

Utah HCBS Setting Transition Plan

Draft Version Five - Updated February 2019

Prepared by the Division of Medicaid and Health Financing

Acronyms

CFR – Code of Federal Regulations
CMS – Centers for Medicare and Medicaid Services
DAAS – Division of Aging and Adult Services
DHS – Department of Human Services
DMHF – Division of Medicaid and Health Financing
DOH – Department of Health
DSPD – Division of Services for People with Disabilities
HCBS – Home and Community Based Services
MMIS – Medicaid Management Information System



Section 1. Public Notice and Comment Process

Action Item	Description	Proposed Start Date	Proposed End Date	Sources	Stakeholders	Progress/ Status
Make at least two statements of public notice that include a description of procedures on providing public comment and feedback	State will post public notice in Deseret News and Salt Lake Tribune.	10/9/2014	10/9/2014	HCBS Meeting Public Notice See Other Examples in <i>Public Notice Documents</i> Folder	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Complete
	State will distribute notice through multiple forums including: email, listserv, online, and hard copies.	10/9/2014 10/22/2014	10/9/2014 10/22/2014	HCBS Meeting Public Notice See Other Examples in <i>Public Notice Documents</i> Folder	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Complete
Disseminate Draft Transition Plan	State will widely disseminate draft Transition Plan through the following channels: <ul style="list-style-type: none"> • DOH Website http://health.utah.gov/ltc/hcbstransition • DOH and DHS Listservs • Distribute electronic copies and links to known advocacy and stakeholder organizations and request distribution to constituencies • Provide info on accessing plan at regularly scheduled stakeholder meetings • Make hard copies of plan available upon request through the Medicaid agency, through case management agencies and local DHS offices. 	V1 10/22/2014	V1 12/1/2014	Draft Transition Plan(s)	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Ongoing with each Iteration
		V2 2/2/2015	V2 3/5/2015			
		V3 12/11/2015	V3 1/15/2016			
		V4 7/30/2016	V4 8/28/2016			
		V5 1/16/2019	V5 2/15/2019			
For each iteration of the HCBS Setting Transition Plan, make at least two statements of public notice that include a description of on providing public comment and feedback	State will post public notice in Deseret News and Salt Lake Tribune. Upon request from CMS, the state will provide records of notices similar to the notices imbedded from the initial public notice 10/2014.	With Each Iteration	2/28/2019	Public Notice	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Ongoing with each Iteration
	State will distribute notice through multiple forums including email, listserv, online, and hard copies. In addition, the State will request that stakeholders who receive notice disseminate it throughout constituent communities through their individualized communication channels.	With Each Iteration	2/28/2019	Public Notice	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Ongoing with each Iteration

Action Item	Description	Proposed Start Date	Proposed End Date	Sources	Stakeholders	Progress/Status
Hold Transition Plan Meetings	State will hold a public meeting to discuss draft Transition Plan. State will publish notice on the Utah Public Notice Website: http://www.utah.gov/pm/sitemap/notice/237217.html	10/29/2014	10/29/2014	Draft Transition Plan	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Complete
	State will discuss draft Transition Plan at multiple stakeholder meetings to include but not limited to: Utah Indian Health Advisory Board, Medical Care Advisory Committee, Utah Developmental Disabilities Council, Disability Advisory Council, Utah Assisted Living Facility Association, Utah Health Care Association, Utah Association of Community Services Providers.	10/22/2014	12/1/2014	Draft Transition Plan	See Description Section	Complete
Accept Public Comment for Initial Draft	State will accept public comment via: Website: http://health.utah.gov/lc/hcbstransition OR Mail: Utah Department of Health Division of Medicaid and Health Financing Attn: HCBS TRANSITION PLANNING COMMENTS PO Box 143112 Salt Lake City, UT 84114-3112 OR Fax: 801-323-1588	10/22/2014	12/1/2014	Public Comments	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Complete
For each iteration of the HCBS Setting Transition Plan, Accept Public Comment	For a minimum 30-day comment period State will accept public comment via: Website: http://health.utah.gov/lc/hcbstransition OR Mail: Utah Department of Health Division of Medicaid and Health Financing Attn: HCBS TRANSITION PLANNING COMMENTS PO Box 143112 Salt Lake City, UT 84114-3112 OR Fax: 801-323-1588	With Each Iteration	2/28/2019	Public Comments	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Ongoing with each iteration
State will share assessment and remediation tools with stakeholders	To solicit additional stakeholder feedback, the State will share assessment and remediation tools with stakeholders as they are developed. Assessment and remediation tools will include those to evaluate both residential and non-residential settings. The State will provide the ability for stakeholders to provide feedback through the same mechanisms established for general Transition Plan feedback.	With Each Iteration of tool or document	6/30/2018	State Settings Transition Website	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Complete
Retain and Summarize Public Comment for all Transition Plan Iterations	State will: <ul style="list-style-type: none"> • Compile all public comments received during the public comment period • Carefully consider public comments and modify the Transition Plan as it deems appropriate • Provide to CMS, a summary of the public comments received and an explanation of whether comments resulted in modifications to the Transition Plan, including the rationale for the decision. 	V1 10/22/2014	V1 12/1/2014	Public Comments	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Ongoing with each iteration
		V2 2/2/2015	V2 3/5/2015			
		V3 12/11/2015	V3 1/15/2016			
		V4 7/30/2016	V4 8/28/2016			
		V5 1/16/2019	V5 2/15/2019			
Publish Transition Plan Iterations	State will publish all iterations of the Transition Plan and will include the rationale as changes are made.	10/22/2014	3/31/2019	Public Comments, CMS Approval	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Ongoing with each iteration

State will Provide CMS and Stakeholders with Quarterly Updates until Section 1. of the Transition Plan is Completed

Section 2. Assessment Process

Action Item	Description	Proposed Start Date	Proposed End Date	Sources	Stakeholders	Progress/ Status
Establish Transition Plan Workgroup	In addition to the general public input process, a Transition Plan Workgroup was created and will be comprised of HCBS stakeholders. The workgroup will meet periodically to review draft documents, including evaluation tools, interim reports and progress throughout the life-cycle of the transition planning and implementation process. The group will also work to disseminate information to a broader group of stakeholders and to assist constituencies to participate in public comment opportunities.	1/1/2015 First meeting scheduled on 2/25/15	When Transition Plan is Fully completed	N/A	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Ongoing
State will conduct a review of HCBS Waiver Sites of Services and will make preliminary categorization. State will report the results of the review as an attachment to the State's Transition Plan.	<p>State will identify the universe of current residential and non-residential providers and their corresponding sites of service for each of its seven HCBS waivers.</p> <p>The State identified the universe of current residential and non-residential providers and their corresponding sites of service for each of its eight 1915 (c) HCBS waivers. Utah does not provide long-term services and supports through HCBS programs under 1915 (i) or 1915 (k) Medicaid authorities, and therefore did not consider any additional provider sites of service for purposes of this review.</p> <p>Per CMS guidance, the State presumed the enrollee's private home or the relative's home in which an enrollee resides meet the requirements of HCB settings. In accordance with this guidance, the following services which are provided in the participant's own home were not assessed for Settings compliance using the self-assessment tools developed by the State: Home Health, Home Delivered Meals, In-Home Therapy, and Personal Care. Per CMS guidance, Respite settings did not require assessment for compliance with Settings requirements. The State will monitor compliance with the Rule in private home settings as a part of ongoing monitoring and compliance.</p> <p>Additionally, the State identified services as "presumed to be fully compliant" when the services were not related to settings and were direct services to the waiver participant. The following services were not reviewed against Settings requirements as they do not provide a setting for the participant as a part of service delivery: Financial Management Services, Medical Equipment Supply, Home and Vehicle Modifications, Support Coordination/Case Management, Transportation, and Emergency Response Services.</p> <p>All other HCBS settings identified in the Utah Medicaid 1915 (c) HCBS Waiver programs were determined to be either "not yet compliant" or "not compliant," and were assessed for full compliance with the Settings requirements using the self-assessment tools developed by the State. All settings that group two or more people together for the purpose of receiving Medicaid funded HCBS fell into this category and required a self-assessment.</p>	11/1/2014	2/2/2015	Review Enrolled HCBS Medicaid Providers/ Provider Types (MMIS)	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	<p>Complete</p> <p>See Preliminary Compliance Report</p> <p>See Self-Assessment Report</p>
Disseminate Provider Informational Letters	State sent an informational letter to residential and non-residential providers that described appropriate HCBS setting requirements, transition plan assessment steps that include State review and provider self-assessment(s). Letter described provider's ability to remediate issues to come into compliance within deadlines and that technical assistance will be available throughout the process.	2/1/2016	3/31/2016	Informational Letter Provider Letter HCBS Settings	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Complete
Complete Preliminary Categorization of Sites as Fully Compliant, Not Yet Compliant or Not Compliant	Using tools from the CMS HCBS Settings Review Toolkit, the State conducted a preliminary screening to categorize which settings are likely to be Fully Compliant, Not Yet Compliant or Not Compliant with HCBS characteristics.	2/9/2015	3/31/2015	Review Enrolled HCBS Medicaid Providers/Provider Types (MMIS)	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	<p>Complete</p> <p>See Preliminary Compliance Report</p>

Action Item	Description	Proposed Start Date	Proposed End Date	Sources	Stakeholders	Progress/ Status
Employ multiple processes to evaluate sites that are potentially Not Yet Compliant or Not Compliant with HCBS characteristics (This process will include determining sites that are presumed to have institutional like qualities).	<p>State has created Residential and Non-Residential Provider Self-Assessment Tools. The tools include questions to identify any sites that may be presumed to have institutional like qualities. Development was supported by Exploratory Questions to Assist States in Assessment of Residential Settings, as provided by CMS.</p> <p>The Self-Assessment Tools were released on November 23, 2015 for a 30 day public comment period. Public Comment was addressed and incorporated during the public comment period.</p>	5/1/2015	1/15/2016	Provider Self-Assessment Instructions & Tool (residential & non-residential)	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Complete
	<p>Once public comment was addressed and incorporated into the tools, the Department disseminated the tools to all residential and non-residential providers preliminarily categorized by the State as Not Yet Compliant or Not Compliant. Providers will be given 60 days to complete the tool and submit the results to the State for review.</p> <p>Those providers who were required to participate in the self-assessment process and failed to complete the tool within the required time frame were contacted via phone and email to encourage completion of the tool. Where necessary, the State placed a hold on all Medicaid payments for those providers who still did not complete a self-assessment despite State efforts to contact them. All payment holds were removed once the required self-assessments were received and documented by the State. Throughout the process, all (100%) of required provider settings submitted a self-assessment to the State for review.</p>	5/1/2016	7/8/2016	Provider completed Self-Assessments	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Complete See Self-Assessment Report
	<p>State reviewed and documented results from provider self-assessments. A state finding was recorded for each indicator in a self-assessment which either indicated non-compliance with the HCBS Settings Rule, or required additional information to sufficiently demonstrate compliance. Findings were recorded when evidence and analysis was not presented, evidence and analysis did not fully address the indicator, additional clarifying information was required to determine compliance or noncompliance, and for all indicators for which a Yes/No/NA response was not provided.</p>	7/1/2016	7/30/2018	Access Database	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Complete
	<p>The State validated 100% of the settings that were identified as requiring compliance with the Setting Rule.</p> <ul style="list-style-type: none"> • Desk Review. This validation process included the comparison of the provider self-assessment tool and evidence of compliance submitted by the provider. • Technical Assistance. If State employees conducting technical assistance identified non-compliance with the settings rule, education was provided and follow up and resolution measures were completed on a site by site evaluation by the State. • Consumer, guardian, and external stakeholder feedback. Feedback received via surveys, telephone, or the HCBSSettings@utah.gov email that is specific to a setting are entered into a database and all follow up and resolution measures are completed on a site by site evaluation by the State. • Ongoing monitoring. Any HCBS setting pulled for monitoring will be monitored for HCBS Setting Rule compliance. Follow up and resolution measures for any noncompliance areas will be completed on a site by site evaluation by the State. Case management, licensing & certification, and quality management review processes will include HCBS Setting Rule compliance monitoring. • Ongoing incident report monitoring. State staff review each submitted incident report for Settings Rule compliance. Follow up information including corrective action necessary on the part of the provider, is monitored by State staff. This information is collected and addressed on an ongoing basis but trends are monitored as well. • On-site validation reviews (stratified random sample). Residential and non-residential self-assessment results have been validated through on-site reviews. On-site reviews included observation along with interviews/surveys of participants and staff, and document and policy reviews. 	6/01/2017	12/31/2018	Provider Remediation Plans	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Complete See Self-Assessment Report

Action Item	Description	Proposed Start Date	Proposed End Date	Sources	Stakeholders	Progress/Status
<p>Employ multiple processes to evaluate sites that are potentially Not Yet Compliant or Not Compliant with HCBS characteristics (This process will include determining sites that are presumed to have institutional like qualities).</p>	<p>The State selected a statistically valid stratified random sample of settings for validation reviews where sample size required a 5% margin of error, 95% confidence level, and 50% response distribution using the following settings categories: Adult Day Care, Day Support Services, Residential Services, Supported Living, and Supported Employment. This sample was of sufficient size to ensure statistical validity of the information provided in the self-assessments.</p> <p>The State leveraged the Division of Services for People with Disabilities (DSPD) Community Based Services Reviewers for validation of DSPD settings (CSW and ABI Waivers). State employees performed validation visits and interviews for all other waiver programs. All validation reviewers are part of their respective Quality Assurance Teams and have experience in survey/data collection, auditing, and fieldwork. A training was provided to all validation reviewers including methods for direct observation, note-taking, and record review prior to conducting the site visits. Training also included a thorough review of both the residential and non-residential self-assessment tools and the validation survey tools.</p> <p>The site visits followed a standard process including brief introduction with setting administrators/staff, setting observation, request for supporting documentation if it had not already been submitted, interviewed participants and direct support staff using questions included in the tool to further validate responses provided by the setting, and an exit summary with administrators/staff.</p> <p>State employees conducting validation reviews required evidence to confirm all responses provided by the setting in the self-assessment tool. State employees conducting interviews made an effort to conduct a minimum of 5 participant and 5 direct support staff interviews at each setting; interviews were voluntary and conducted away from other setting staff and participants to ensure a conflict free process. If individuals who were not chosen by State employees wanted to provide feedback, they were interviewed as well. Individuals will also have the option to fill out a survey that will be located on our Settings website that ask the same questions as were asked in the validation interviews. Validation findings, including participant and staff interviews, requiring remediation were added to State findings and are incorporated into the Remediation Plan.</p> <p>It has come to the State's attention that some setting types presumed to be Not Compliant or Not Yet Compliant by the State in the Preliminary Compliance Report may in fact be fully compliant with HCBS Settings Rules. In the event that some setting types do not require remediation following the Self-Assessment, their compliance may be updated to Presumed to be Compliant, and a revised sample was drawn for on-site validation reviews.</p>	12/31/2018	3/31/2018	State leveraged existing contracting review staff and resources as a component of this process.	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Complete
	<p>The State compiled a formal report in which the Provider Self-Assessment results are summarized by setting type, to made available for a 30 day public comment period.</p> <p>The report includes the number of settings that are compliant, does not comply, but can with modifications, can be compliant with changes, requires an additional in-depth review, are not and cannot or chooses not to be compliant, and are presumed to have institutional qualities or characteristics that isolate but found to meet the qualities for being home and community-based and will be submitted to CMS for review, as well as a detailed explanation on how those determinations were made.</p>	6/01/2018	12/31/2018	Provider Self-Assessment Tools Validation Visits Consumer/Staff Interviews Desk Reviews Stakeholder Input	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Complete See Self-Assessment Report

Action Item	Description	Proposed Start Date	Proposed End Date	Sources	Stakeholders	Progress/Status
Employ multiple processes to evaluate sites that are potentially Not Yet Compliant or Not Compliant with HCBS characteristics (This process will include determining sites that are presumed to have institutional like qualities).	State will develop and modify evaluation tools used in contract, certification or licensing reviews of all residential and non-residential providers that are subject to the Settings Rule.	01/01/2019	5/15/2019	Modify and Develop State Evaluation Tools	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	In Progress
	State will begin utilizing modified evaluation tools in scheduled contract, certification or licensing reviews of all residential and non-residential HCBS providers that are subject to the Settings Rule on an ongoing basis.	6/01/2019	Ongoing	Results of State Modified Evaluation Tools	Providers, DMHF, DSPD, and DAAS	In Progress
Review State's standards, rules regulations and provider contracts	The State evaluated relevant standards, rules, regulations and provider contracts to determine need for modification to comply for federal settings regulations.	9/1/2015	7/1/2016	State Administrative Rules, Licensing Tools, Provider Input, Contracts, SIP's, Provider Manuals	Providers, DMHF, DHS, DSPD, and DAAS	Complete See Systemic Crosswalk
Notify Individual Providers of Assessment Findings	State presented each provider with assessment of their organizational HCBS setting as determined through State review, Provider Self-Assessment, and/or on-site validation visits. State Findings informed providers of which Settings Rule characteristics will require remediation, and the reason the State has come to this decision. For settings which have identified modifications of the Settings Rule, evidence will be required to ensure that restrictions are specific to the individual and are supported by an assessed and documented need.	1/01/2018	3/01/2018	Results of Provider Self-Assessment State Modified Evaluation Tools	DMHF, DHS, DSPD, and DAAS	Complete
Complete Final Categorization of Sites as Fully Compliant, Not Yet Compliant (including those requiring heightened scrutiny) or Not Compliant	State will identify residential and non-residential providers with sites of service that are Fully Compliant, Not Yet Compliant (including those requiring heightened scrutiny) or Not Compliant.	6/30/2018	6/30/2021	Results of Provider Self-Assessment State Modified Evaluation Tools	DMHF, DHS, DSPD, and DAAS	In Progress
State will Provide CMS and Stakeholders with Quarterly Updates until Section 2. of the Transition Plan is Completed						

Section 3. Remediation Strategies

Action Item	Description	Proposed Start Date	Proposed End Date	Sources	Stakeholders	Progress/ Status
Collaborate to Develop Provider Remediation Plan	<p>Following the receipt of findings from the State, the provider had 60 days to develop and submit a Remediation Plan in order to demonstrate how they will come into compliance or provide additional information to demonstrate current compliance. The State provided guidance within 60 days of the receipt of the Remediation Plans that do not fully demonstrate how compliance will be achieved.</p> <p>Providers were given the opportunity to remediate issues and come into compliance within timeframes agreed upon by the provider and the State.</p> <p>Based on individual provider Self-Assessment findings, the State, providers, and stakeholders will collaborate to:</p> <ul style="list-style-type: none"> • Determine the remediation plan for the individual provider, including timelines for completion. Provider remediation plans include what action is required to come into compliance, corrective action plan, start date, due date, date complete, and evidence for compliance. • The State will allow reasonable timeframes for significant infrastructure changes, but will require submission of routinely scheduled status reports to demonstrate ongoing progress toward remediation. For provider remediation plan approved timelines that are greater than one year (12 months), the State will require a status update every 6 months. All plans must be fully implemented by 6/30/2021. • For individual waiver clients, assure that any modification of conditions are supported by a specific assessed need and justified in the individual client’s person-centered service plan • The State will continue providing ongoing education and technical assistance to ensure that providers understand that reverse integration alone is not enough to be fully compliant with this requirement. • The State is tracking all provider remediation plan approved compliance timelines and will track when timelines have been met and setting status is changed to compliant. For Remediation Plans that required a Corrective Action Plan (CAP) to come into compliance, the State will verify the CAPs have been completed. <ol style="list-style-type: none"> 1. For CAPs that required policy, procedural, or training modifications, the State will conduct a desk review of modified documents. 2. For CAPs that required physical setting modification, the State will conduct a desk review of proof of modified settings (e.g. pictures, blueprints). 3. For CAPs that require programming modifications, the State will conduct a combination of a desk and onsite review of the settings. 	1/01/2018	6/30/2021	Provider Remediation Plans	Providers, DMHF, DHS, DSPD, and DAAS	In Progress
Provider Remediation Activities (Workgroup)	<p>The Settings Transition Workgroup has supplied recommendations to the State for the evaluation of Provider Remediation Plans to ensure the plans meet HCBS regulations. The workgroup has provided critical insight as the State determines if providers have submitted satisfactory Remediation Plans. The Self-Assessment Report reports the work completed by the Stakeholder Workgroup.</p> <p>In order to communicate the recommendations of the State and the Settings Transition Workgroup, the State has supplied each provider with a response detailing the findings and the areas that they must change to come into compliance with the regulations.</p> <p>The State has provided guidance for Provider Remediation Plans that do not fully demonstrate how compliance will be achieved. These responses will be issued within 60 calendar days of the receipt of the initial Provider Remediation Plan.</p>	1/01/2018	12/31/2018	Provider Remediation Plans	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	<p>Complete</p> <p>See Self-Assessment Report</p>

Action Item	Description	Proposed Start Date	Proposed End Date	Sources	Stakeholders	Progress/ Status
Provider Remediation Activities	Each provider has 30 calendar days to provide the State with additional information rebutting the response. This submission will trigger a review process through which the Workgroup/State will make a determination on the areas that must be remediated. The State will then send the provider a response detailing the decision and identify changes that must be addressed in the provider's Remediation Plan. Providers will have 30 calendar days to respond to identified areas that must be addressed. The Workgroup/State will respond within 30 calendar days. This process will continue until the State accepts the Provider Remediation Plan and associated corrective action timelines. All providers must submit their Final Remediation Plan no later than March 2019.	1/01/2018	3/31/2019	Provider Remediation Plans	Providers, DMHF, DHS, DSPD, and DAAS	In Progress
	<p>For providers/settings needing assistance to come into compliance the State will:</p> <ul style="list-style-type: none"> Facilitate focus groups composed of stakeholders to talk through specific issues and problem-solve how to achieve compliance together. Participation will be voluntary and can include individuals and family members who may aid in the problem-solving process. Provide technical assistance at the request of the provider. Provide information on the HCBS website to guide providers in making the necessary changes. Specifically for ABI and CSW Waiver providers, the State (DSPD) will offer provider transformation technical assistance (approximately \$10,000 worth of technical assistance for each provider). Participation will be voluntary. Training and technical support to traditional adult day care and day support services programs will be provided to improve the quality of those programs and to help these providers plan for future business models that support community integration and compliance. <p>The State will provide training and education to ensure continued movement towards compliance:</p> <ul style="list-style-type: none"> Education and awareness of the Settings Rule Provider remediation plan process and requirements Education on the State's progress towards compliance Requirements for settings to be integrated in and support full access of individuals to the greater community Multiple training opportunities for providers, consumers, and other stakeholders to discuss reoccurring themes in provider-initiated technical assistance, self-assessment characteristics identified with a high percentage of settings requiring action, and workgroup and focus group outcomes <p>The State will ensure that sites are making progress toward compliance through service delivery system staff which will include Support Coordinators and Case Managers, and contract review staff.</p>	2/1/2016	6/30/2021	Transition Website Training Documents	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	In Progress
	<p>The public may provide ongoing feedback:</p> <ul style="list-style-type: none"> Through the State's HCBS Transition website which accepts public comments by fax or by written correspondence with the State. Individuals receiving Waiver HCBS services or their guardian or authorized representative will have the opportunity to complete the Medicaid HCBS Consumer Survey providing feedback on the setting(s) they receive services in. Through an email dedicated to the Settings Rule Transition. Feedback, general questions, a request for technical assistance, or any other settings related inquiry can be submitted to HCBSSettings@utah.gov. <p>All feedback received that is setting specific will be added to provider remediation plans and providers will be given the opportunity to rectify any discrepancies. Non-setting specific feedback will be used to inform the State's training, capacity building, and technical assistance focus.</p>	2/1/2016	6/30/2021	Transition Website Training Documents	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	In Progress

Action Item	Description	Proposed Start Date	Proposed End Date	Sources	Stakeholders	Progress/ Status
Provider Remediation Activities: Settings Requiring an Additional In-depth Review	<p>In order to identify settings for which an additional in-depth review should be applied, the State incorporated questions regarding the presumption of institutional characteristics into the provider self-assessment tool. These indicators focus directly on the presumed characteristics of an institution as outlined in the Rule:</p> <ol style="list-style-type: none"> 1. The setting is NOT located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment (a NF, IMD, ICF/IID, hospital). 2. The setting is NOT located in a building on the grounds of, or immediately adjacent to, a public institution. 3. The setting is NOT located in a gated/secured 'community' for people with disabilities. 4. The setting is located among other residential buildings, private businesses, retail businesses, restaurants, etc. that facilitates integration with the greater community. <p>A Self-Assessment and/or Validation response to any of the above indicators that denotes non-compliance will require that the State pull the setting for an additional in-depth review. Additionally, any setting determined to have the effect of isolating individuals receiving HCBS from the broader community were identified by State employees trained on CMS' guidance for <i>Settings that Isolate</i> during self-assessment review, technical assistance provided, and validation site visits will require the State pull the setting for an additional in-depth review. Stakeholder, including advocacy entities, feedback was utilized to add settings for an additional in-depth review.</p>	5/01/2019	10/31/2019	Review Tools	DMHF, DHS, DSPD, and DAAS	Not Yet Started
	To assist providers in establishing documentation that they have the qualities of a home and community based setting, State staff will notify providers that they will be participating in an additional review process that may result in undergoing heightened scrutiny and will develop tools for on-site visits and the additional review process.	12/01/2018	3/31/2019	Review Tools	DMHF, DHS, DSPD, and DAAS	In Progress
	<p>The in-depth review process utilized by the State will require a comprehensive review of the setting which may include:</p> <ol style="list-style-type: none"> A. A review of person-centered plans that include modifications or restrictions for individuals receiving services in the setting B. Interviews with service recipients and/or family members/participant representatives C. A secondary review of policies, training, incident reports, and other applicable service related documents D. Additional focused review of the setting's proposed Remediation Plan, including how each of the above is expected to be impacted as the plan is implemented. E. Settings may be asked for additional information to document the HCBS nature of the setting and how the setting is integrated into the greater community. F. An on-site visit and assessment of the physical location and practices of the setting. The site visit will include a significant amount of time that is observational in nature. 	5/01/2019	10/31/2019	Review Tools	DMHF, DHS, DSPD, and DAAS	Not Yet Started See Self-Assessment Report
	<p>Based on the accumulation of these findings (presented with identifying information removed from the documentation), the Settings Transition Workgroup will make an initial determination on which settings fall into the following categories:</p> <ol style="list-style-type: none"> 1. Those settings found to be in compliance with these indicators will be presumed <i>not</i> to be institutional. 2. Following this review, those settings still presumed to be institutional in nature but found to meet the qualities for being home and community-based will complete the Heightened Scrutiny review process. 3. Those settings still presumed to be institutional in nature and are not found to meet the qualities for being home and community-based will complete the Heightened Scrutiny review process. 	7/01/2019	11/30/2019	Review Tools	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Not Yet Started

Action Item	Description	Proposed Start Date	Proposed End Date	Sources	Stakeholders	Progress/ Status
Heightened Scrutiny Review	<p>All settings still presumed to be institutional in nature (categories 2 & 3 above) will continue on to the Heightened Scrutiny process.</p> <p>An Evidence Summary Packet including the following will summarize and include (as appropriate):</p> <p>A. Description of how a setting overcomes its presumed institutional qualities will focus on the qualities of the setting and how it is integrated in and supports full access of all individuals receiving HCBS into the greater community. This may include the following:</p> <ul style="list-style-type: none"> a. Description of the proximity and to and scope of interactions with community settings used by individuals no receiving Medicaid funded HCBS. b. Provider qualifications for staff employed in the setting that indicate training or certification in HCBS, and that demonstrate the staff is trained specifically for HCBS support in a manner consistent with HCBS settings regulations. c. Policy and/or procedures in place by the setting that indicate support for activities in the greater community according to the individual’s preferences and interests, staff training materials that speak of the need to support individuals chosen activities, and a discussion of how schedules are varied according to the typical flow of the local community (appropriate for weather, holidays, sports seasons, faith-based observations, cultural celebrations, employment, etc.) d. Description of the proximity to avenues of available public transportation or an explanation of how transportation is provided where public transportation is limited. e. The setting is integrated in the community to the extent that a person without disabilities in the same community would consider it a part of the their community and would not associate the setting with the provision of services to persons with disabilities. f. The individual(s) participates regularly in typical community life activities outside of the setting to the extent the individual desires. Such activities do not include only those organized by the provider agency specifically for a group of individuals with disabilities and/or involving only paid staff; community activities should foster relationships with community members unaffiliated with the setting. g. Services to the individual, and activities in which the individual participates, are engaged with the broader community. h. Specifically for settings that are located on the grounds of or immediately adjacent to a public institution, documentation showing that the HCBS setting is not operationally interrelated with the institutional setting, such as: <ul style="list-style-type: none"> i. Interconnectedness between the institution and the setting, including administrative or financial interconnectedness, in question does not exist or is minimal ii. To the extent any institutional staff are assigned occasionally or on a limited basis to support or back up the HCBS staff, the institutional staff are cross trained to meet the same qualifications as the HCBS staff iii. Participants in the setting in question do not have to rely primarily on transportation or services provided by the institutional setting, to the exclusion of other options. <p>B. Summary of surveys and interviews of participants, staff, stakeholders, and public input that can be linked to the setting for which evidence of being submitted</p> <p>C. Diagrams, maps, pictures of the site and other demonstrable evidence (taking into consideration the individual’s right to privacy)</p> <p>D. Remediation and/or Transition Plan (for providers continuing working towards compliance)</p> <p>E. Any additional information submitted by providers</p>	11/1/2018	12/31/2019	Provider Self-Assessment Tools, Validation Visit Results, PCSP’s, Interviews, Provider Policies/Training, Provider Remediation Plan Heightened Scrutiny	DMHF, DHS, DSPD, DAAS, HCBS Providers and Participants	Not Yet Started

Action Item	Description	Proposed Start Date	Proposed End Date	Sources	Stakeholders	Progress/Status
Heightened Scrutiny Review	<p>By the end of 2019, the State will compile a list of providers that document compliance with the regulations for HCBS settings and a list of providers that document non-compliance. Public input will be incorporated into the State’s review process. Public notice will list affected settings by name and location (as appropriate), identify the number of individuals served in each setting, include all justifications as to why the setting is home and community based (this will include any reviewer reports, interview summaries, etc.), and provide the public an opportunity to comment. A participant experience survey will be an additional way to provide input on settings.</p>	9/1/2019	12/31/2019	Evidence Summary Packets	DMHF, DHS, DSPD, DAAS, HCBS Providers and Participants	Not Yet Started
	<p>Once public input is compiled and added to the Evidence Summary Packet, the Settings Transition Workgroup will determine if they think the evidence package overcomes or will overcome with the modifications outlined, the presumption of not being home and community based and if a setting does not overcome the presumption, why it does not. The determining factors for deciding if a setting is ready for CMS review include:</p> <ol style="list-style-type: none"> 1. Consensus among Settings Transition Workgroup 2. Evidence of integration for all individuals in the setting 3. Evidence of individual choice and autonomy <p>Evidence of how a setting overcomes its presumed institutional qualities will focus on the qualities of the setting and how it is integrated in and supports full access of individuals receiving HCBS into the greater community, not on the aspects and/or severity of the disabilities of the individuals served in the setting.</p> <p>The Settings Transition Workgroup may identify areas in the Evidence Summary Packet that should be strengthened or verified before submission to CMS. The setting and workgroup recommendation are reviewed by State staff and a recommendation will be made to leadership as to whether a setting is ready to be submitted to CMS or if additional outreach is required.</p>	01/01/2020	03/31/2020	Evidence Summary Packets	DMHF, DHS, DSPD, DAAS, HCBS Providers and Participants	Not Yet Started
	<p>The State has decided to begin the staggered submission process with a small group of settings that represent a variety of types of providers, locations of settings, and participants served. Only settings that are determined to overcome the presumption of being institutional will be submitted to CMS. A smaller first submission would be helpful in having an understanding of the submission and review process. The State expects to begin submitting heightened-scrutiny evidentiary packets for settings to CMS by April 2020. CMS will evaluate information presented by the State and input from the public to determine whether or not the setting may be included in HCBS programs.</p> <p>For settings still presumed to be institutional in nature and are not found to meet the qualities for being home and community-based, (due to the extension of the HCBS deadline) the State will provide additional time for settings to submit a revised plan to come into compliance. Reassessment of these settings will be completed no later than December 2020.</p>	4/01/2020	8/31/2020	Evidence Summary Packets	DMHF, DHS, DSPD, DAAS, HCBS Providers and Participants	Not Yet Started
	<p>Those determined not to be home and community based after heightened scrutiny is conducted by CMS, the State will proceed with dis-enrolling settings (providers) and transitioning beneficiaries affected. The State anticipates transitioning beneficiaries from non-compliant settings between June to December 2021.</p> <p>The State will send a formal notification letter to the Operating Agency that outlines the specific reasons for settings that must be transitioned and the due process procedure and timeline available to the person and if applicable his/her guardian/representative no less than 45 days prior to the transition. The Operating Agency will then send the current provider of service and the participant and/or representative/guardian a formal notification letter indicating the intent to transition the person supported no less than 30 days prior to the transition. The Operating Agency will be responsible to inform and transition individuals to compliant settings or to ensure participants understand that the receipt of continued services in these settings will not be funded by HCBS.</p>	6/01/2021	12/31/2021	Notification Letter	DMHF, DHS, DSPD, DAAS, HCBS Providers and Participants	Not Yet Started

Action Item	Description	Proposed Start Date	Proposed End Date	Sources	Stakeholders	Progress/Status
Track Provider Status	State has created a system to track provider progress toward, and completion of, individual remediation plans, additional review process, heightened scrutiny process, and any status updates. System has the ability to show compliance by waiver and for all HCBS waiver programs.	4/1/2016	3/17/2022	Access Database	DMHF, DHS, DSPD, and DAAS	In Progress
Inform and Transition Individuals to Compliant Settings or Settings not Funded by HCBS	<p>State will send a formal notification letter to the Operating Agency that outlines the specific reasons for settings that must be transitioned and the due process procedure and timeline available to the person and if applicable his/her guardian/representative no less than 45 days prior to the transition. The Operating Agency will then send the current provider of service and the participant and/or representative/guardian a formal notification letter indicating the intent to transition the person supported no less than 30 days prior to the transition. The Operating Agency will be responsible to inform and transition individuals to compliant settings or to ensure participants understand that the receipt of continued services in these settings will not be funded by HCBS.</p> <p>State assures that it will provide reasonable notice and due process to any participant that needs to transition to another setting. Through the person-centered planning process the Support Coordinator or Case Manager will ensure that the participant is provided information about alternative settings that comply with HCBS settings requirements and allow them to make an informed choice of an alternative setting. The Support Coordinator or Case Manager will ensure that all services are in place in advance of a participant's transition and will monitor the transition to ensure successful placement and continuity of services. Contracted entities will provide the State with transition updates.</p> <p>While Support Coordinators and Case Managers will provide information on options and encourage participants to transition to a setting that complies with the HCBS settings requirements, some participants may choose to remain in their current setting and either disenroll from the waiver program or continue to receive services without HCBS funding.</p>	6/1/2021	2/28/2022	Notification Letter	DMHF, DHS, DSPD, DAAS, HCBS Providers and Participants	Not Yet Started
Provider Disenrollments	State will disenroll providers that have failed to implement the individual Provider Remediation Plan or those determined through the Heightened Scrutiny process to have institutional like qualities that cannot be remediated.	1/1/2018	3/17/2022	n/a	DMHF, DSPD, and DAAS	In Progress
Ongoing Monitoring	<p>Once overall compliance is achieved, strategies to ensure ongoing compliance for all residential and non-residential providers will include:</p> <ul style="list-style-type: none"> • Conducting periodic Participant Experience Surveys; • Building questions from the HCBS Settings Rule into annual service planning processes; • Settings policy guidance as defined by provider manuals and State Implementation Plans; • Ongoing provider certification that they have received information about and understand the HCBS Setting Requirements <p>Utah's existing quality assurance system will include ongoing HCBS setting compliance monitoring to ensure that settings continue to comply with the HCBS Setting Rule.</p> <p>The State will continue to engage Stakeholders to evaluate progress, identify areas of concern, and propose solutions.</p>	3/2015	Ongoing	Surveys Provider Manuals State Implementation Plans Provider Certification	HCBS Clients, Advocates, Providers, DHS, DMHF, DSPD, and DAAS	In Progress

Action Item	Description	Proposed Start Date	Proposed End Date	Sources	Stakeholders	Progress/Status
Ongoing Monitoring	<p>Conducting Surveys</p> <p>The Utah Department of Health and the Utah Department of Human Services are participating in the National Core Indicators (NCI) and the National Core Indicators- Aging and Disabilities (NCI-AD) project. Surveys will be conducted annually for a random sample size. NCI and NCI-AD is a voluntary effort by State Medicaid, aging, and disability agencies to measure and track their state's performance. The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including service planning, rights, community inclusion, choice, health and care coordination, safety and relationships. The State will use the information collected to improve the services provided to Utahns who are aging or have disabilities to include using the aggregate information collected to improve the technical assistance, training, and capacity building provided to Providers/settings.</p> <p>Individuals receiving Waiver HCBS services or their guardian or authorized representative have the opportunity to complete the Medicaid HCBS Settings Consumer Survey providing feedback on the settings they receive services in. All other stakeholders have the opportunity to complete the Medicaid HCBS Setting Feedback (non-consumer) survey providing feedback on HCBS settings. The links to the surveys are posted on the Utah HCBS Waiver Programs Settings page. Feedback that can be attributed to a specific setting will be addressed at the setting level through the quality management process. The State will use the aggregate information collected to improve the technical assistance, training, and capacity building provided to Providers/settings.</p> <p>Existing Participant Experience Surveys for DSPD HCBS Waivers will be updated to include questions pertaining specifically to the Settings Rule (to be included in FY 2020 surveys). For HCBS Waivers without an existing Participant Experience Survey, a survey will be created to include questions pertaining specifically to the Settings Rule. Surveys will be conducted a minimum of annually for a random sample size. Each HCBS Waiver will address setting specific trends from the Participant Experience Surveys with the Provider/setting and address aggregate trends through training and capacity building.</p>	1/2018	Ongoing	NCI and NCI-AD surveys, Medicaid HCBS Settings Consumer Survey, Medicaid HCBS Setting Feedback (non-consumer) survey, Participant Experience Surveys	DMHF, DHS, DSPD, and DAAS	In Progress
	<p>Building questions from the HCBS Settings Rule into annual service planning processes:</p> <p>The State piloted an Addendum to the care planning process for the New Choices Waiver beginning July 1, 2015. The State evaluated the pilot and made the required modifications. Similar process implemented for the Aging Waiver beginning October, 2018.</p> <p>ABI and CSW waiver has initiated a PCSP workgroup in October 2018 to revise the PCSP process and software system (U-Steps).</p>	7/1/2015	1/2020	PCSP documents for each HCBS Waiver	DMHF, DHS, DSPD, and DAAS	In Progress
	<p>Settings policy guidance as defined by provider manuals and State Implementation Plans:</p> <p>HCBS provider agreements/manuals/contracts will be updated to include requirements for ongoing compliance and initial enrollment. State Implementation Plans will be updated as amendments/renewals are processed.</p>	11/2016	3/2020	Provider Agreements, manuals, contracts, State Implementation Plans	DMHF, DHS, DSPD, and DAAS	In Progress

Action Item	Description	Proposed Start Date	Proposed End Date	Sources	Stakeholders	Progress/ Status
Ongoing Monitoring	<p>Ongoing provider certification that they have received information about and understand the HCBS Setting Requirements:</p> <p>New Providers and existing HCBS providers with new settings:</p> <p>State will modify HCBS Waiver provider enrollment documents for all residential and non-residential providers to supply education and confirm compliance with HCBS setting requirements prior to enrolling new Medicaid providers. Providers will be required to certify that they have received information about and understand the HCBS setting requirements.</p> <p>The State has developed an Attestation form for new residential and non-residential HCBS providers and existing HCBS providers with new settings which states they will adhere to all requirements of the Settings Rule. Providers are required to certify that they have received information about and understand the HCBS setting requirements. This has been incorporated into the Provider Enrollment process for all waiver programs.</p> <p>Providers may reach out to Operating Agency and State staff for guidance on the application of the rule. Indicators adapted from the Exploratory Questions to Assist States in Assessment of HCBS Settings are included with each characteristic in the Attestation document.</p> <p>Ongoing HCBS settings:</p> <p>During State provided training sessions, providers will receive training/materials regarding the Settings Rule.</p> <p>The State will include education and ongoing monitoring of reverse integration. Providers cannot comply with the HCBS settings criteria by bringing individuals without disabilities from the community into the setting; compliance requires a plan to integrate individuals into the broader community.</p>	7/1/2016	Ongoing	Attestation Form	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	Ongoing
	<p>Utah's existing quality assurance system will include ongoing monitoring to ensure the settings continue to comply with the HCBS Settings Rule.</p> <p>Ongoing incident report monitoring: State staff review each submitted level one incident report for Settings Rule compliance. Follow up information including corrective action necessary on the part of the provider, is monitored by State staff. This information is collected and addressed on an ongoing basis and trends are monitored as well.</p> <p>Case Coordinator monitoring: The State will provide training to Case Coordinators so they can ensure settings continue to comply with the Settings Rule. Ongoing settings monitoring is required for all settings including those settings that were determined as "presumed compliant" in the self-assessment process. Frequency and documentation of monitoring conducted by case coordinators will be determined prior to implementation no later than July 2020.</p> <p>Licensing: For all HCBS settings that require licensing currently, the State will provide training on the HCBS Settings Rule. If licensing encounters a settings compliance issue, they will report their concern. Documentation and reporting by licensing will be determined prior to implementation no later than July 2020.</p> <p>(Continued on next page)</p>	9/2018	Ongoing	Review tools	DMHF, DHS, DSPD, and DAAS	In Progress

Action Item	Description	Proposed Start Date	Proposed End Date	Sources	Stakeholders	Progress/Status
Ongoing Monitoring	HCBS Waiver Reviews: The State will provide training and work with review staff for each HCBS Waiver to ensure all current monitoring tools used to review providers/settings will be revised to include settings rule requirements. Ongoing settings monitoring is required for those settings that were determined as “presumed compliant” in the self-assessment process. Reviews will be conducted annually for a random sample size. Current schedule and random sample size for each HCBS Waiver is being reviewed to determine if changes to current structure will be implemented. Revised tools and process will be implemented no later than July 2020.					
State Remediation Activities	The State will evaluate HCBS Waiver rate reimbursements and service codes to determine need for modification to comply with federal settings regulations. The State is researching restructuring reimbursement to incentivize best practice standards.	1/1/2018	7/2019	Provider Agreements, manuals, contracts	DMHF, DHS, DSPD, and DAAS	In Progress
	The State will continue to facilitate individual choice regarding services and supports, and who provides them. This occurs through education provided to individuals and their circle of support upon entry to an HCBS Waiver program, it is documented on the Freedom of Choice Provider forms, and discussed during the Person-Centered Planning process.	3/2015	3/2022	Freedom of Choice forms PCSP	HCBS Clients, Advocates, Providers, DMHF, DHS, DSPD, and DAAS	In Progress
	The State will provide ongoing training and education in this area to ensure continued movement towards compliance.					
State will Provide CMS and Stakeholders with Quarterly Updates until Section 3. of the Transition Plan is Completed						