides some additional detail on how these plans will be developed and monitored. Further information would assist CMS in understanding the state's planned remediation process. The following additional information regarding the site-specific remedial actions is requested:
    - The revised STP does not include milestones for when CAPs/POCs will be issued to the providers, completed and returned to the reviewing agencies. CMS requests that the state include additional milestones for these steps for each operating agency or for each waiver.
    - For both operating agencies, please explain more broadly how the state will ensure that all settings that were not fully compliant with the federal requirements have taken the required steps to become fully compliant by March 2019. Please include specific timelines with start and end dates for interim milestones in this description.
    - For the ODP waivers, the revised STP states that the CAP/POC issued to providers may include compliance issues for multiple sites operated by that same provider. Please clarify whether this is also the case for the OLTL waivers.
    - For the ODP waivers, the revised STP states that "in some instances…corrective actions will be validated during future monitoring activities or the monitored entities may be asked to submit documentation to the appropriate reviewing entity" (pages 28-29). Please provide more specific information on how ODP will determine for which settings to verify that corrective actions have been completed, and through what type of monitoring activity (e.g., on-site visit, requesting the provider to submit documentation, etc.). Additionally, please describe the timeline for these follow-up activities.
    - For the OLTL waivers, the revised STP explains that the QMET will determine "the Corrective Action Plan follow-up monitoring schedule and the method (on-site or in office) based on the action steps that were to be completed or the area which was deemed out of compliance" (page 33). Please provide more detail on how the QMET will determine which settings will receive follow-up to verify compliance with their CAPs, along with the timeline for these activities.
- OLTL begins a regional roll-out of the CHC program in January of 2017, and expands to additional regions in January 2018 and 2019. Although compliance with the federal rule is a requirement for provider participation in the CHC, the STP does not fully explain how OLTL will ensure that participants in the last region are receiving HCBS in fully compliant settings by March 2019. CMS requests that the state clarify how CHC will ensure that participants receive services in fully compliant settings by the end of the transition period.

Monitoring of Settings

The Provider Monitoring section in the revised STP includes some information on the planned ongoing monitoring processes for ODP and OLTL, which are scheduled to begin in 2017. The state notes in the introduction to the section that each operating agency has its own process and each is described separately. Please include the following items in the STP:

- ODP's description of its monitoring activities states that all waiver providers will be "continuously monitored on a two year cycle through existing processes." CMS is concerned about this timeframe because the state indicates that it plans to visit only 50% of noncompliant settings and possibly none of the compliant sites as part of its site-specific assessment. Therefore, it is possible that monitoring visits may not occur for some sites until 2018, which is late in the transition period. CMS requests that that the state include a description of these processes in the STP and describe how all compliance issues will be identified with adequate time for remediation and, if necessary, communication with participants in non-compliant settings.
- OLTL indicates that ongoing compliance will be the responsibility of the CHC MCO. However, during transition OLTL is responsible for compliance monitoring and will make determinations through the site-specific assessment process. These two processes are described together in the STP, but they may be easier to understand if each methodology has its own distinct section. CMS suggests that the state revise the language and separate the agency process during the CHC phase-in from the monitoring process under the fully implemented CHC, and include a description of how the two processes will be coordinated.
- OLTL will be introducing an ongoing Participant Review Tool in June 2016 that is used during the annual monitoring visits. Please describe whether all participants or a sample will complete the tool, if a sample and how the results will be used as part of the QMET's monitoring process to ensure ongoing compliance with the agency's new standards.

Heightened Scrutiny

The state must clearly lay out its process for identifying settings that are presumed to have the qualities of an institution. These are settings for which the state must submit information for the heightened scrutiny process if the state determines, through its assessments, that these settings do have qualities that are home and community-based in nature and do not have the qualities of an institution. If the state determines it will not submit information, the institutional presumption will stand and the state must describe the process for communicating with the individuals involved.

These settings include the following:

- Settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
- Settings 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 home and community-based services from the broader community of individuals not receiving Medicaid home and community-based services.

Please only submit evidence for those settings under heightened scrutiny that the state believes overcome any institutional qualities and demonstrates the home and community-based nature of the individual's experience therein. Within the STP, please describe the process the state will use to verify that these settings are, in fact, compliant with the federal requirements, and to collect evidence for submission to CMS.

Please also provide additional information about the state's timeline for heightened scrutiny. In particular, CMS is concerned with the state's proposed timeline for submitting settings in ODP waivers for the application of heightened scrutiny. OLTL reports that it will submit its evidence in the spring of 2018, one year before compliance must be achieved, and ODP plans to submit the settings analysis to CMS in March 2019. After CMS has reviewed all settings put forward for heightened scrutiny, the state will need to allow enough time before March 2019 to remediate any compliance issues and communicate with individuals from settings that CMS determines are not home and community-based. Please revise the ODP timeline to reflect sufficient time to complete all remediation and communication activities by March 2019.

Communication with Beneficiaries Receiving Services from Providers Unable to Achieve Compliance

- In the revised STP, the state proposes an even shorter timeframe for communication with beneficiaries receiving services from a provider unable to achieve compliance than in the previous version—for the ODP waivers, the state proposes to report on the results of the site-specific assessments in December 2018, and transition beneficiaries to compliant settings between December 2018 and March 2019. CMS is concerned with this timeframe and does not expect it will allow enough time to ensure that all beneficiaries are transitioned to a fully compliant setting of their choice, with all needed services and supports in place in advance of the transition. Please expedite this timeframe.
- Please include an estimate of the number of beneficiaries that could be impacted by any provider's inability to achieve compliance as soon as the state has determined this information.
- Please describe the state's planned communication process in more detail, including:
    - A detailed process with timelines and who will be responsible for executing each step of the process;
    - A description of how all beneficiaries receiving services from providers not able to achieve compliance will receive reasonable notice and due process, including a minimum timeframe for that notice;
    - A description of how the state will ensure that beneficiaries are given the opportunity, the information, and the supports to make an informed choice of an alternate setting that aligns with the federal requirements; and
    - A description of how the state will ensure that all critical services and supports are in place in advance of each individual's transition.

Milestones

CMS requests that the state resubmit an updated milestone chart reflecting anticipated milestones for completing systemic remediation, settings assessment and remediation, heightened scrutiny, communication with beneficiaries, and ongoing monitoring of compliance. The milestone chart should be modeled on the most recent template that CMS will supply following this letter and include timelines that address the feedback provided.