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| **Section 1: Identification –** The Office of Developmental Programs (ODP) will use its Consolidated Waiver transition plan as a way to determine its compliance with CMS’s rule on home and community-based services (HCBS). ODP will determine what state actions are needed for compliance. This will include a review of current licensing requirements, policies, regulations, rules, standards and statutes.  |
| **#** | **Action Item** | **Description** | **Start Date** | **Target End Date** | **Deliverable** |
| 1 | Submit Waiver Amendments | Submit Consolidated waiver amendment that contains the waiver specific transition plan. | October 2014 | March 2015 | Waiver Amendment |
| 2 | Develop List of Waiver Providers | Develop a comprehensive list of all Consolidated Waiver Providers | September 2014 | March 2015 | List of ODP Waiver Providers |
| 3 | Standard Review | Identify current regulations, policies, waiver service definitions and provider standards for assessment in Section 2. This will include enrollment requirements and processes, licensure regulations, programmatic regulations and other policy documents. | January 2015 | April 2015 | List of current regulations and policies |
| 4  | Identify Key Stakeholders  | As assessments are completed or regulations, policies, waiver service definitions and provider standards are developed or revised, identify stakeholders (both within the Department and outside the Department) that will be impacted.  | March 2015 | March 2019 | List of stakeholders impacted by each change |
| Determine how to involve stakeholders in the development and/or review of revised or developed documents. | March 2015 | March 2016 |  Stakeholder involvement plan |
| 5 | Identify IT Changes | Determine what changes will be needed to current systems to implement remediation strategies identified in Section 3. | January 2015 | March 2019 | HCBS IT Changes List  |
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| **Section 2: Assessment –** ODP’s assessment activities will include a review of policy documents and provider enrollment documents and a review of licensing requirements. Action items related to provider assessment are included in Section 3 Remediation Strategies for each HCBS requirement.  |
| **#** | **Action Item** | **Description** | **Start Date** | **Target End Date** | **Deliverable** |
| ***Internal Assessment (Regulations, Policies, Procedures)*** |
| 1 | Review of Policy Documents, Waiver Service Definitions and Provider Enrollment Requirements | Based on the list of current regulations, policies, waiver service definitions and provider standards for assessment developed in Section 1, review these documents to determine what changes are necessary. | February 2015 |  July 2015 | List of current regulations and policies and whether changes need to be made. |
| 2 | Collaborate with Other State Departments and Offices | Collaborate with the Bureau of Human Services Licensing (BHSL), the Department of Aging (PDA), the Office of Vocational Rehabilitation, the Department of Education and other departments and offices as necessary to identify any necessary changes to policies, regulations or other licensing requirements to comply with the HCBS rule. | February 2015 |  June 2015 | List of current licensing policies, regulations and instruments and whether changes will be made. |
| 3 | Develop, Test, & Refine Provider Survey | Develop and send provider survey to all waiver providers to assist Pennsylvania to get an overall understanding of the settings in which waiver services are being provided and help to determine the specifics of future assessment activities and inform policy development | November 2014 | April 2015 | Provider Survey and List of ODP Waiver Providers |
| 4 | Collect and Analyze Provider Information from Survey | Collect and analyze data from surveys | April 2015 | April 2015 | Survey Finding Report |
| 5 | Analyze Fiscal Impact | Analyze changes to service definitions, policies, regulations, or other licensing requirements to determine possible fiscal impacts to providers.  | June 2015 | March 2019 | Amendments to Rate Settings Methodology in Waivers and Public Notices  |

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| **Section 3: Remediation Strategies -**  ODP's overall strategy will rely heavily on its existing HCBS quality assurance processes to ensure provider compliance with the HCBS rule. This will include provider identification of remediation strategies for each identified issue, and ongoing review of remediation status and compliance. ODP may also prescribe certain requirements to become compliant. ODP will also provide guidance and technical assistance to providers to assist in the assessment and remediation process. Providers that fail to remediate noncompliant settings in a timely manner may be subject to sanctions. |
| **Unallowable settings** |
| **Federal Requirement -** 441.301(c) (5) - Home and Community-Based Settings do not include a nursing facility, institution for mental diseases, ICF/ID and hospitals.  |
| **Assessment of regulations, standards, policies, licensing requirements, and other provider requirements:** The following regulations were reviewed 55 Pa. Code Chapters 51, 2380, 2390, 3800, 5310, 6400 and 6500. There are currently no regulations or requirements that prohibit home and community-based settings from being located in a nursing facility, institution for mental disease, ICF/ID or hospital. Licensing regulations stipulate that when a licensed Intellectual Disability service is provided in one of the unallowable settings indicated by CMS, that they must be in a portion of the building that is not licensed as a nursing facility, ICF/ID or hospital. Further, the licensed Intellectual Disability service must be delivered separately from the nursing facility, ICF/ID or hospital service. |
| ***#*** | **Action Item** | **Description** | **Start Date** | **Target End Date** | **Deliverable** |
| 1 | Develop Policy | Develop policy with stakeholder input regarding settings that have the effect of isolating individuals receiving HCBS from the broader community of individuals not receiving HCBS and settings that will be considered home and community based. | April 2015 | July 2015 | Initial Draft home and community based characteristics policy |
| 2 | Draft Revisions to Regulations | If regulatory revisions are identified in Section 2, create a draft of the revised regulations with stakeholder input. | January 2015 | June 2015 | Draft regulations |
| 3 | Public Comment on Policy | Release initial draft home and community based characteristics policy for public comment. Revise policy based on public comment as needed. | August 2015 | September 2015 | Final Draft home and community based characteristics policy |
| 4 | CMS Review of Policy | Send final draft home and community based characteristics policy to CMS for review and comment. Revise policy based on CMS feedback as needed. | October 2015 | November 2015 | Final Draft home and community based characteristics policy |
| 5 | Public Comment on Revisions to Regulations | If regulatory revisions are identified, draft regulations will be published through notice in the Pennsylvania Bulletin for public comment. | October 2015 | November 2015 | Pennsylvania Bulletin Notice |
| 6 | Publication of Policy | Publish home and community based characteristics policy. | December 2015 | December 2015 | Home and community based characteristics policy |
| 7 | Compliance process for new providers and service location move | Develop and implement a process to ensure new providers enrolling to render waiver services, existing providers moving their service locations and provider requests for expansion are not unallowable per the home and community based characteristics policy. | December 2015 | March 2016 | Compliance Process |
| 8 | Develop Tracking Tool | Develop a method/tool to collect data and track provider status regarding compliance with the home and community based characteristics policy. | December 2015 | March 2016 | Provider Tracking Tool |
| 9 | Home and Community Based Characteristics Training | Develop and distribute training tools regarding the home and community based characteristics policy. | January 2016 | March 2016 | Training tools |
| 10 | Issue Revised Regulations | Issue revised regulations. | June 2016 | June 2016 | Revised Regulations |
| 11 | Review/Revise Provider Agreement | Review provider agreement and revise if necessary. | March 2016 | June 2016 | Provider Agreement |
| 12 | Provider Service Alignment with Policy | Time for providers to analyze services rendered and make changes to comply with home and community based characteristics policy if necessary. | April 2016 | August 2016 | No Deliverable For This Item |
| 13 | Provider Monitoring | Assess whether there are any waiver providers that have the effect of isolating individuals per home community based characteristics policy. | September 2016 | September 2017 | Provider Tracking Tool |
| 14 | Notify Providers Presumed Not Eligible and Request Plan | Notify providers that were found to have the effect of isolating individuals. Inform these providers that they can demonstrate how the service currently meets the home and community-based characteristic policy or they can submit a plan outlining how operations will be altered to meet the requirements for a home and community-based setting. | October 2017 | December 2017 | Notification to providers |
| 15 | Provider Plan Submission  | Timeframe for providers to develop and submit information requested in the letter referenced above and the home and community based characteristics policy. | January 2018 | March 2018 | Provider Tracking Tool |
| 16 | Develop Safeguards | Identify and develop safeguards to preclude reimbursement for ineligible providers after the transition completion date. | January 2018 | October 2018 | HCBS IT Changes List |
| 17 | Review Plans Submitted | Information submitted by providers regarding how they meet or will make changes their program to meet the requirements for an eligible setting will be reviewed. | April 2018 | July 2018 | Provider Tracking Tool |
| 18 | Notify Providers of Decision  | Notify providers of ODP’s initial decision regarding the setting’s eligibility. Information regarding providers determined to be eligible will be submitted to CMS for heightened scrutiny. Providers determined to be ineligible will be provided appeal rights. Providers will be expected to comply with applicable 55 Pa. Code Chapter 51 requirements.  | August 2018 | September 2018 | Notification to providers |
| 19 | Notify Participant of Decision | Notify individuals served by providers determined to be ineligible, Administrative Entities and Supports Coordination Organizations of provider ineligibility and what actions individuals may expect. The ISP team must discuss the option of other willing and qualified providers or other services that will meet the individual’s needs and ensure their health and safety. The Supports Coordinator will be responsible for documenting this discussion.  | August 2018 | September 2018 | Notification to participants |
| 20 | Public Notice | Issue a public notice which lists all settings/providers with the determination of whether they are ineligible or will go through the CMS heightened scrutiny process for public comment. | October 2018 | November 2018 | Public Notice |
| 21 | Access Issues | Determine whether access issues may be created by providers who are no longer eligible/willing to provider waiver services. Access issues are defined as the inability of an individual/family to locate a willing and qualified service provider and/or the inability of an Administrative Entity/Supports Coordination Organization to secure a willing and qualified provider for individuals requesting services.  | October 2018 | December 2018 | Provider Tracking Tool |
| 22 | Transition Participants | Ensure that individuals who receive services in ineligible settings transition to willing and qualified providers, if necessary. (This timeframe does not include individuals impacted by an access issue.) | December 2018 | March 2019 | Provider Tracking Tool |
| 23 | CMS Heightened Scrutiny | Send list of settings/providers determined eligible in accordance with the home and community based characteristics policy to CMS for Heightened Scrutiny process.  | March 2019 | March 2019 | List of Eligible Providers |
| 24 | Ongoing Monitoring | Ensure that providers are continuously monitored for ongoing compliance | March 2019 | Ongoing | On-site monitoring tool |
| 25 | Public Notice of CMS Heightened Scrutiny Determination | Notice will be published in the Pennsylvania Bulletin regarding the settings/provider CMS accepted as being home and community based and those that CMS denied as being home and community based. | March 2019 | Ongoing | Public Notice |

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| **Settings Presumed Not Eligible** |
| **Federal Requirement -** 441.301(c) (5) (v) – Settings in a publicly or privately owned facility that provide inpatient treatment; 441.301(c) (5) (v) – Settings on the grounds of or immediately adjacent to a public institution;441.301(c) (5) (v) – Settings that have the effect of isolating individuals receiving HCBS from the broader community of individuals not receiving HCBS |
| Assessment of regulations, standards, policies, licensing requirements, and other provider requirements: The following regulations were reviewed 55 Pa. Code Chapters 51, 2380, 2390, 3800, 5310, 6400 and 6500. There are no regulations or requirements that states providers are presumed not eligible for waiver reimbursement when providing services in these settings.ODP does have policies such as ODP Bulletin 00-03-05, *Principles for the Mental Retardation System* that put an emphasis on choice and integration. Bulletin 00-03-05 contains the following information as an example:Principle #1: Choice– in all aspects of life including the services people receive, who provides supports, where to live and with whom, where to work, recreation and leisure activities, vacations, planning individualized day activities, and having support provided at home.Principle #10: Contributing to the Community– being full citizens of the community, voting, working for pay or volunteering, participating in leisure and recreation activities, belonging to a religious community, owning or renting one’s own home, living among family and friends and not being segregated. People want to be recognized for their abilities and gifts and to have dignity and status.Principle #14: Community Integration– in all aspects of the person’s life. People want to be able to use community resources, like banks and food stores, just as other people in the community do, without feeling left out because of a disability. Integration means both being in the community and having the opportunity to participate in all that the community has to offer; including generic resources that don’t label people as “special.”Licensing regulations for Community Homes for Individuals with an Intellectual Disability (55 Pa. Code Chapter 6400) and Family Living Homes (55 Pa. Code Chapter 6500) currently have requirements that day services such as employment, education, training, volunteer, civic-minded and other meaningful opportunities shall be provided to the individual. Licensing regulations for Adult Training Facilities (55 Pa. Code Chapter 2380) and Vocational Facilities (55 Pa. Code Chapter 2390) currently have requirements that services provided to the individual include opportunities to the individual to participate in community, including the opportunity to work. Supported employment services, which are provided in a variety of community employment work sites, are available to any individual enrolled in the Consolidated Waiver.55 Pa. Code §§51.3 and 51.14 provides the following definition and requirement for residential habilitation settings: § 51.3 *Integrated and dispersed in the community in noncontiguous locations*— Waiver residential habilitation service locations that are located throughout the community, surrounded by individuals and businesses that are not funded by the Office of Developmental Programs, are not next to each other, side-by-side or back-to-back. Locations that share one common party wall are not considered contiguous.  §51.14 (a) (3) – (i) The provider shall affirm that the property meets the definition of ‘‘integrated and dispersed in the community in noncontiguous locations’’ in § 51.3 (relating to definitions). (ii) The property may not be located on a campus setting. (iii) The property must be surrounded by individuals and businesses that are not funded through the ODP.  |
| **#** | **Action Item** | **Description** | **Start Date** | **Target End Date** | **Deliverable** |

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| 1 | Develop Policy | Develop policy with stakeholder input regarding settings that have the effect of isolating individuals receiving HCBS from the broader community of individuals not receiving HCBS and settings that will be considered home and community based. | April 2015 | July 2015 | Initial Draft home and community based characteristics policy |
| 2 | Draft Revisions to Regulations | If regulatory revisions are identified in Section 2, create a draft of the revised regulations with stakeholder input. | January 2015 | June 2015 | Draft regulations |
| 3 | Public Comment on Policy | Release initial draft home and community based characteristics policy for public comment. Revise policy based on public comment as needed. | August 2015 | September 2015 | Final Draft home and community based characteristics policy |
| 4 | CMS Review of Policy | Send final draft home and community based characteristics policy to CMS for review and comment. Revise policy based on CMS feedback as needed. | October 2015 | November 2015 | Final Draft home and community based characteristics policy |
| 5 | Public Comment on Revisions to Regulations | If regulatory revisions are identified, draft regulations will be published through notice in the Pennsylvania Bulletin for public comment. | October 2015 | November 2015 | Pennsylvania Bulletin Notice |
| 6 | Publication of Policy | Publish home and community based characteristics policy. | December 2015 | December 2015 | Home and community based characteristics policy |
| 7 | Compliance process for new providers and service location move | Develop and implement a process to ensure new providers enrolling to render waiver services, existing providers moving their service locations and provider requests for expansion are not unallowable per the home and community based characteristics policy. | December 2015 | March 2016 | Compliance Process |
| 8 | Develop Tracking Tool | Develop a method/tool to collect data and track provider status regarding compliance with the home and community based characteristics policy. | December 2015 | March 2016 | Provider Tracking Tool |
| 9 | Home and Community Based Characteristics Training | Develop and distribute training tools regarding the home and community based characteristics policy. | January 2016 | March 2016 | Training tools |
| 10 | Issue Revised Regulations | Issue revised regulations. | June 2016 | June 2016 | Revised Regulations |
| 11 | Review/Revise Provider Agreement | Review provider agreement and revise if necessary. | March 2016 | June 2016 | Provider Agreement |
| 12 | Provider Service Alignment with Policy | Time for providers to analyze services rendered and make changes to comply with home and community based characteristics policy if necessary. | April 2016 | August 2016 | No Deliverable For This Item |
| 13 | Provider Monitoring | Assess whether there are any waiver providers that have the effect of isolating individuals per home community based characteristics policy. | September 2016 | September 2017 | Provider Tracking Tool |
| 14 | Notify Providers Presumed Not Eligible and Request Plan | Notify providers that were found to have the effect of isolating individuals. Inform these providers that they can demonstrate how the service currently meets the home and community-based characteristic policy or they can submit a plan outlining how operations will be altered to meet the requirements for a home and community-based setting. | October 2017 | December 2017 | Notification to providers |
| 15 | Provider Plan Submission  | Timeframe for providers to develop and submit information requested in the letter referenced above and the home and community based characteristics policy. | January 2018 | March 2018 | Provider Tracking Tool |
| 16 | Develop Safeguards | Identify and develop safeguards to preclude reimbursement for ineligible providers after the transition completion date. | January 2018 | October 2018 | HCBS IT Changes List |
| 17 | Review Plans Submitted | Information submitted by providers regarding how they meet or will make changes their program to meet the requirements for an eligible setting will be reviewed. | April 2018 | July 2018 | Provider Tracking Tool |
| 18 | Notify Providers of Decision  | Notify providers of ODP’s initial decision regarding the setting’s eligibility. Information regarding providers determined to be eligible will be submitted to CMS for heightened scrutiny. Providers determined to be ineligible will be provided appeal rights. Providers will be expected to comply with applicable 55 Pa. Code Chapter 51 requirements.  | August 2018 | September 2018 | Notification to providers |
| 19 | Notify Participant of Decision | Notify individuals served by providers determined to be ineligible, Administrative Entities and Supports Coordination Organizations of provider ineligibility and what actions individuals may expect. The ISP team must discuss the option of other willing and qualified providers or other services that will meet the individual’s needs and ensure their health and safety. The Supports Coordinator will be responsible for documenting this discussion.  | August 2018 | September 2018 | Notification to participants |
| 20 | Public Notice | Issue a public notice which lists all settings/providers with the determination of whether they are ineligible or will go through the CMS heightened scrutiny process for public comment. | October 2018 | November 2018 | Public Notice |
| 21 | Access Issues | Determine whether access issues may be created by providers who are no longer eligible/willing to provider waiver services. Access issues are defined as the inability of an individual/family to locate a willing and qualified service provider and/or the inability of an Administrative Entity/Supports Coordination Organizations to secure a willing and qualified provider for individuals requesting services.  | October 2018 | December 2018 | Provider Tracking Tool |
| 22 | Transition Participants | Ensure that individuals who receive services in ineligible settings transition to willing and qualified providers, if necessary. (This timeframe does not include individuals impacted by an access issue.) | December 2018 | March 2019 | Provider Tracking Tool |
| 23 | CMS Heightened Scrutiny | Send list of settings/providers determined eligible in accordance with the home and community based characteristics policy to CMS for Heightened Scrutiny process.  | March 2019 | March 2019 | List of Eligible Providers |
| 24 | Ongoing Monitoring | Ensure that providers are continuously monitored for ongoing compliance | March 2019 | Ongoing | On-site monitoring tool |
| 25 | Public Notice of CMS Heightened Scrutiny Determination | Notice will be published in the Pennsylvania Bulletin regarding the settings/provider CMS accepted as being home and community based and those that CMS denied as being home and community based. | March 2019 | Ongoing | Public Notice |

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| **All Settings Must Meet the Following Qualifications** |
| **Federal Requirement-** 441.301(c) (4) (i)– The setting is integrated in and supports full access 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 HCBS. |
| Assessment of regulations, standards, policies, licensing requirements, and other provider requirements: The following regulations were reviewed 55 Pa. Code Chapters 51, 2380, 2390, 3800, 5310, 6400 and 6500.Licensing regulations for Adult Training Facilities (55 Pa. Code Chapter 2380) currently have requirements regarding the personal funds and property. Licensing regulations for Community Homes for Individuals with an Intellectual Disability (55 Pa. Code Chapter 6400) and Family Living Homes (55 Pa. Code Chapter 6500) currently have requirements that individuals have the right to manage their own finances. These regulations also have requirements that day services such as employment, education, training, volunteer, civic-minded and other meaningful opportunities shall be provided to the individual. Licensing regulations for Adult Training Facilities (55 Pa. Code Chapter 2380) and Vocational Facilities (55 Pa. Code Chapter 2390) currently have requirements that services provided to the individual include opportunities to the individual to participate in community, including the opportunity to work. Supported employment services, which are provided in a variety of community employment work sites, are available to any individual enrolled in the Consolidated Waiver. ODP also has policies such as ODP Bulletin 00-03-05, *Principles for the Mental Retardation System* that put an emphasis on choice, contributing to the community and integration. While ODP has regulations and policies regarding most of these requirements, more work needs to be done to improve, assess and monitor outcomes for individuals. |
| # | **Action Item** | **Description** | **Start Date** | **Target End Date** | **Deliverable** |
| 1 | Explore employment data collection system | Explore employment data collection systems that will capture information on individuals served in the waiver such as type of job, wages, benefits and length of employment as well as information on providers rendering employment services. Recommendations will then be made as to the feasibility of a system and finally a decision will be made regarding whether employment data collection system can be implemented. | November 2014 | July 2015 | Decision to determine if a system can be implemented |
| 2 | Develop Policy | Develop policy with stakeholder input regarding settings that have the effect of isolating individuals receiving HCBS from the broader community of individuals not receiving HCBS and settings that will be considered home and community based. | April 2015 | July 2015 | Initial Draft home and community based characteristics policy |
| 3 | Draft and Publish Executive Order on Employment | Collaborate with other state departments and offices to draft and publish the Executive Order on Employment. This document will clearly articulate employment principles for people with all disabilities. | January 2015 | December 2015 | Executive Order on Employment |
| 4 | Public Comment on Policy | Release initial draft home and community based characteristics policy for public comment. Revise policy based on public comment as needed. | August 2015 | September 2015 | Final Draft home and community based characteristics policy |
| 5 | CMS Review of Policy | Send final draft home and community based characteristics policy to CMS for review and comment. Revise policy based on CMS feedback as needed. | October 2015 | November 2015 | Final Draft home and community based characteristics policy |
| 6 | Publication of Policy | Publish home and community based characteristics policy. | December 2015 | December 2015 | Home and community based characteristics policy |
| 7 | Develop/Distribute Training Tools and Policy Updates | Identify, develop, and distribute training tools and policy updates that are needed for compliance with the home and community based characteristics policy and new service definitions developed. | August 2015 | March 2019 | Training tools and policy updates |
| 8 | Develop expectations | Develop and communicate expectations regarding meaningful day opportunities in non-disability specific settings with stakeholder input. | June 2016 | December 2016 | Meaningful day opportunity communication |
| 9 | Revise on-site monitoring tool | Revise on-site monitoring tools to ensure that providers meet this requirement as well as the home and community based characteristics policy. | March 2016 | Ongoing | On-site monitoring tool |
| 10 | Provider Monitoring | Assess providers for compliance with this requirement. | September 2016 | June 2017 and Ongoing | Provider Tracking Tool |
| 11 | Identify noncompliance during on-site monitoring | Providers found to be noncompliant with this requirement during on-site monitoring will be required to submit a Corrective Action Plan and may have their waiver provider agreement terminated if noncompliant with the Corrective Action Plan. | January 2017 | March 2019 | Compliance process |

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| **Federal Requirement-**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 |
| Assessment of regulations, standards, policies, licensing requirements, and other provider requirements: The following regulations were reviewed 55 Pa. Code Chapters 51, 2380, 2390, 3800, 5310, 6400 and 6500.ODP Bulletin 00-12-05, *Individual Support Plans*, Attachment 1, *Individual Support Plan Manual for individuals with an intellectual disability* contains the following information:* “Once an assessed need is identified, the team should discuss whether the need can be met through natural support (i.e. family, friends, medical professionals, etc.) or if the need requires the support of a paid service…Discussions include recommended services and supports to address the individual’s current assessed needs which lead to services that are based upon those assessed needs and the personal preferences of the individual.”
* “The individual shall exercise choice in the selection of qualified providers… The Supports Coordinator is responsible to make referrals to chosen providers promptly based on the selections made by the individual so that needed services and supports are secured to ensure the individual’s health and safety. The choice of qualified providers by an individual should be documented on the ISP signature form.”

While ODP has regulations and policies regarding most of these requirements, more work needs to be done to improve, assess and monitor outcomes for individuals. |
| # | **Action Item** | **Description** | **Start Date** | **Target End Date** | **Deliverable** |
| 1 | Develop expectations | Develop and publish expectations regarding meaningful day opportunities in non-disability specific settings with stakeholder input | June 2016 | December 2016 | Meaningful day opportunity communication |
| 2 | Identify where information is included in the ISP | Identify where setting options provided to individuals will be documented in the ISP  | January 2016 | June 2016 | HCBS IT Changes List, Document setting options |
| 3 | Develop communication | Develop and publish communication regarding required ISP documentation. | July 2016 | March 2017 | Policy Document |
| 4 | Develop/Distribute Training Tools and Policy Updates | Identify, develop, and distribute training tools and policy updates that are needed for compliance with this requirement. | April 2017 | March 2019 | Training tools and policy updates |
| 5 | Revise on-site monitoring tools | Revise on-site monitoring tools as necessary | March 2018 | August 2018 | On-site monitoring tools |
| 6 | Provider Monitoring | Assess providers for compliance with this requirement | October 2018 | March 2019 and Ongoing | ISP, on-site monitoring tool |
| 7 | Identify noncompliance during on-site monitoring | Providers found to be noncompliant with this requirement during on-site monitoring will be required to submit a Corrective Action Plan and may have their waiver provider agreement terminated if noncompliant with the Corrective Action Plan. | March 2019 | March 2019 and Ongoing | Compliance process |

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| **Federal Requirement**-441.301(c) (4) (iii)–The setting ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint |
| Assessment of regulations, standards, policies, licensing requirements, and other provider requirements: Assessment of regulations, standards, policies, licensing requirements, and other provider requirements:The following regulations were reviewed 55 Pa. Code Chapters 51, 2380, 2390, 3800, 5310, 6400 and 6500.Licensing regulations for Community Homes for Individuals with an Intellectual Disability (55 Pa. Code Chapter 6400) and Family Living Homes (55 Pa. Code Chapter 6500) currently have requirements that individuals have the right to privacy in bedrooms, bathrooms, and during personal care. These regulations also contain the requirement that individuals have the right to reasonable access to a telephone and the opportunity to receive and make private calls, with assistance when necessary. Adult Training Facilities (55 Pa. Code Chapter 2380) has a requirement regarding privacy in the bathroom.55 Pa. Code Chapter 51 requires that participants who receive HCBS through ODP be treated with dignity and respect. This regulatory chapter also states that providers of HCBS may not use the following: Seclusion; chemical restraint; mechanical restraint; prone position manual restraint; or a manual restraint that inhibits the respiratory and digestive system, inflicts pain, causes hypertension of joints and pressure on the chest or joints, or uses a technique in which the participant is not supported and allows for free fall as the participant moves to the floor.55 Pa. Code Chapter 51 states that when participants receiving HCBS select a new willing and qualified provider to replace their current provider, the current provider shall ensure that undue influence is not exerted when the participant is making the choice to a new willing and qualified provider. ODP utilizes the Independent Monitoring for Quality (IM4Q) survey to assess whether individuals have enough privacy at home, whether people let them know before coming into their home and whether people let them know before coming into their room.While ODP has regulations and policies regarding most of these requirements, more work needs to be done to improve, assess and monitor compliance and outcomes for individuals |
| # | **Action Item** | **Description** | **Start Date** | **Target End Date** | **Deliverable** |
| 1 | Identify where information is included in the ISP | When a modification to one of the requirements is needed, identify where required information will be documented in the ISP. | January 2016 | June 2016 | HCBS IT Changes List, Document setting options |
| 2 | Develop Communication | Develop and publish communication regarding required ISP documentation. This communication will include the additional information that must be included in the ISP when a modification to a requirement is needed.  | July 2016 | December 2016 | Policy Document |
| 3 | Analyze restraint information | Analyze restraint information to identify any patterns or trends and provide training and technical assistance to providers as needed | July 2016 | March 2019 and ongoing | Training |
| 4 | Develop/Distribute Training Tools and Policy Updates | Identify, develop, and distribute training tools and policy updates that are needed for compliance with this federal requirement. | January 2017 | March 2019 | Training tools and policy updates |
| 5 | Revise on-site monitoring tools | Revise on-site monitoring tools as necessary to monitor provider compliance with this federal requirement. | March 2018 | August 2018 | On-site monitoring tools |
| 6 | Provider Monitoring | Assess providers for compliance with this requirement. | October 2018 | March 2019 and Ongoing | On-site monitoring tool |
| 7 | Identify noncompliance during on-site monitoring | Providers found to be noncompliant with this requirement during on-site monitoring will be required to submit a Corrective Action Plan and may have their waiver provider agreement terminated if noncompliant with the Corrective Action Plan. | March 2019 | March 2019 and Ongoing | Compliance process |

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| **Federal Requirement-**441.301(c) (4) (iv) – The setting 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 |
| Assessment of regulations, standards, policies, licensing requirements, and other provider requirements:The following regulations were reviewed 55 Pa. Code Chapters 51, 2380, 2390, 3800, 5310, 6400 and 6500.Licensing regulations for Community Homes for Individuals with an Intellectual Disability (55 Pa. Code Chapter 6400) and Family Living Homes (55 Pa. Code Chapter 6500) currently have requirements that day services such as employment, education, training, volunteer, civic-minded and other meaningful opportunities shall be provided to the individual. Licensing regulations for Adult Training Facilities (55 Pa. Code Chapter 2380) and Vocational Facilities (55 Pa. Code Chapter 2390) currently have requirements that services provided to the individual include opportunities to the individual to participate in community, including the opportunity to work. ODP does have policies such as ODP Bulletin 00-03-05, *Principles for the Mental Retardation System* that put an emphasis on choice and integration. Bulletin 00-03-05 contains the following information as an example:Principle #1: Choice– in all aspects of life including the services people receive, who provides supports, where to live and with whom, where to work, recreation and leisure activities, vacations, planning individualized day activities, and having support provided at home.Principle #10: Contributing to the Community– being full citizens of the community, voting, working for pay or volunteering, participating in leisure and recreation activities, belonging to a religious community, owning or renting one’s own home, living among family and friends and not being segregated. People want to be recognized for their abilities and gifts and to have dignity and status.Principle #14: Community Integration– in all aspects of the person’s life. People want to be able to use community resources, like banks and food stores, just as other people in the community do, without feeling left out because of a disability. Integration means both being in the community and having the opportunity to participate in all that the community has to offer; including generic resources that don’t label people as “special.”ODP utilizes the Independent Monitoring for Quality (IM4Q) survey to assess whether individuals have choice and control over the following: their home, day and leisure time, choosing staff and money. While ODP has regulations and policies regarding most of these requirements, more work needs to be done to improve, assess and monitor compliance and outcomes for individuals. |
| # | **Action Item** | **Description** | **Start Date** | **Target End Date** | **Deliverable** |
| 1 | Develop Policy | Develop policy with stakeholder input regarding settings that have the effect of isolating individuals receiving HCBS from the broader community of individuals not receiving HCBS and settings that will be considered home and community based. | April 2015 | July 2015 | Initial Draft home and community based characteristics policy |
| 2 | Public Comment on Policy | Release initial draft home and community based characteristics policy for public comment. Revise policy based on public comment as needed. | August 2015 | September 2015 | Final Draft home and community based characteristics policy |
| 3 | CMS Review of Policy | Send final draft home and community based characteristics policy to CMS for review and comment. Revise policy based on CMS feedback as needed. | October 2015 | November 2015 | Final Draft home and community based characteristics policy |
| 4 | Publication of Policy | Publish home and community based characteristics policy. | December 2015 | December 2015 | Home and community based characteristics policy |
| 5 | Develop/Distribute Training Tools and Policy Updates | Identify, develop, and distribute training tools and policy updates that are needed for compliance with this federal requirement. | January 2016 | January 2017 and ongoing | Training tools and policy updates |
| 6 | Revise on-site monitoring tools | Revise on-site monitoring tools as necessary to monitor provider compliance with this federal requirement | March 2016 | March 2019 and ongoing | On-site monitoring tools |
| 7 | Provider Monitoring | Assess providers for compliance with this requirement. | September 2016 | March 2019 and ongoing | On-site monitoring tools |
| 8 | Identify noncompliance during on-site monitoring | Providers found to be noncompliant with this requirement during on-site monitoring will be required to submit a Corrective Action Plan and may have their waiver provider agreement terminated if noncompliant with the Corrective Action Plan. | January 2017 | March 2019 | Compliance process |

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| **Federal Requirement**-441.301(c) (4) (v)– The setting facilitates choice regarding services and who provides them |
| Assessment of regulations, standards, policies, licensing requirements, and other provider requirements:ODP Bulletin 00-12-05, *Individual Support Plans*, Attachment 1, *Individual Support Plan Manual for individuals with an intellectual disability* contains the following information:* “Developing an ISP is based on the philosophies and concepts of Positive Approaches, Everyday Lives, and Person Centered-Planning that captures the true meaning of working together to empower the individual to dream, plan, and create a shared commitment for his or her future. The purpose of Positive Approaches is to enable individuals to lead their lives as they desire by providing supports for them to grow and develop, make their own decisions, achieve their personal goals, develop relationships, face challenges, and enjoy life as full participating members of their communities.
* Once an assessed need is identified, the team should discuss whether the need can be met through natural support (i.e. family, friends, medical professionals, etc.) or if the need requires the support of a paid service…Discussions include recommended services and supports to address the individual’s current assessed needs which lead to services that are based upon those assessed needs and the personal preferences of the individual.”
* “The individual shall exercise choice in the selection of qualified providers… The Supports Coordinator is responsible to make referrals to chosen providers promptly based on the selections made by the individual so that needed services and supports are secured to ensure the individual’s health and safety. The choice of qualified providers by an individual should be documented on the ISP signature form.”

ODP currently maintains and will continue to maintain a publicly accessible directory of providers.While ODP has regulations and policies regarding this requirement, more work needs to be done to improve, assess and monitor outcomes for individuals. |
| # | **Action Item** | **Description** | **Start Date** | **Target End Date** | **Deliverable** |
| 1 | Develop/Distribute Training Tools and Policy Updates | Identify, develop, and distribute training tools and policy updates that are needed for compliance with this federal requirement. | January 2016 | January 2017 and ongoing | Training tools and policy updates |
| 2 | Revise on-site monitoring tools | Revise on-site monitoring tools as necessary to monitor provider compliance with this federal requirement | March 2018 | March 2019 | On-site monitoring tools |
| 3 | Provider Monitoring | Assess providers for compliance with this requirement. | October 2018 | March 2019 and ongoing | On-site monitoring tools |
| 4 | Identify noncompliance during on-site monitoring | Providers found to be noncompliant with this requirement during on-site monitoring will be required to submit a Corrective Action Plan and may have their waiver provider agreement terminated if noncompliant with the Corrective Action Plan. | January 2017 | March 2019 | Compliance process |

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| **Requirements for Provider-owned or Controlled Home and Community Based Residential Settings** |
| **Federal Requirement-**42 CFR 441.301(c) (4) (vi) (A)- In a provider-owned or controlled residential setting, 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 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. |
| Assessment of regulations, standards, policies, licensing requirements, and other provider requirements:The following regulations were reviewed 55 Pa. Code Chapters 51, 3800, 5310, 6400 and 6500.55 Pa. Code Chapter 51 requires that a room and board contract be completed annually for each individual receiving a residential habilitation service through the waiver. This regulatory chapter also requires providers to provide written notice at least 30 days prior to the date of discharge to the participant, Department, Department’s designee and the supports coordinator. There are currently no regulations or requirements, however, that requires the room and board contract give individuals protections from eviction. |
| # | **Action Item** | **Description** | **Start Date** | **Target End Date** | **Deliverable** |
| 1 | Draft Revisions to Regulations | If regulatory revisions are identified in Section 2, create a draft of the revised regulations with stakeholder input. | January 2015 | June 2015 | Draft regulations |
| 2 | Analyze PA’s Landlord Tenant Law | Analyze PA’s landlord tenant law and determine what constitutes comparability for residential settings | June 2015 | January 2016 | Revised Room and Board Contract |
| 3 | Public Comment on Revisions to Regulations | If regulatory revisions are identified, draft regulations will be published through notice in the Pennsylvania Bulletin for public comment. | October 2015 | November 2015 | Notice in Pennsylvania Bulletin |
| 4 | Revise Room and Board Contract | Revise and distribute updated Room And Board Contract | January 2016 | January 2017 | Room and Board contract |
| 5 | Issue Revised Regulations | Issue Revised Regulations | June 2016 | June 2016 | Regulations |
| 6 | Develop/Distribute Training Tools and Policy Updates | Identify, develop, and distribute training tools and policy updates that are needed for compliance with this federal requirement. | January 2017 | July 2017 and ongoing | Training tools and policy updates |
| 7 | Revise on-site monitoring tool | Revise on-site monitoring tools as necessary to monitor provider compliance with this federal requirement | March 2018 | August, 2018 and ongoing | On-site monitoring tool  |
| 8 | Provider Monitoring | Assess providers for compliance with this requirement. | October 2018 | March 2019 and ongoing | On-site monitoring tools |
| 9 | Identify noncompliance during on-site monitoring | Providers found to be noncompliant with this requirement during on-site monitoring will be required to submit a Corrective Action Plan and may have their waiver provider agreement terminated if noncompliant with the Corrective Action Plan. | March 2019 | March 2019 and ongoing | Compliance process |

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| **Federal Requirement-**42 CFR 441.301(c) (4) (vi) (B) (1) – In a provider-owned or controlled residential setting, each individual’s units has an entrance door lockable by the individual, with only appropriate staff having keys to the door |
| Assessment of regulations, standards, policies, licensing requirements, and other provider requirements:The following regulations were reviewed 55 Pa. Code Chapters 51, 3800, 5310, 6400 and 6500.There are currently no regulations or requirements that mandates that residential settings have entrance doors lockable by the individual, with only appropriate staff having keys to doors. |
| # | **Action Item** | **Description** | **Start Date** | **Target End Date** | **Deliverable** |
| 1 | Draft Revisions to Regulations | If regulatory revisions are identified in Section 2, create a draft of the revised regulations with stakeholder input | January 2015 | June 2015 | Draft Regulations |
| 2 | Public Comment on Revisions to Regulations | If regulatory revisions are identified, draft regulations will be published through notice in the Pennsylvania Bulletin for public comment. | October 2015 | November 2015 | Notice in Pennsylvania Bulletin |
| 3 | Identify where information is included in the ISP | When a modification to one of the requirements is needed, identify where required information will be documented in the ISP. | January 2016 | June 2016 | HCBS IT Changes List, Document setting options |
| 4 | Issue Revised Regulations | Issue Revised Regulations | June 2016 | June 2016 | Regulations |
| 5 | Develop Communication | Develop and publish communication regarding required ISP documentation. This communication will include the additional information that must be included in the ISP when a modification to a requirement is needed.  | July 2016 | December 2016 | Policy Document |
| 6 | Develop/Distribute Training Tools and Policy Updates | Identify, develop, and distribute training tools and policy updates that are needed for compliance with this federal requirement. | January 2017 | July 2017 and ongoing | Training tools and policy updates |
| 7 | Revise on-site monitoring tool | Revise on-site monitoring tools as necessary to monitor provider compliance with this federal requirement | March 2018 | August 2018 and ongoing | On-site monitoring tool  |
| 8 | Provider Monitoring | Assess providers for compliance with this requirement. | October 2018 | March 2019 and ongoing | On-site monitoring tools |
| 9 | Identify noncompliance during on-site monitoring | Providers found to be noncompliant with this requirement during on-site monitoring will be required to submit a Corrective Action Plan and may have their waiver provider agreement terminated if noncompliant with the Corrective Action Plan. | March 2019 | March 2019 and ongoing | Compliance process |

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| **Federal Regulation**-42 CFR 441.301(c) (4) (vi) (B) (2)– In a provider-owned or controlled residential setting, individuals sharing units have a choice of roommates  |
| Assessment of regulations, standards, policies, licensing requirements, and other provider requirements:The following regulations were reviewed 55 Pa. Code Chapters 51, 3800, 5310, 6400 and 6500.There are currently no regulations or requirements that mandates that residential settings give individuals choice of roommates. |
| # | **Action Item** | **Description** | **Start Date** | **Target End Date** | **Deliverable** |
| 1 | Determine which providers allow for a shared bedroom | Determine providers who allow for a shared bedroom | April 2015 | June 2015 and ongoing | Provider Tracking Tool |
| 2 | Identify where information is included in the ISP | When a modification to one of the requirements is needed, identify where required information will be documented in the ISP. | January 2016 | June 2016 | HCBS IT Changes List, Document setting options |
| 3 | Develop communication | Develop and publish communication providing guidance on right of roommate choice with stakeholder input. | June 2016 | June 2017 | Policy Document |
| 4 | Develop Guidance | Develop and publish guidance on frequency of assessment, documentation, and roommate compatibility determination | June 2016 | June 2017 | Policy Document |
| 5 | Develop communication | Develop and publish communication regarding required ISP documentation. This communication will include the additional information that must be included in the ISP when a modification to a requirement is needed.  | July 2016 | December 2016 | Policy Document |
| 6 | Develop/Distribute Training Tools and Policy Updates | Identify, develop, and distribute training tools and policy updates that are needed for compliance with this federal requirement. | January 2017 | July 2017 and ongoing | Training tools and policy updates |
| 7 | Revise on-site monitoring tool | Revise on-site monitoring tools as necessary to monitor provider compliance with this federal requirement | March 2018 | August 2018 and ongoing | On-site monitoring tool  |
| 8 | Provider Monitoring | Assess providers for compliance with this requirement. | October 2018 | March 2019 and ongoing | On-site monitoring tool |
| 9 | Identify noncompliance during on-site monitoring | Providers found to be noncompliant with this requirement during on-site monitoring will be required to submit a Corrective Action Plan and may have their waiver provider agreement terminated if noncompliant with the Corrective Action Plan. | March 2019 | March 2019 and ongoing | Compliance process |

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| **Federal Requirement-**42 CFR 441.301(c) (4) (vi) (B) (3) – In a provider-owned or controlled residential setting, individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. |
| Assessment of regulations, standards, policies, licensing requirements, and other provider requirements:The following regulations were reviewed 55 Pa. Code Chapters 51, 3800, 5310, 6400 and 6500.55 Pa. Code Chapter 51 requires that a room and board contract be completed annually for each individual receiving a residential habilitation service through the waiver. There is no requirement, however, that the room and board contract state that individuals have the freedom to furnish and decorate their sleeping or living units.Licensing regulations for Community Homes for Individuals with an Intellectual Disability (55 Pa. Code Chapter 6400) and Family Living Homes (55 Pa. Code Chapter 6500) currently have the requirement that an individual has the right to receive, purchase, have and use personal property. |
| # | **Action Item** | **Description** | **Start Date** | **Target End Date** | **Deliverable** |
| 1 | Revise Room and Board Contract | Revise and distribute updated room and board contract | January 2016 | June 2017 | Room and Board contract |
| 2 | Identify where information is included in the ISP | When a modification to one of the requirements is needed, identify where required information will be documented in the ISP. | January 2016 | June 2016 | HCBS IT Changes List, Document setting options |
|  | Develop communication | Develop and publish communication regarding required ISP documentation. This communication will include the additional information that must be included in the ISP when a modification to a requirement is needed | July 2016 | December 2016 | Policy document |
| 3 | Develop/Distribute Training Tools and Policy Updates | Identify, develop and distribute training tools and policy updates that are needed for compliance with this federal requirement. | January 2017 | July 2017 and ongoing | Training tools and policy updates |
| 4 | Revise on-site monitoring tool | Revise on-site monitoring tools as necessary to monitor provider compliance with this federal requirement | March 2018 | August 2018 and ongoing | On-site monitoring tool  |
| 5 | Provider Monitoring  | Assess providers for compliance with this requirement | October 2018 | March 2019 and ongoing | On-site monitoring tool |
| 6 | Identify noncompliance during on-site monitoring | Providers found to be noncompliant with this requirement during on-site monitoring will be required to submit a Corrective Action Plan and may have their waiver provider agreement terminated if noncompliant with the Corrective Action Plan. | March 2019 | March 2019 and ongoing | Compliance process |

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| **Federal Requirement-**42 CFR 441.301(c) (4) (vi) (C) – In a provider-owned or controlled residential setting, individuals have the freedom and support to control their own schedules and activities and have access to food at any time. |
| Assessment of regulations, standards, policies, licensing requirements, and other provider requirements:The following regulations were reviewed 55 Pa. Code Chapters 51, 3800, 5310, 6400 and 6500.ODP does have policies such as ODP Bulletin 00-03-05, *Principles for the Mental Retardation System* that contains the following information as an example:Principle #2: Control – over a person’s life including relationships, budgets and how money is spent, supports and services they receive, medical issues and planning. Principle #8: Freedom – to have the life they want and to negotiate risk. People want others to use ‘People First’ language and to have freedom from labels. People with disabilities have the same rights afforded to all citizens. They want to exercise the freedom of choice, to associate with people they choose, to move from place to place, and to use complaint and appeal processes. ODP utilizes the Independent Monitoring for Quality (IM4Q) survey to assess whether individuals have choice and control over day and leisure time activities.While ODP has some policies regarding these requirements, more work needs to be done to improve, assess and monitor compliance and outcomes for individuals. In addition, there are currently no regulatory requirements that mandate that residential settings give individuals freedom and support to control their own schedules and activities and have access to food at any time. |
| # | **Action Item** | **Description** | **Start Date** | **Target End Date** | **Deliverable** |
| 1 | Develop communication | Develop communication that specifies individual rights to have control of schedules and activities along with access to food at any time with stakeholder input. | January 2016 | January 2017 | Policy document |
| 2 | Identify where information is included in the ISP | When a modification to one of the requirements is needed, identify where required information will be documented in the ISP. | January 2016 | June 2016 | HCBS IT Changes List, Document setting options |
| 3 | Develop communication | Develop and publish communication regarding required ISP documentation. This communication will include the additional information that must be included in the ISP when a modification to a requirement is needed | July 2016 | December 2016 | Policy document |
| 4 | Develop/Distribute Training Tools and Policy Updates | Identify, develop, and distribute training tools and policy updates that are needed for compliance with this federal requirement. | January 2017 | July 2017 and ongoing | Training tools and policy updates |
| 5 | Revise on-site monitoring tool | Revise on-site monitoring tools as necessary to monitor provider compliance with this federal requirement. | March 2018 | August 2018 and ongoing | On-site monitoring tool as necessary |
| 6 | Provider Monitoring  | Assess providers for compliance with this requirement | October 2018 | March 2019 and ongoing | On-site monitoring tool |
| 7 | Identify noncompliance during on-site monitoring | Providers found to be noncompliant with this requirement during on-site monitoring will be required to submit a Corrective Action Plan and may have their waiver provider agreement terminated if noncompliant with the Corrective Action Plan. | March 2019 | March 2019 and ongoing | Compliance process |

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| **Federal Requirement**-42 CFR 441.301(c) (4) (vi) (D) – In a provider-owned or controlled residential setting, individuals are able to have visitors of their choosing at any time. |
| Assessment of waiver, regulations, standards, policies, licensing requirements, and other provider requirements:The following regulations were reviewed 55 Pa. Code Chapters 51, 3800, 5310, 6400 and 6500.Licensing regulations for Community Homes for Individuals with an Intellectual Disability (55 Pa. Code Chapter 6400) and Family Living Homes (55 Pa. Code Chapter 6500) currently have requirements that allow individuals the right to receive scheduled and unscheduled visitors. |
| # | **Action Item** | **Description** | **Start Date** | **Target End Date** | **Deliverable** |
| 1 | Determine how providers can accommodate the regulation | Determine how providers can accommodate this requirement in a manner that respects the rights of others in the home | June 2015 | January 2016 | Policy Documents or On-Site Monitoring Tool as necessary |
| 2 | Develop communication | Develop communication that specifies individual rights to have visitors of their choosing at any time with stakeholder input. | January 2016 | January 2017 | Policy Document |
| 3 | Identify where information is included in the ISP | When a modification to one of the requirements is needed, identify where required information will be documented in the ISP. | January 2016 | June 2016 | HCBS IT Changes List, Document setting options |
| 4 | Develop communication | Develop and publish communication regarding required ISP documentation. This communication will include the additional information that must be included in the ISP when a modification to a requirement is needed | July 2016 | December 2016 | Policy Document |
| 5 | Revise on-site monitoring tool | Revise on-site monitoring tools as necessary to monitor provider compliance with this federal requirement. | March 2018 | August 2018 and ongoing | On-site monitoring tool  |
| 6 | Provider Monitoring  | Assess providers for compliance with this requirement | October 2018 | March 2019 and ongoing | On-site monitoring tool |
| 7 | Identify noncompliance during on-site monitoring | Providers found to be noncompliant with this requirement during on-site monitoring will be required to submit a Corrective Action Plan and may have their waiver provider agreement terminated if noncompliant with the Corrective Action Plan. | March 2019 | March 2019 and ongoing | Compliance process |

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| **Federal Requirement-**42 CFR 441.301(c) (4) (vi) (E) – In a provider-owned or controlled residential setting, the setting is physically accessible to the individual. |

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| Assessment of waiver, regulations, standards, policies, licensing requirements, and other provider requirements:The following regulations were reviewed 55 Pa. Code Chapters 51, 3800, 5310, 6400 and 6500.Licensing regulations for Child Residential and Day Treatment Facilities (55 Pa. Code 3800) indicate that the facility shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a child with a disability. Licensing regulations for Community Homes for Individuals with an Intellectual Disability (55 Pa. Code Chapter 6400) and Family Living Homes (55 Pa. Code Chapter 6500) currently have a requirement that requires physical accessibility and accommodations for individuals with physical disabilities. |

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| # | **Action Item** | **Description** | **Start Date** | **Target End Date** | **Deliverable** |
| 1 | Develop process/tool | Develop process/tool to determine how individual accessibility can be verified during on-site monitoring to monitor provider compliance with this federal requirement | March 2016 | August 2016 | On-site monitoring tool |
| 2 | Provider Monitoring  | Assess providers for compliance with this requirement | October 2016 | June 2017 and ongoing | On-site monitoring tool |
| 3 | Identify noncompliance during on-site monitoring | Providers found to be noncompliant with this requirement during on-site monitoring will be required to submit a Corrective Action Plan and may have their waiver provider agreement terminated if noncompliant with the Corrective Action Plan. | May 2017 | July 2017 and ongoing | Compliance process |

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| **Section 4: Outreach & Engagement - ODP proposes to involve various stakeholders in the development and implementation of this transition plan.** |
| # | **Action Item** | **Description** | **Start Date** | **Target End Date** | **Deliverable** |
| 1 | Input Sessions | ODP held seven input sessions with various stakeholder groups to discuss what information ODP should include in the transition plan for the Consolidated Waiver. | July 2014 | August 2014 | Input Session Schedule |
| 2 | Develop Communication Materials | Create Transition Plan Website links, link to register for webinars, public comment mailbox, information handouts, public communication brief | December 2014 | December 2014 | Communication materials |
| 3 | Public Notice & Comment | Official notification through PA Bulletin to begin the public comment period on waiver amendments/revisions and published draft transition plan including: submission, consolidation, documentation, and review of public comments | December 2014 | February 2015 | Public notice |
| 4 | Stakeholder Webinars |  Two webinars held to obtain public comment on proposed Consolidated Waiver transition plan | January 2015 | January 2015 | Public Notice, Notes from Webinar |
| 5 | Transition Plan Revision | Incorporation of stakeholder comment and feedback on Pennsylvania's Statewide Transition Plan, submission of final waiver amendment and transition plan to CMS, and publication of submitted plan and comments received and Department responses. | February 2015 | March 2015 | Waiver Amendment, Transition Plan, Comment and Response Document |
| 6 | Provider & Stakeholder Training | On-going engagement highlighting updates and revisions to Pennsylvania's regulations, policies, and procedures; training on compliance to the HCBS Final Rule and transitioning activities for individuals with an intellectual disability, families, supports coordinators, providers, and staff. | April 2015 | March 2019 | Training, Stakeholder Involvement Plan |
| 7 | Ongoing Stakeholder Engagement | Continued engagement with stakeholder community on regulations and department updates, sustaining an inclusive, person-centric focus that is transparent to individuals and the community while providing accountability to all parties involved | December 2014 | March 2019 | Stakeholder Involvement Plan |
| 8 | Develop Provider Base | Provide ongoing engagement with service providers to help build capacity for provision of services in more integrated settings | January 2016 | March 2019 and ongoing | Strategy document for developing an enhanced provider base |