



# Washington State Transition Plan for New HCBS Rules

December 11, 2014  
(With DRW Comments and Proposed Edits)

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**Commented [DRW1]:** This December 11, 2014 draft does not include the additional settings analyzed in the January 6, 2015 update. DRW does not have any comments on the additional settings.

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## **Introduction-Purpose**

The Washington State Health Care Authority (HCA), the Department of Social and Health Services (DSHS) Aging and Long-Term Support Administration (ALTSA), and the Developmental Disabilities Administration (DDA) submit this proposed transition plan in accordance with the requirements set forth in the Centers for Medicare and Medicaid Services new requirements for Home and Community-based Services (HCBS Final Rule 42 CFR Parts 430, 431, 435, 436, 441 and 447) that became effective March 17, 2014. Washington State fully supports the intent of the HCBS setting rules. Washington State has long been an advocate for providing services to clients in the most integrated home and community-based settings, and is a leader in providing clients with choices regarding the settings in which long-term services and supports are provided.

## **Overview of Washington's HCBS System**

### Aging and Long-Term Support Administration--Overview

The DSHS Aging and Long-Term Support Administration (ALTSA) mission is to transform lives by promoting choice, independence and safety through innovative services. ALTSA's Medicaid HCBS waiver programs are:

- The Community Options Program Entry System (1915(c) waiver)—serving over 36,000 individuals.
- The New Freedom HCBS (1915(c) waiver)—serving about 640 individuals.
- The Residential Support Waiver (1915(c) waiver)—this waiver was recently approved by the Centers for Medicare and Medicaid Services and is intended to serve about 70 individuals.

In addition to the Medicaid HCBS waiver programs, ALTSA also offers these state plan programs:

- Medicaid Personal Care—serving over 16,000 individuals.
- Managed Care PACE—serving over 500 individuals.
- Private Duty Nursing—serving about 100 individuals.

ALTSA also administers the Roads to Community Living (Money Follows the Person) federally -funded program—serving over 1100 individuals.

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AL TSA offers services that empower individuals to remain independent and supported in the setting of their choice. This is accomplished through the development of person -centered care plans that reflect individual choices and preferences.

AL TSA offers a variety of services that support people in the community, including:

- Personal care and supportive services for about 54,400 individuals living in their own homes, adult family homes and assisted living settings.
- Assistance with skilled nursing needs available in all settings.
- Assistance with movement from nursing homes to independent living and community residential settings.
- Information and assistance regarding services available in-home, in adult family homes, assisted living facilities, and nursing homes, including options counseling for individuals regardless of income.
- Locally-designed programs focused on the needs of adults who are older.
- The Stanford University Chronic Disease Self-Management Education Programs and other evidence-based health promotion programs.
- Care coordination for foster children to support improved health outcomes for children and their families.
- Protection of safety, rights, security and well-being of people in all settings, including licensed or certified care settings
- Protection of vulnerable adults from abuse, neglect, abandonment, and exploitation.

AL TSA's strategies are driven by several bedrock principles. Staff are essential in carrying out these core principles and are one of the primary reasons the state's long-term care system is ranked as one of the best in the nation.

We believe the individuals we support:

- Should have the central role in making decisions about their daily lives.
- Will choose supports that promote health, independence, community integration, and self-determination.
- Succeed best when support is person-centered and recognizes that their needs are interrelated.

We believe families and friends of the people we support:

- Are an essential reason many people can live successfully in their own homes and communities.
- Can realize a positive difference in their lives, and the lives of their loved one, with even a small investment in support.
- Act as advocates for quality support and services in the best interest of their family member or friend.

**Commented [DRW2]:** Please clarify how this section relates to the information above. Are these services in addition to the waiver, SP and RCL services listed previously? Are there 54,400 more individuals than the individuals counted above receiving these additional services? Or are these a general description of all those services?

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We believe the system of services administered by ALTSA must be:

- Accountable for outcomes and costs.
- Informed by evidence of effectiveness.
- Responsive to changing needs.
- Sustainable over time and within realistic resource estimates.
- Collaborative with service recipients, families, communities, providers, partners, and other stakeholders.
- Accessible to individuals who are Limited English Proficient or have a communication barrier due to a disability.
- Able to keep people free from abuse and neglect, and support shared responsibility with individuals, families, providers, advocates and communities to prevent or respond to abuse and abusers.

Operationalizing these strategies has allowed Washington State to be a national leader in rebalancing the funding for our service delivery system from institutional to home and community-based settings with 84% of Medicaid clients receiving services in their own homes and community residential settings. In fact, AARP released its 2014 scorecard of states' long-term care systems in which Washington State was ranked second in the nation in terms of long-term services and supports for older adults, people with physical disabilities, and family caregivers.

Developmental Disabilities Administration--Overview

The DSHS Developmental Disabilities Administration mission is to transform lives by creating partnerships that empower people. DDA's Medicaid HCBS waiver programs are:

- CORE (1915(c) waiver)--serving about 4500 individuals.
- Basic Plus (1915(c) waiver)--serving about 7800 individuals.
- Children's Intensive In-Home Behavioral Supports (CIIBS) (1915(c) waiver)—serving about 100 individuals.
- Community Protection (1915(c) waiver)--serving about 430 individuals.

DDA administers programs that are designed to assist individuals with developmental disabilities and their families to obtain services and supports based on individual preferences, capabilities and needs.

**Commented [DRW3]:** Although Washington was ranked number 2 overall by AARP, it was ranked number 19 on the "Quality of Life and Quality of Care" dimension. See p. 77 of AARP 2014 Report, "Raising Expectations" available online at [http://www.aarp.org/content/dam/aarp/research/public\\_policy\\_institute/ltc/2014/raising-expectations-2014-AARP-ppi-ltc.pdf](http://www.aarp.org/content/dam/aarp/research/public_policy_institute/ltc/2014/raising-expectations-2014-AARP-ppi-ltc.pdf). In determining whether practices and policies comply with the new HCBS requirements, we recommend that Washington consider its AARP scorecard ranking for "Quality of Life and Quality of Care," which goes more to how well the services are providing for an integrated experience as opposed to how services are funded. While Washington has rebalanced funding for home and community based services, as described in comments below, we believe that policies and practices should be improved to ensure the quality of life and care envisioned for HCBS services.

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DDA also administers the Roads to Community Living (Money Follows the Person) federally -funded program.

DDA strives to develop and implement public policies that promote individual worth, self-respect, dignity, and power of choice; healthy safe and fulfilling lives; and supports that meet the individual's needs during the person's life span.

DDA offers the following supports and services:

- Case management for everyone receiving services. Over 24,000 individuals receive services from DDA annually.
- Individual and family services that are offered in the family home to meet respite and other critical needs such as therapies, minor home modifications, etc. This state-only funded program serves over 1979 individuals and their families.
- State supplementary payment program offered in the family home provides cash payments in lieu of individual and family services and serves over 1500 individuals.
- Employment and community access services to increase the independence, self-respect and dignity of individuals with developmental disabilities. DDA currently provides employment and day supports to 9500 individuals.
- Residential Services that include community homes for children and adults as well as residential habilitation centers. DDA currently provides residential supports to 7940 individuals who live in their own homes, adult family homes, licensed staff residential, group homes, companion homes, or state operated living alternatives.
- Medicaid/Waiver personal care services provide in-home assistance with activities of daily living. Over 12,000 individuals receive Medicaid/Waiver personal care services through DDA.

**Commented [DRW4]:** Same comment as above requesting clarification about how this description relates to the services described above.

**Provider Types used by AL TSA and DDA**

Individuals on Medicaid may receive HCBS services in their own home or from a residential provider. In-home service providers include individual providers, home care agency providers, and DDA supported living providers. Residential providers include adult residential services, enhanced residential services, assisted living facilities and adult family homes, DDA group homes, group training homes, staffed residential, companion homes and group care facilities.

**Oversight of AL TSA and DDA Providers**

DSHS licenses Adult Family Homes and Assisted Living Facilities, and certifies supported living and group home providers, according to state laws (Revised Code of Washington, RCW) and Washington Administrative Code (WAC). The Department's Residential Care Services Division (RCS) conducts

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unannounced inspections at least every 18 months and at least every two years for supported living and DDA group homes, complaint investigations and monitoring visits to determine if homes are in compliance with laws, regulations, and contract requirements. The provider must promote the health, safety, and well-being of each resident living in each licensed or certified setting.

The licensing and certification processes include monitoring of the following:

- Criminal background checks on all providers, staff, volunteer caregivers, and anyone who will have unsupervised access to residents;
- National fingerprint-based background checks on all providers, entity representatives, resident managers, and caregivers hired after January 1, 2012;
- Financial assessments;
- Complaints received by either DSHS or Department of Health;
- The Department's abuse registry;
- Ensuring completion of the Department-approved orientation for AFH providers and administrator training for AFH administrators;
- Ensuring that the provider/caregivers have completed specific training requirements; and
- On-site inspections to ensure homes meet all licensing and certification requirements.

Outcomes of the licensing/certification processes include enforcement actions taken on non-compliant providers (such as plans of correction, shortened timelines for certification, fines, and certification/license revocation). In addition, system issues are addressed through training of providers, revision of laws and rules, and strengthening of licensing requirements. This information is used by the RCS Management Team, HCS Management Team, DDA Management team and an ALTA-wide executive management committee.

DSHS -contracted evaluators conduct annual inspections of adult day service centers and companion homes to ensure that they are complying with state laws and regulations.

Children's Administration's Division of Licensed Resources (DLR) conducts inspections of staffed residential, child foster homes, and children's group care facilities at least every three years. DLR is also responsible for complaint investigations along with Child Protective Services (CPS).

**Commented [DRW5]:** This section does not describe how the state evaluates county contracted day services such as supported employment and community access. Our comments to Appendix A describe significant concerns about state oversight of Group supported employment services given the widespread worker rights violations DRW recently discovered through its monitoring and review of state data. DRW has found no evidence that DSHS has ever reviewed protection of worker rights or required its contractors to ensure state wage and hour compliance.



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## **Public Input Process**

### **Notices to Providers**

The new HCBS requirements apply to the HCBS waiver programs described in the Introduction-Purpose. AL TSA and DDA notified providers in writing about the new HCBS requirements. The notices are posted [here](#).

- Letter to Stakeholders Announcing the Changes (January 13, 2014)
- Letter to Pre-vocational providers (November 6, 2014)
- Letter to Group Training Homes (November 6, 2014)
- Notice to Assisted Living Administrators about Resident Interviews regarding new HCBS rules (May 22, 2014)
- Notice to Assisted Living Facility Administrators and Interested Parties regarding New HCBS Rules Web Page (September 29, 2014)
- Notice to Adult Family Home Providers and Interested Parties regarding New HCBS Rules Web Page (September 29, 2014)

Stakeholder comments about the transition plan were solicited through the methods described below. Stakeholder comments were provided through a variety of methods including e-mail, telephone, letter, in-person meetings, via conferences and webinars, and the internet site.

### **Stakeholder and Tribal Meetings/Presentations**

- Provided statewide informational webinars on May 30, 2014 and November 5, 2014.
- Conducted five meetings with AL TSA stakeholders and advocates.
- Conducted six meetings with Developmental Disabilities Administration (DDA) stakeholders and advocates.
- Letter to DDA Stakeholders for [public feedback meeting](#) (October 6, 2014)
- Posted presentation on AL TSA internet site <http://www.alsa.dshs.wa.gov/stakeholders/hcbs/> on August 27, 2014.
- Held tribal roundtable discussions on September 16, 2014, and October 14, 2014.
- Held formal tribal consultation on October 23, 2014.

### **State Posting of Transition Plan for Public Comment**

- Published [first public notice](#) in Washington State Register on September 3, 2014.

**Commented [DRW6]:** DRW provided written feedback regarding supported living and employment services pursuant to this request. While we appreciate that the state plans to phase out prevocational services, which we strongly recommended, we are disappointed that none of the other feedback we provided regarded Supported Living or Group Supported Employment resulted in any proposed changes to ensure these services are in HCBS compliance. Specific comments and suggestions for proposed changes are included in comments to the Appendices.

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- Published second [public notice](#) in Washington State Register on October 15, 2014.
- Mailed notice to stakeholders and tribes on December 2, 2014 regarding the posting of the draft transition plan effective December 17, 2014.
- Posted draft transition plan on AL TSA internet site <http://www.altsa.dshs.wa.gov/stakeholders/hcbs/> on December 17, 2014 to open the public comment period until January 20, 2015.
- Posted information on the transition plan on the DDA internet site <http://www.dshs.wa.gov/ddd/> on October 20, 2014.
- Mailed letter announcing the draft transition plan to tribes and key stakeholders on December 17, 2014.
- Provided statewide webinar on December 17, 2014, as an additional opportunity to discuss and solicit comments on the draft transition plan.

### **Results of the State Assessment of HCBS Settings**

AL TSA and DDA reviewed the requirements for HCBS settings and identified settings that fully comply with the requirements, settings that will comply with the requirements after implementing changes, and settings that do not or cannot meet the HCBS requirements. The review included an analysis of state laws, rules, policies, processes, and forms/tools in relation to the new federal HCBS requirements and an identification of changes that are necessary to achieve and maintain compliance with the federal HCBS requirements. The review details are in the appendices.

#### **Settings that fully comply with HCBS Characteristics:**

- [In home](#)
- [Supported Living](#)
- [Adult Day Services](#)
- [Group Home](#)
- [Licensed Staffed Residential, Child Foster Care and Group Care Facilities](#)
- [Assisted Living Facility](#)
- [DDA Individual Employment work sites](#)
- [DDA Group Supported Employment work sites](#)

**Commented [DRW7]:** The methodology of this review does not reflect the process contemplated in the comment/response sections of the federal register or follow the suggested review guidelines as set forth in the CMS toolkit. Although DRW took the opportunity to provide initial comments, the state's review did not include any consultation to specifically engage DRW, the Long Term Care Ombudsman (LTCO), or individuals receiving services.

In addition, while we are pleased that this review included some onsite evaluations, based on the December 17, 2014 webinar, we understood that onsite reviews were limited to facilities that are attached to institutional facilities, and did not include any of other settings that have isolating effects other reasons other than their physical locations.

**Commented [DRW8]:** Based on DRW's recent onsite monitoring, we believe Supported Living, Adult Family Homes, and Group Supported Employment programs have isolating effects that make these settings have institutional rather than HCBS qualities. Moreover, according to the CMS response to comments that group homes and assisted living facilities may not qualify as home and community based services, these settings should be "evaluated using the heightened scrutiny approach." FR 79.3013. Given this guidance as well as reports we have received from our constituents and other long term care stakeholders, we believe that the state should review larger Assisted Living facilities and Group Homes, as well as Adult day health with more rigor and analysis than simply a paper review of policies and regulations. More specific reasons and concerns about these settings are detailed below in our comments and suggestions for Appendix A.

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##### **With changes, settings that will fully comply with HCBS characteristics:**

- [Adult Family Home](#)
- [Adult Residential Care/Enhanced Adult Residential Care](#)
- [DDA Group Training Homes](#)
- [DDA Companion Homes](#)

See Appendix C for further information about the actions that will be taken to achieve compliance and the timelines for these actions.

##### **Settings that do not/cannot meet HCBS characteristics:**

- [DDA Pre-Vocational Services](#)

See Appendix C for further information about the plans for DDA Pre-Vocational Services and the individuals affected.

**Commented [DRW9]:** See our comments to Appendix A

## APPENDIX A: Analysis by Setting

### In-Home

Setting Description: These are private homes or apartments located in the community where the client may choose to receive personal care services in their home from an individual provider or a long-term care worker from a home care agency.

Number of Individuals Served: 50,639 clients

Characteristics/Requirements Met		
Characteristics/Requirements	In-Home State Assessment	Oversight Process
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid	Chapters <u>388-71 WAC</u> , <u>388-106</u> , <u>388-825</u> , and Chapters <u>74.34</u> , <u>74.39A</u> RCW contain the administrative rules and laws for this setting.	Case Managers (CMs) complete face-to-face assessments annually and when there is a significant change in the client's condition. Clients who require targeted case management receive more frequent contacts.
	Waiver participants and state plan participants access services in their homes and in typical public community settings.	<del>National Core Indicator (NCI) Adult Consumer Survey State Outcomes for 2011-2012<sup>1</sup>: 86% of Washington</del>
	The State has completed a review of state laws and regulations regarding the in-home	

<sup>1</sup> The Oversight Process column includes information from the National Core Indicator survey results for Washington State (2011-2012). The NCI program is a voluntary effort by state developmental disability agencies to track and measure their own performance and to pool knowledge and resources to create a nationally validated set of performance measures. The effort is coordinated by the National Association of State Directors of *(footnote continued)*

**Commented [DRW11]:** Ensuring yearly face to face contact with clients is critically important to any oversight process. DRW is pleased that this practice will continue

**Commented [DRW10]:** If personal care services are allowed outside the person's home, this will help to facilitate access to the greater community, and we are pleased that this is permitted.

**Commented [DRW12]:** The NCI survey only includes clients with developmental disabilities. There should be some additional assessment method to gather feedback from clients who are not receiving services from DDA. Placing this data in this chart is also confusing and could potentially mislead readers to believe that these percentages apply to in-home service recipients. Only 35% of the survey participants were receiving these in-home services. So, this data does not indicate the percentages of in-home clients who responded positively to these questions about their services, integration, and autonomy, but rather the percentages of positive responses from all clients across all settings.

Finally, this data should not be used as to show an "oversight" process. If it belongs anywhere, we suggest moving all references to NCI data to the section on the state's assessment of its system since NCI is "not intended to be used for monitoring individuals or providers, but rather for assessing system-wide performance." (2011-2012 NCI Adult Consumer Survey Outcomes Washington Report, at p. 9).

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Characteristics/Requirements	In-Home State Assessment	Oversight Process
HCBS.	<p>setting. All rules and regulations regarding this setting are consistent with federal HCBS setting regulations.</p> <p><u>National Core Indicator (NCI) Adult Consumer Survey State Outcomes for 2011-2012<sup>1</sup>: 86% of Washington respondents reported they have support needed to see friends when they want to.</u> <u>NCI: 60% of Washington respondents have integrated employment as a goal in their service plan (in contrast to the national average of 21%).</u> <u>NCI: 85% of Washington respondents reported they have friends other than staff and family.</u> <u>NCI: 93% of Washington respondents reported they like their job in the community.</u> <u>NCI: 91% of Washington respondents reported they always have adequate transportation.</u></p>	<p><del>respondents reported they have support needed to see friends when they want to.</del> <del>NCI: 60% of Washington respondents have integrated employment as a goal in their service plan (in contrast to the national average of 21%).</del> <del>NCI: 85% of Washington respondents reported they have friends other than staff and family.</del> <del>NCI: 93% of Washington respondents reported they like their job in the community.</del> <del>NCI: 91% of Washington respondents reported they always have adequate transportation.</del></p>
The setting is selected by the individual from among setting options	Services are provided in person's own private home or apartment.	CMs offer the individual choices of long-term care settings and provider types.

Developmental Disability Services (NASDDDS) in collaboration with the Human Services Research Institute (HSRI). The NCI Adult Consumer Survey is an annual interview conducted with a person who is receiving services from the state. DDA's Performance Quality Improvement staff complete annual NCI surveys of waiver recipients.

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Characteristics/Requirements	In-Home State Assessment	Oversight Process
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, the resources available for room and board.	<u>NCI: 89% of Washington respondents reported they like where they live.</u>	<u>NCI: 89% of Washington respondents reported they like where they live.</u>
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	<p>Case Managers review with the client the client rights and responsibilities form which discusses the client's rights to be treated with dignity, respect, and without discrimination; the right to have information kept private; the right to not be abused, neglected, financially exploited, or abandoned; the right to make choices about services; the right to not be forced to answer questions or do something the client does not want to do (<u>DSHS 16-172</u>).</p> <p>WAC 388-823-1095 my rights as a DDA client</p> <p><u>NCI: 93% of Washington respondents reported they can go on a date, or can date with some restrictions, if they want to.</u></p> <p><u>NCI: 95% of Washington respondents reported people never enter their home without asking permission.</u></p>	<p>Case Managers (CMs) complete face-to-face assessments annually and when there is a significant change in the client's condition. Clients who require targeted case management receive more frequent contacts.</p> <p>CMs ensure that client rights are protected and make referrals to Adult Protective Services (APS) as required.</p> <p><del>NCI: 93% of Washington respondents reported they can go on a date, or can date with some restrictions, if they want to.</del></p> <p><del>NCI: 95% of Washington respondents reported people never enter their home without asking permission.</del></p> <p><del>NCI: 88% of Washington respondents reported they can be alone at home with</del></p>

**Commented [DRW13]:** DRW is pleased that there is a practice of reviewing client rights in person. DRW recommends that if not already a required practice, that case managers also be required by policy to ask clients what, if anything, they can do to help support the individual's rights, dignity, and privacy. For example, if an individual has a detailed CARE assessment, the case manager should make an effort to find out from the client how the client wants that information shared with providers, whether the client would prefer only limited information be provided to certain providers, etc. Provider trainings should reiterate privacy and confidentiality expectations. Finally, although the clients rights form lists the rights to complain or request an administrative hearing, there should also be information for clients about how to make a complaint, request hearing, etc., including information about advocacy from LTCO, DRW, NJP, etc. If things are already required, we think that would be useful information to include in this chart. Otherwise, we recommend adding these policies as proposed changes and including in the remedial strategies listed in Appendix C.

**Commented [DRW14]:** Is there anything that guarantees rights for non-DDA clients receiving in-home services? Since this is not a setting monitored by RCS, how are these rights enforced?

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Characteristics/Requirements	In-Home State Assessment	Oversight Process
	<u>NCI: 88% of Washington respondents reported they can be alone at home with visitors.</u> <u>NCI: 95% of Washington respondents reported they have enough privacy at home.</u> <u>NCI: 96% of Washington respondents reported they could use the phone or internet without restrictions.</u> <u>NCI: 95% of Washington respondents reported staff at home are nice and polite.</u>	<del>visitors.</del> <del>NCI: 95% of Washington respondents reported they have enough privacy at home.</del> <del>NCI: 96% of Washington respondents reported they could use the phone or internet without restrictions.</del> <del>NCI: 95% of Washington respondents reported staff at home are nice and polite.</del>

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<p>Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.</p>	<p>Chapters <a href="#">388-71 WAC</a>, <a href="#">388-106</a>, <a href="#">388-825</a>, and Chapters <a href="#">74.34</a>, <a href="#">74.39A</a> RCW contain the administrative rules and laws for this setting.</p> <p>Case Managers review with the client the client rights and responsibilities form which discusses the client's rights to be treated with dignity, respect, and without discrimination; the right to have information kept private; the right to not be abused, neglected, financially exploited, or abandoned; the right to make choices about services; the right to not be forced to answer questions or do something the client does not want to do.</p> <p><u><del>NCI: 91% of Washington respondents reported they choose or have input in choosing their daily schedule.</del></u></p> <p><u><del>NCI: 97% of Washington respondents reported they choose or have input in choosing how to spend free time.</del></u></p> <p><u><del>NCI: 93% of Washington respondents reported they choose or have input in choosing how to spend their money.</del></u></p>	<p>Case Managers (CMs) complete face-to-face assessments annually and when there is a significant change in the client's condition. Clients who require targeted case management receive more frequent contacts.</p> <p><u><del>NCI: 91% of Washington respondents reported they choose or have input in choosing their daily schedule.</del></u></p> <p><u><del>NCI: 97% of Washington respondents reported they choose or have input in choosing how to spend free time.</del></u></p> <p><u><del>NCI: 93% of Washington respondents reported they choose or have input in choosing how to spend their money.</del></u></p>
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Individual choice regarding services and supports, and who provides them, is	Chapters <a href="#">388-71 WAC</a> , <a href="#">388-106</a> , <a href="#">388-825</a> , and Chapters <a href="#">74.34</a> , <a href="#">74.39A</a> RCW contain the	Case Managers (CMs) complete face-to-face assessments annually and when
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Characteristics/Requirements	In-Home State Assessment	Oversight Process
facilitated.	<p>administrative rules and laws for this setting.</p> <p>Case Managers review with the client the client rights and responsibilities form which discusses the client's rights to be treated with dignity, respect, and without discrimination; the right to have information kept private; the right to not be abused, neglected, financially exploited, or abandoned; the right to make choices about services; the right to not be forced to answer questions or do something the client does not want to do.</p> <p><u><del>NCI: 90% of Washington respondents reported their case manager/service coordinator helps get what they need. NCI: 91% of Washington respondents reported their case manager/service coordinator asks what they want. NCI: 94% of Washington respondents reported they helped make their service plan. NCI: 87% of Washington respondents reported they get the services they need.</del></u></p>	<p>there is a significant change in the client's condition. Clients who require targeted case management receive more frequent contacts.</p> <p><del>NCI: 90% of Washington respondents reported their case manager/service coordinator helps get what they need. NCI: 91% of Washington respondents reported their case manager/service coordinator asks what they want. NCI: 94% of Washington respondents reported they helped make their service plan. NCI: 87% of Washington respondents reported they get the services they need.</del></p>
Provider owned or controlled residential-setting requirements do not apply.	Services are provided in person's own home or apartment.	Not applicable.

**Commented [DRW15]:** Compared to other settings, in-home service clients are able to exert a relatively high level of control over choosing providers. To ensure training requirements for in-home providers are not prohibitively burdensome to otherwise well-trained and qualified providers that clients may choose, DRW recommends that the Department continue working with consumers to develop and revise training curriculums and requirements.

### Supported Living

Setting Description: Instruction and support services provided in an individual's own private home or apartment, typically shared with housemates.

Number of Individuals Served: 3726

Characteristics/Requirements Met		
Characteristics/Requirements	Supported Living State Assessment	Oversight Process
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	<p>The Supported Living WACs are in Chapter 388-101. Participants reside in private homes located in the community and access services in their homes and in typical public community settings.</p> <p>The State has completed a review of state laws and regulations regarding the in-home setting. All rules and regulations regarding this setting are consistent with federal HCBS setting regulations.</p>	<p>As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider, and staff interviews. RCS reviews clients' finances, and also conducts client record reviews.</p> <p>For further information on consumer satisfaction and HCBS compliance, see NCI survey results referenced in the in-home setting.</p>
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	<p>Services are provided in person's own private home or apartment.</p> <p><a href="#">WAC 388-823-1095</a> my rights as a DDA client</p> <p>For individuals served by DDA, the Assessment Meeting Wrap-up (<a href="#">DSHS 14-492</a>) documents</p>	<p>As part of the inspection process described in the overview, Residential Care Services conducts client record reviews, and RCS ensures that the person centered service plan is in place.</p>

**Commented [DRW16]:** This WAC chapter does not include sufficiently specific or prescriptive requirements to ensure "full access to the greater community." Specific WAC amendments and reasons are set forth below in proposed changes.

**Commented [DRW18]:** In *Too Little Too Late*, DRW raised concerns that RCS has limited investigation resources and enforcement authority to ensure compliance with state regulations. Supported living providers currently do not contribute to oversight costs by a certification fee, like the licensing fees required for HCBS funded AFH's and AL providers. RCS also should have authority to impose intermediate sanctions as a less drastic alternative to revoking or threatening to revoke a provider's certification when providers fail to comply with standards.

**Commented [DRW17]:** As documented in *Empowering Choice*, DRW's onsite monitoring found significant restrictions in supported living clients' access to community living, including no access to the internet, no or very little access to non-segregated recreational activities, and few opportunities and little support to engage in personal platonic and non-platonic relationships. In subsequent focus group interviews with supported living clients, almost all interviewees expressed feeling lonely, wanting to meet more people, and get out more often.

**Commented [DRW19]:** See comment above on including NCI data as an "overview process" and general concerns about percentages not reflecting responses from individuals receiving services in this particular setting. In addition, where noted in these comments, some survey responses that were omitted from this draft would suggest there should be changes in order to ensure HCBS requirements.

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Characteristics/Requirements	Supported Living State Assessment	Oversight Process
are based on the individual's needs, preferences, and, for residential settings, the resources available for room and board.	that individuals are informed of their options regarding settings and providers.	
<del>An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</del>	<del>Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360.</del>	<del>As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews.</del>

**Commented [DRW20]:** We agree with the state's assessment of this requirement. Based on our monitoring, we agree that this practice is followed consistently.

**Commented [DRW21]:** We have concerns about RCS's capacity to address this broad array of rights based on the resource and authority considerations above. As documented in *Empowering Choice*, the lack of dignity and respect afforded to clients was a pervasive problem DRW observed. Examples of providers' staff disrespecting clients' dignity included infantilizing clients or otherwise treating them like children, saying rude and demeaning comments to or about clients, making fun of or belittling clients' abilities, and sharing personal information about clients by speaking on behalf of clients without clients' request or permission. To protect individual dignity and respect, there must be quality assurance, training, and monitoring to establish the expectation that client dignity and respect is as essential as client health and safety. DDA currently has no quality assurance or monitoring policies that address client dignity and respect.

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<del>Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.</del>	<del>Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360</del>	<del>As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews.</del>
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**Commented [DRW22]:** See comment above regarding focus of RCS oversight on health/safety and abuse/neglect.

Moreover, regardless of what is established in this regulation, the pattern and practices of the state and providers do not comply with this requirement. As documented in *Empowering Choice*, numerous examples of individual choices and autonomy not being supported were observed. DRW noted several examples where daily activities were dictated more by staff availability and provider schedules than daily client choices and where providers limited or monitored clients' communications (controlling phone calls and who enters the home, etc.). DRW heard staff telling clients what food they were allowed and not allowed to eat, or dictating when clients could have their meals and snacks. DRW found few people had the support they needed in order to exercise decision making power. Several clients had little or no choice in selecting their own residences or housemates. In the 2011-2012 NCI survey of adult consumers, only 60% of all DDA clients surveyed across all settings reported that they chose, or even "had some input" in choosing where they live. See p. 16 of Washington Survey Report. When nearly half of survey respondents cannot even say that they had "input" in where they live, this does not demonstrate compliance with this requirement to optimize clients' autonomy in making life choices. See comment recommending Quality Assurance staff and policy.

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<del>Individual choice regarding services and supports, and who provides them, is facilitated.</del>	<del>Protection of rights is enforced through WAC 388-101-3320 through WAC 388-101-3360</del>	<del>CMs offer the individual choices of long-term care settings and provider types.</del>  <del>As part of the inspection and the RCS complaint investigation process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider and staff interviews. RCS conducts client record reviews.</del>
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**Commented [DRW23]:** Aside from the right to refuse services in WAC 388-101-3320, nothing in these sections ensures individual choice regarding who provides services. The DDA policies that address client' choice of residential provider, DDA Polices 4.02 and 6.18, should have been analyzed to determine the extent to which these actually facilitate and support clients as the primary decision-makers about their providers.

Under these policies, DDA has a significant amount of control over the referral process as Case and Resource Managers are responsible for determining client needs, identifying potential providers, and compiling/sending out referral packets. This process considers client preferences, but client preference is included among a list of other factors for state workers to consider. These policies do not provide clients with a level of control over the provider selection process that is similar or comparable to the provider selection processes for other services, such as in-home providers. These policies facilitate a system where supported living providers are chosen *for* rather than *by* the clients.

DRW has noted that client choice of provider also can be limited by lack of staffing capacity at different providers and decisions about grouping clients in which clients reported they had little or no say. Although a few indicated they liked their housemates and wished to continue their living situation, no clients indicated they had chosen their own housemates. DRW met one individual who did not get along with her housemate, but had been repeatedly told for years that she could not move. In addition, when DRW conducted onsite monitoring, clients did not have the ability to choose preferred staff or participate in the governance of the provider agencies.

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Characteristics/Requirements	Supported Living State Assessment	Oversight Process
<del>Provider-owned or controlled residential setting requirements do not apply.</del>	Services are provided in person's own home or apartment.	<del>Not applicable</del>
<u>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.</u>	<u>WAC 388-101-3000 defines Supported Living to be a setting where "instruction, supports, and services provided by service providers to clients living in homes that are owned, rented, or leased by the client or their legal representative."</u>  <u>All Supported Living clients are entitled to the protections contained in RCW 59.18, Washington's Residential Landlord-Tenant Act, and any other landlord-tenant protections offered under applicable municipal/county codes or ordinances</u>	<u>As part of the inspection process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, service provider, and staff interviews to confirm clients are living in their own homes that they or their guardians own, rent, or lease.</u>

**Commented [DRW24]:** As documented *Empowering Choice*, many supported living providers exert a significant amount of control over each individual's home. As noted above, few individuals choose their own residents or housemates that share their living units. Many providers make leasing arrangements with familiar landlords, and at least one provider was the property owner of the some client residences. We observed staff controlling clients' schedules, property, meals, and access to visitors. While these characteristics may or may not be appropriate, they at least demonstrate that supported living is a provider-controlled setting that should also meet the requirements under 42 C.F.R. § 441.301(c)(4)(vi). Below are DRW's recommended changes to assure these requirements are met.

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<u>The setting is physically accessible to the individual</u>	<u>[Cite WAC, RCW, and policy]</u>	
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<b>Characteristics/Requirements</b>	<b>Proposed Changes</b>
<u>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</u>	<u>Amend WAC 388-101-3350 to define and codify the requirements of the six residential guidelines.</u>  <u>Amend WAC 388-101-3360 to require that instruction and/or support “must” rather than “may” be provided for employment, community living activities, control over personal resources. Amend DDA Policy 4.02 to require Instructional and Support Goals to include Community Living, Health and Safety, and Social Activities.</u>  <u>Amend WAC 388-101-3460 through 3480 and 388-101-3530 through 3540 to require supports that will allow clients to access the greater community to the same degree of access as individuals not receiving Medicaid HCBS.</u>  <u>Request legislation authorizing certification fees and intermediate sanctions to support oversight.</u>
<u>An individual’s essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</u>	<u>Establish Quality Assurance policy and unit to more frequently review and monitor the extent to which providers are protecting client dignity and respect.</u>
<u>Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.</u>	<u>Establish Quality Assurance policy and unit to more frequently review and monitor the extent to which providers are supporting and facilitating clients’ everyday choices and self-determined activities.</u>
<u>Individual choice regarding services and supports, and who provides them, is facilitated.</u>	<u>Review and amend DDA Policies 4.02 and 6.18 to empower clients to identify and select supported living providers and exercise a central role in selecting where they live and who they live with.</u>  <u>Amend WACs to provide for client rights to exercise individual choice over selecting housemates and the staff assigned to support them.</u>

**Commented [DRW25]:** WAC 388-101-3350, Residential guidelines, only lists the titles of the six guidelines without including what these six guidelines actually mean or require.

**Commented [DRW26]:** While WAC 388-101-3360 includes supports for accessing the community, this section only provides a list of areas in which services providers “may” but are not required to provide. Similarly, DDA Policy 4.02 does not require any specific instruction and support goals, but instead gives discretion to choose at least one out of seven categories of goals, allowing providers to exclude goals related to accessing the community.

**Commented [DRW27]:** Although WAC 388-101 makes general references to the residential support guidelines in requirements for each individuals supports and Individual Instruction and Support Plans (IISP), nothing in this chapter requires that supported living providers support opportunities for participants to access community benefits “to the same degree” as non-HCBS waiver participants.

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<u>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</u>	<u>Amend WACs 388-101-3320 through 3360 to guarantee this right.</u>  <u>Request legislation authorizing certification fees and intermediate sanctions to support oversight.</u>
<u>Individuals are able to have visitors of their choosing at any time.</u>	<u>Amend WACs 388-101-3320 through 3360 to guarantee this right.</u>  <u>Request legislation authorizing certification fees and intermediate sanctions to support oversight.</u>
<u>Individuals sharing units have a choice of roommates in that setting.</u>	<u>Amend WACs 388-101-3320 through 3360 and DDA policies to guarantee this right</u>  <u>Request legislation authorizing certification fees and intermediate sanctions to support oversight.</u>
<u>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</u>	<u>Amend WACs 388-101-3320 through 3360 to guarantee this right</u>  <u>Establish Quality Assurance policy and unit to more frequently review and monitor the extent to which providers are supporting and facilitating clients' self-determined schedules and access to food at anytime.</u>

### Adult Day Services

Setting Description: Adult day services programs are community-based programs with the goals of meeting the needs of adults with impairments through individualized plans of care. Adults may receive services through an adult day care or adult day health program. Adult Day Care is a supervised daytime program providing core services for adults with medical or disabling conditions that do not require the intervention or services of a registered nurse or licensed rehabilitative therapist acting under the supervision of the client's authorizing practitioner. Adult Day Health (ADH) is a supervised daytime program providing skilled nursing and/or rehabilitative therapy services in addition to the core services of adult day care. Adult day health services are appropriate for adults with medical or disabling conditions that require the intervention or services of a registered nurse or licensed rehabilitative therapist acting under the supervision of the client's authorizing practitioner.

Number of ADH and ADC Centers contracted for Medicaid: 19

Number of centers contracted only for ADC for Medicaid: 11

#### Characteristics/Requirements Met

Characteristics/Requirements	Adult Day Services State Assessment	Oversight Process
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Adult day service programs provide opportunities for community integration for people living alone.  WAC 388-71-0742(1) Center policies must define ...participant rights and responsibilities... (3) A participant bill of rights describing the client's rights and responsibilities must be developed, posted, distributed to and explained to participants, families, staff and volunteers.	The Area Agency on Aging monitors the adult day center at least annually to determine compliance with adult day care and/or adult day health requirements and the requirements for contracting with the department or the AAA, including compliance with this requirement.

**Commented [DRW28]:** Based on the description of this setting, we do not see a distinction in terms of integration between this service and prevocational services, which the state has determined does not have HCBS qualities. We also believe that the description of this setting strongly suggests that it may have the effect of isolating HCBS participants. There should be additional review, including interviews with clients, providers, AAA case managers, etc. to determine whether this meets and can meet all of the HCBS requirements. Given the relatively small number of centers, the review should also include onsite visits and observations.

**Commented [DRW29]:** It is helpful that the specific requirements of this WAC are listed here, rather than a general reference. However, it is unclear how these requirements ensure this setting "is integrated in, and supports full access...to the greater community." Nothing in this WAC specifically addresses integration or access to the community. None of the core services listed in WAC 388-71-0704 identify supports for accessing the greater community. What, other than state regulations, did the state assess to determine this setting meets this requirement? If there are no other sources of requirements for ADH/ADS to provide for community integration, the state should consider proposing changes.

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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, the resources available for room and board.	During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. This is documented in the Service Episode Record of the CARE assessment tool.	The Area Agency on Aging monitors the adult day center at least annually to determine compliance with adult day care and/or adult day health requirements and the requirements for contracting with the department or the AAA, including compliance with this requirement.
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	<a href="#">WAC 388-71-0768</a> (1) and (5) (a) The facility must have sufficient space....The program must provide and maintain essential space necessary to provide services and to protect the privacy of the participants receiving services. In addition to space for program activities, the facility must have a rest area and designated areas to permit privacy.	The Area Agency on Aging monitors the adult day center at least annually to determine compliance with adult day care and/or adult day health requirements and the requirements for contracting with the department or the AAA, including compliance with this requirement.
Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.	<a href="#">WAC 388-71-0718</a> (4)(c). Also, in the revised WAC, the Department enhanced the participant's right to participate per their preferences (new <a href="#">WAC 388-71-0702</a> (L)).  The rule mandates a negotiated service agreement that is client directed, and that	The Area Agency on Aging monitors the adult day center at least annually to determine compliance with adult day care and/or adult day health requirements and the requirements for contracting with the department or the AAA, including compliance with this

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Characteristics/Requirements	Adult Day Services State Assessment	Oversight Process
	clients must be offered alternatives when they do not want to participate.	requirement.
Individual choice regarding services and supports, and who provides them, is facilitated.	During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. This is documented in the Service Episode Record of the CARE assessment tool.	The Area Agency on Aging monitors the adult day center at least annually to determine compliance with adult day care and/or adult day health requirements and the requirements for contracting with the department or the AAA, including compliance with this requirement.
The setting is physically accessible to the individual	<a href="#">WAC 388-71-0766</a> (1)(4)(5)(6)(7) regarding facility location and facility hardware, and <a href="#">WAC 388-71-0768</a> regarding physical environment requirements. Also, the Department has proposed WAC effective January 2015 requiring that the site have a ramp if there are stairs at the site.	The Area Agency on Aging monitors the adult day center at least annually to determine compliance with adult day care and/or adult day health requirements and the requirements for contracting with the department or the AAA, including compliance with this requirement.

*Note: The state identified one adult day care center that was located in a nursing facility (Josephine Sunset Home). The center terminated its contract June 18, 2014—no Medicaid -funded participants were receiving adult day services prior to termination of the contract.*

### DDA Group Home

Setting Description: Provides community residential instruction, supports, and services to two or more individuals who are not related to the provider. Group homes are licensed as an adult family home or assisted living facility.

Number of individuals served: 268 individuals served in DDA Group Homes

Characteristics/Requirements Met		
Characteristics/Requirements	DDA Group Home State Assessment	Oversight Process
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	<p><a href="#">RCW 70.129.140</a> (b) interact with members of the community both inside and outside the facility.</p> <p><a href="#">70.129.040</a> (1) personal resources</p> <p><a href="#">70.129.020</a> Exercise of rights.</p> <p><a href="#">388-76-10510</a> (5) Is provided the opportunity to engage in religious, political, civic, recreational, and other social activities of their choice</p> <p><a href="#">388-76-10620</a> Resident rights – Quality of life –</p> <p><a href="#">WAC 388-76-10640</a> Resident rights – Quality of life – Reasonable accommodation.</p> <p><a href="#">388-76-10555</a> Resident rights – Financial affairs.</p> <p><a href="#">388-76-10520</a> refers to Chapter <a href="#">70.129</a> <a href="#">RCW</a></p> <p><a href="#">For further information on consumer satisfaction and HCBS compliance see NCI survey results referenced in the in- home setting.</a></p>	<p>As part of the inspection process described in the overview, Residential Care Services conducts resident interviews regarding respect of individuality, independence, personal choice, dignity, and activities. RCS also conducts resident observations and talks with a sample of residents to determine compliance with this requirement.</p> <p><del>For further information on consumer satisfaction and HCBS compliance see NCI survey results referenced in the in- home setting.</del></p> <p><del>The LTCO also monitors implementation of <a href="#">RCW 70.129</a></del></p>

**Commented [DRW30]:** While this statute acknowledges the right to interact with community members, it does not explain how services in this setting “supports full access...to, the greater community” or provides opportunities for residents to work in or otherwise in engage in community life. What aspects of these settings support full community access, and where are these expectations established?

The state should consult with the Long Term Care Ombudsman (LTCO) to determine whether rights contained in this statute are sufficiently implemented, or whether there needs to be any changes in policies, practices, or regulations to ensure all the rights in this statute are protected.

We recommend additional review, including interviews with clients, providers, and case managers and onsite reviews of a sampling of providers before concluding this setting will be fully HCBS compliant with the one proposed change regarding locks on sleeping units.

**Commented [DRW31]:** These regulations only apply to group homes that are licensed as Adult Family Homes. How is integration and access to community required for larger group homes (more than 6) that are licensed as Assisted Living facilities? The state rules for these settings, WAC 388-110 are not included here, and DRW’s review did not identify any similar requirements that the facility ensure residents are provided opportunities to engage in in integrated community activities.

**Commented [DRW32]:** See comments above regarding NCI data

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The setting is selected by the individual from among setting options	During the assessment process, it is a CM responsibility to inform individuals of their	CMs offer the individual choices of long-term care settings and provider types.
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Characteristics/Requirements	DDA Group Home State Assessment	Oversight Process
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, the resources available for room and board.	options regarding settings and providers.  <a href="#">WAC 388-823-1095</a> my rights as a DDA client  For individuals served by DDA, the Assessment Meeting Wrap-up ( <a href="#">DSHS 14-492</a> ) documents that individuals are informed of their options regarding settings and providers.	As part of the inspection and the RCS complaint investigation process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, provider and staff interviews. RCS conducts client record reviews.
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	Rights are protected in <a href="#">RCW 70.129.005</a> and <a href="#">WAC 388-76-10620</a> (1), including not using restraints on any resident ( <a href="#">RCW 70.129.120</a> ) Protection of rights is also enforced through <a href="#">WAC 388-101-3320</a> through <a href="#">WAC 388-101-3360</a>	As part of the inspection process described in the overview, RCS conducts an environmental tour as part of the facility inspection process, conducts resident record reviews, and observes use of restraints, and talks with a sample of residents to determine compliance with this requirement.  <a href="#">The LTCO also monitors implementation of RCW 70.129</a>

**Commented [DRW33]:** See comment above regarding applicability of this WAC to group homes licensed as Assisted Living.

**Commented [DRW34]:** If DDA Group Homes are licensed as Adult Family Homes or Assisted Living facilities, we do not understand how these rules for Certified residential providers would be relevant to assessing this setting. Also, as noted in Supported Living comments, DRW has concerns about RCS's resource capacity and authority to review and address problems arising under these rules that do not rise to the level of abuse and neglect.



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Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.	Rights are protected in <a href="#">RCW 70.129.140</a> and <a href="#">RCW 70.129.005</a> . Protection of rights is also enforced through <a href="#">WAC 388-101-3320</a> through WAC 388-101-3360	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.  <a href="#">The LTCO also monitors implementation of RCW 70.129</a>
Individual choice regarding services and supports, and who provides them, is	During the assessment process, it is a CM responsibility to inform individuals of their	This is a component of the CARE assessment process. This is also

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Characteristics/Requirements	DDA Group Home State Assessment	Oversight Process
facilitated.	options regarding settings and providers.	documented as part of the preliminary/negotiated care plan.
Individuals have a choice of roommates in the setting;	<a href="#">WAC 388-76-10685</a> (5) <a href="#">WAC 388-110-140</a> (2) The contractor must ensure each resident has a private apartment-like unit. <a href="#">WAC 388-78A-3010</a>	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
Individuals have the freedom to furnish and decorate their sleeping or living units	<a href="#">RCW 70.129.100</a> --(1) The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.  <a href="#">The LTCO also monitors implementation of RCW 70.129</a>

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Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time	<u>RCW 70.129.140</u> (2) Within reasonable facility rules designed to protect the rights and quality of life of residents, the resident has the right to: (a) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; (b) Interact with members of the community both inside and outside the facility; (c) Make choices about aspects of his or her	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.  <u>The LTCO also monitors implementation of RCW 70.129</u>
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**ATTACHMENT 1**  
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Characteristics/Requirements	DDA Group Home State Assessment	Oversight Process
	life in the facility that are significant to the resident;	
Individuals are able to have visitors of their choosing at any time	RCW 70.129.090 (1) The resident has the right and the facility must not interfere with access to any resident by the following: (f) Subject to reasonable restrictions to protect the rights of others and to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident and others who are visiting with the consent of the resident;	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
The setting is physically accessible to the individual	WACs: <a href="#">388-76-10685</a> Bedrooms <a href="#">388-76-10695</a> Building Codes-Structural requirements <a href="#">388-76-10870</a> – Resident evacuation capability levels – identification required Building Code <a href="#">51-51-R325</a> has more details related to ramps, bathrooms, grade of walkway, etc.	As part of the inspection process described in the overview, RCS conducts an environmental tour regarding this requirement.
The setting that is <u>not</u> located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the	This is not applicable. These are residential homes. None are attached to institutions.	Not applicable

**Commented [DRW35]:** Under this provision, being attached to an institution is one of two considerations for deciding whether to presume a setting is noncompliant. This assessment ignores the second consideration, which is whether the setting “has the effect of isolating individuals...” We understand that some DDA group homes may serve as many as 15 to 20 individuals in one home. DRW recommends information be gathered and assessed for heightened scrutiny for all group homes that serve higher numbers of individuals, and any group homes identified by the LTCO as having institutional qualities or the effect of isolating individuals.

**Commented [DRW36]:** This is not a requirement for HCBS, but rather a description of the settings that are presumed to be HCBS noncompliant absent heightened scrutiny to determine the setting has HCBS qualities and does not have the qualities of an institution.

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Characteristics/Requirements	DDA Group Home State Assessment	Oversight Process
effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.		
The unit or room is a specific physical place that can be owned, rented or occupied under another 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.	<a href="#">RCW 70.129.110</a> provides protections beyond that required in landlord-tenant law regarding requirements a provider must meet before discharging or transferring a resident, including first making an attempt through reasonable accommodations to avoid the transfer or discharge and giving at least 30 days' notice before the transfer or discharge.  <a href="#">Title 59 RCW</a> provides protections, including an unlawful entry and detainer action as outlined in Chapter <a href="#">59.16 RCW</a> , including a process for contesting the eviction.	This provision is enforced through the RCS licensing requirements.

**Characteristics/Requirements Will Meet with Changes**

Characteristics/Requirements	Proposed Changes
Units have lockable entrance doors, with appropriate staff having keys to doors.	Change WAC to comply with this change.

**Commented [DRW37]:** We agree with this proposed change for this and the other settings. The WACs for all settings should also establish the exception criteria listed in 42 C.F.R. 441.301(c)(4)(vi)(F) that allows modifications to this requirement with appropriate documentation in the person-centered plan.

### Licensed Staffed Residential, Child Foster Home, and Group Care Facilities

Setting Description: Staffed Residential, Child Foster Home and Group Care Facilities are licensed and contracted placement options available to DDA enrolled children who require out of home placement due solely to their disability.

Number of Individuals Served: 950 children

Characteristics/Requirements Met		
Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Assessment	Oversight Process
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	DDA Licensed Staffed Residential (LSR) Contract and <a href="#">WAC 388-148-0120</a> through 0665.  The State has completed a review of state laws and regulations regarding Staffed Residential, Child Foster Care and Group Care Facilities. All rules and regulations regarding this setting are consistent with federal HCBS setting regulations.	Children’s Administration’s Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Children’s Protection Services (CPS) investigate complaints.  Annual evaluations of Licensed Staffed Residential facilities are conducted by DDA Quality Assurance Managers or Performance Quality Improvement staff utilizing Children’s Staffed Residential Quality Assurance Assessment tool ( <a href="#">DSHS 21-059</a> ).
The setting is selected by the individual from among setting options	DDA policy identifies that the referral process is a joint process and that the service options are	Children’s Administration’s Division of Licensed Resources (DLR) licenses each

**Commented [DRW38]:** Staff residential and group care facilities should be carefully reviewed for HCBS compliance, as these are settings that, by definition, congregate HCBS Medicaid recipients. We recommend additional review, including interviews with clients, their parents, providers, and case managers as well as some onsite reviews of a sampling of providers before concluding that all of these settings are fully HCBS compliant. We further recommend additional discussions with stakeholders, such as Mockingbird Society and Children’s Alliance to determine how best to implement these regulations regarding choice, autonomy, etc. for minors who are not living with their parents or legal guardians.

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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, the resources available for room and board.	discussed in person.  <a href="#">WAC 388-823-1095</a> my rights as a DDA client  For individuals served by DDA, the Assessment Meeting Wrap-up ( <a href="#">DSHS 14-492</a> ) documents that individuals are informed of their options regarding settings and providers.	of these settings. Licenses do not exceed 3 years. DLR and Children's Protection Services (CPS) investigate complaints. Annual evaluations of Licensed Staffed Residential facilities are conducted by DDA Quality Assurance Managers or Performance Quality Improvement staff utilizing Children's Staffed Residential Quality Assurance Assessment tool.
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	Licensed Staffed Residential (LSR) Contract and DDA policies <a href="#">5.19</a> and <a href="#">5.20</a> contain language that addresses this requirement.  <a href="#">WAC 388-823-1095</a> my rights as a DDA client	Children's Administration's Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Children's Protection Services (CPS) investigate complaints. Annual evaluations of Licensed Staffed Residential facilities are conducted by DDA Quality Assurance Managers or Performance Quality Improvement staff utilizing Children's Staffed Residential Quality Assurance Assessment tool.
Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.	<a href="#">WAC 388-826-0040</a> communicates therapeutic supports. <a href="#">DDA policy 4.10</a> and contract referral process and setting types to look for settings that support the family cultural needs. <a href="#">WAC 388-823-1095</a> my rights as a DDA client	Children's Administration's Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Children's Protection Services (CPS) investigate complaints. Annual evaluations of Licensed Staffed



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		Residential facilities are conducted by DDA Quality Assurance Managers or Performance Quality Improvement staff utilizing Children's Staffed Residential Quality Assurance Assessment tool.
Individual choice regarding services and supports, and who provides them, is facilitated.	<a href="#">Policy 4.10</a> and contract regarding referral process and setting types will look for settings that support the family cultural needs.  <a href="#">WAC 388-823-1095</a> my rights as a DDA client	Children's Administration's Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Children's Protection Services (CPS) investigate complaints. Annual evaluations of Licensed Staffed Residential facilities are conducted by DDA Quality Assurance Managers or Performance Quality Improvement staff utilizing Children's Staffed Residential Quality Assurance Assessment tool.
The unit or room is a specific physical place that can be owned, rented or occupied under another 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;	Not applicable.  Child settings Chapters <a href="#">388-148</a> and <a href="#">388-826</a> WAC require notification of provider in writing. Voluntary Placement Service (VPS) statement identifies that any party could choose to terminate this placement and child would return to their family's home.	Children's Administration's Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Children's Protection Services (CPS) investigate complaints.

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Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Assessment	Oversight Process
Individuals have the freedom to furnish and decorate their sleeping or living units	This is specified in the LSR contract	Children's Administration's Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Children's Protection Services (CPS) investigate complaints. Annual evaluations of Licensed Staffed Residential facilities are conducted by DDA Quality Assurance Managers or Performance Quality Improvement staff utilizing Children's Staffed Residential Quality Assurance Assessment tool.
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time	<a href="#">WAC 388-148-0370</a> – 0390 Rule requires the contractor to post a menu. Clients can choose snack options. Evaluation tool asks child if they go to store with staff to pick out their own food  <a href="#">WAC 388-823-1095</a> my rights as a DDA client	Children's Administration's Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Children's Protection Services (CPS) investigate complaints. Annual evaluations of Licensed Staffed Residential facilities are conducted by DDA Quality Assurance Managers or Performance Quality Improvement staff utilizing Children's Staffed Residential Quality Assurance Assessment tool.
Individuals are able to have visitors of their choosing at any time	Supervised access- individuals can come over in reasonable time frames. Rules state background checks are required if individual over 18 years of age going into the licensed	Children's Administration's Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Children's Protection

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Characteristics/Requirements	Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Assessment	Oversight Process
	settings. <a href="#">WAC 388-823-1095</a> my rights as a DDA client	Services (CPS) investigate complaints. Annual evaluations of Licensed Staffed Residential facilities are conducted by DDA Quality Assurance Managers or Performance Quality Improvement staff utilizing Children's Staffed Residential Quality Assurance Assessment tool.
The setting is physically accessible to the individual	<a href="#">WAC 388-148-0155</a>	Children's Administration's Division of Licensed Resources (DLR) licenses each of these settings. Licenses do not exceed 3 years. DLR and Children's Protection Services (CPS) investigate complaints. Annual evaluations of Licensed Staffed Residential facilities are conducted by DDA Quality Assurance Managers or Performance Quality Improvement staff utilizing Children's Staffed Residential Quality Assurance Assessment tool.
The setting that is located in a building that is also a publicly or privately -operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community	None are attached to institutions.	

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<b>Characteristics/Requirements</b>	<b>Licensed Staffed Residential, Child Foster Home, and Group Care Facilities State Assessment</b>	<b>Oversight Process</b>
of individuals not receiving HCBS.		

### Assisted Living Contract (AL)

Setting Description: Facilities in a community setting that are licensed to provide medication assistance or administration, personal care services, intermittent nursing, and limited supervision to seven or more residents. In addition, ALs include a private apartment.

Number of Facilities: 185

Characteristics/Requirements Met		
Characteristics/Requirements	Assisted Living State Assessment	Oversight Process
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	RCW 70.129.140 (b) interact with members of the community both inside and outside the facility. 70.129.040 (1) personal resources 70.129.020 Exercise of rights.	As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.  <u>The LTCO also monitors implementation of RCW 70.129</u>
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	During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. This is documented in the Service Episode Record of the CARE assessment tool.	CMs offer the individual choices of long-term care settings and provider types.  As part of the facility inspection and the RCS complaint investigation process described in the overview, Residential

**Commented [DRW39]:** This type of setting, where there are at least seven people grouped together - with no maximum number of individuals who can be grouped in one facility - raises significant questions about whether AL services 'have the effect of isolating' individuals from the broader community. Based on the number of individuals who can be grouped in this setting, we strongly urge the state to consult with the LTCO before concluding this setting is HCBS compliant. DRW further recommends information be gathered and assessed for heightened scrutiny for all group homes that serve higher numbers of individuals, and any group homes identified by the LTCO as having institutional qualities or the effect of isolating individuals.

**Commented [DRW40]:** There should be some analysis of RCS 18.20, the statute governing Assisted Living Facilities.

**Commented [DRW41]:** Generally, see comments above in DDA Group Homes about relying on this statute for the state's assessment.

Specifically, when DRW has conducted monitoring in Assisted Living facilities, we have found that residents need supports in order to exercise rights to engage in community activities. For example, residents need facilities to help them with transportation— especially in rural areas – if they are in practicality going to be able to go anywhere. We found that while facilities supported a range of activities for residents to choose onsite, for many residents, the opportunities to leave the facility were infrequent. In one example, DRW found residents who were only provided with a monthly outing to a Walmart.

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Characteristics/Requirements	Assisted Living State Assessment	Oversight Process
in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, the resources available for room and board.		Care Services conducts client observations, client and collateral interviews, provider and staff interviews. RCS conducts client record reviews.
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	Rights are protected in <a href="#">RCW 70.129.005</a> and WAC, including not using restraints on any resident. ( <a href="#">RCW 70.129.120</a> )	As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.  <a href="#">The LTCO also monitors implementation of RCW 70.129</a>
Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.	Rights are protected in <a href="#">RCW 70.129.140</a> and <a href="#">RCW 70.129.005</a> .	As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews regarding this requirement.  <a href="#">The LTCO also monitors implementation of RCW 70.129</a>

**Commented [DRW42]:** We believe that optimizing individual's initiative, autonomy, and independence in making life choices requires more than a mere recognition of a limited set of rights, as described in this section. Although this statute does not diminish other rights not explicitly included, it does not guarantee that the supports people need to make choices are actually available in this setting. Nor does it guarantee all the choices that we would otherwise take for granted in a community rather than institutional setting. For example, when and what to eat is a not a choice addressed by this statute. When DRW has monitored services in this setting, we noted that many facilities have regimented mealtimes that provide limited choice for residents.

Moreover, this section includes language that could justify limiting rights (i.e. "within reasonable facility rules" or right to activities that "do not interfere with the rights of other residents" or do not endanger other residents' health and safety). The larger the group of "other" residents of one facility, the higher the risk that other residents' rights or health and safety needs will need to be balanced against individual choice. This is another reason that DRW strongly recommends a more comprehensive review of actual facilities and interviews with residents to assess whether individual choices are being "optimized" in the larger AL facilities.

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Individual choice regarding services and supports, and who provides them, is facilitated.	During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. This is documented in the Service Episode Record of the CARE assessment tool.	This is a component of the CARE assessment process. This is also documented as part of the Preliminary/Negotiated Care Plan.
Individuals have the freedom to furnish and decorate their sleeping or living units	<a href="#">RCW 70.129.100</a> --(1) The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.	As part of the facility inspection process described in the overview, RCS conducts facility tours, comprehensive resident interviews regarding this requirement.  <a href="#">The LTCO also monitors implementation of RCW 70.129</a>

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Characteristics/Requirements	Assisted Living State Assessment	Oversight Process
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time	<a href="#">RCW 70.129.140</a> (2) Within reasonable facility rules designed to protect the rights and quality of life of residents, the resident has the right to: (a) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; (b) Interact with members of the community both inside and outside the facility; (c) Make choices about aspects of his or her life in the facility that are significant to the resident;	As part of the facility inspection process described in the overview, RCS addresses this requirement during comprehensive resident interviews and also with residents during a resident group meeting.
Individuals are able to have visitors of their choosing at any time	<a href="#">RCW 70.129.090</a> (1) The resident has the right and the facility must not interfere with access to any resident by the following: (f) Subject to reasonable restrictions to protect the rights of others and to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident and others who are visiting with the consent of the resident;	As part of the facility inspection process described in the overview, RCS addresses this requirement during comprehensive resident interviews and also with residents during a resident group meeting.
Units have entrance doors that can be locked by the individual with only appropriate staff having keys to doors	<a href="#">WAC 388-110-140</a> (2) Each unit must have at least the following: (c) A lockable entry door.	As part of the facility inspection process described in the overview, RCS conducts a facility inspection with observations regarding this requirement.



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Characteristics/Requirements	Assisted Living State Assessment	Oversight Process
The setting is physically accessible to the individual	<a href="#">WAC 388-78A-2910</a> Building Codes-Structural requirements Building Code <a href="#">51-51-R325</a> has more details related to ramps, bathrooms, grade of walkway, etc.	As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews regarding this requirement.
Individuals have a choice of roommates in the setting	<a href="#">WAC 388-110-140 (2)</a> The contractor must ensure each resident has a private apartment-like unit.	As part of the facility inspection process described in the overview, RCS addresses this requirement during comprehensive resident interviews and also with residents during a resident group meeting.
The setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.	Twelve AL -contracted facilities are attached to institutions.	This provision is enforced through the RCS licensing requirements.
The unit or room is a specific physical place that can be owned, rented or occupied under another legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction	<a href="#">RCW 70.129.110</a> provides protections beyond that required in landlord-tenant law regarding requirements a provider must meet before discharging or transferring a resident, including first making an attempt through reasonable accommodations to avoid the transfer or	This provision is enforced through the RCS licensing requirements.

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that tenants have under the landlord tenant law of the State, county, city or other designated entity.	discharge and giving at least 30 days' notice before the transfer or discharge.  Title 59 RCW provides protections, including an unlawful entry and detainer action as outlined in <a href="#">Chapter 59.16 RCW</a> , including a process for contesting the eviction.	

### DDA Individual Supported Employment

Setting Description: DDA’s Individual Supported Employment settings are located in integrated employment settings in the community, in business and in industry.

Number of Individuals Served: 5,853

Characteristics/Requirements		
Characteristics/Requirements	DDA Individual Supported Employment State Assessment	Oversight Process
The setting is integrated in, and facilitates the individual’s 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, in the same manner as individuals without disabilities	<p><a href="#">RCW 71A.10.015</a></p> <p><a href="#">WAC 388-845-2100(1)(a-f)</a> Individual supported employment services include activities needed to sustain minimum wage pay or higher. These services are conducted in integrated business environments and include intake, discovery, job preparation, job marketing, job coaching and job retention.</p> <p><a href="#">DDA Policy 4.11</a> County Services for Working Age Adults</p> <p><a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan.</p> <p>Additionally, service providers submit monthly outcome information to Counties and progress reports to each client’s case resource manager on a semi-annual basis.</p> <p>Each county completes a 16 -page self-assessment tool every other year which</p>

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Characteristics/Requirements	DDA Individual Supported Employment State Assessment	Oversight Process
	<p>safety.</p> <p>The State has completed a review of state laws and regulations regarding individual supported employment settings. All rules and regulations regarding this setting are consistent with federal HCBS setting regulations.</p>	<p>assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County -by -County basis monthly.</p> <p>For further information on consumer satisfaction and HCBS compliance see NCI survey results referenced in the in-home setting.</p>
<p>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p><del>WAC 388-823-1095 My rights as a DDA client.</del></p> <p><del>For individuals served by DDA, the Assessment Meeting Wrap-up (DSHS 14-492) documents that individuals are informed of their options regarding settings and providers.</del></p> <p><del>County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.</del></p>	<p><del>By contract and by DDA Policy 4.11 embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client's identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to Counties and progress reports to each</del></p>

**Commented [DRW43]:** Regardless of whether DDA clients are informed about their options, their options are limited by current law and DDA policy. DDA eliminates individual supported employment as an option for any individual who chooses community access services. Many individuals do not even have a choice between community access and employment services as DDA policy requires individuals to accept employment supports for nine months before they can choose community access day supports.

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Characteristics/Requirements	DDA Individual Supported Employment State Assessment	Oversight Process
		client's case resource manager on a semi-annual basis. Each county completes a 16 -page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County -by -County basis monthly.
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	<a href="#">WAC 388-823-1095</a> My rights as a DDA client.  <a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.	By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client's identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to

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Characteristics/Requirements	DDA Individual Supported Employment State Assessment	Oversight Process
		Counties and progress reports to each client's case resource manager on a semi-annual basis. Each county completes a 16 -page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County -by -County basis monthly.
Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.	<a href="#">WAC 388-823-1095</a> My rights as a DDA client. <a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.	By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client's identified job goal or has an individual employment plan. Additionally, service providers submit

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Characteristics/Requirements	DDA Individual Supported Employment State Assessment	Oversight Process
		monthly outcome information to Counties and progress reports to each client's case resource manager on a semi-annual basis. Each county completes a 16 -page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County -by -County basis monthly.
Individual choice regarding services and supports, and who provides them, is facilitated.	<a href="#">WAC 388-823-1095</a> My rights as a DDA client.  <a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.	By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client's identified job goal or has an individual employment plan.

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Characteristics/Requirements	DDA Individual Supported Employment State Assessment	Oversight Process
		<p>Additionally, service providers submit monthly outcome information to Counties and progress reports to each client's case resource manager on a semi-annual basis.</p> <p>Each county completes a 16 -page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County -by - County basis monthly.</p>
The setting is physically accessible to the individual.	<a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.	By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client's identified job goal or has an



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		individual employment plan. Additionally, service providers submit monthly outcome information to Counties and progress reports to each client's case resource manager on a semi-annual basis. Each county completes a 16 -page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County -by - County basis monthly.
The setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.	County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.	By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at

**Commented [DRW44]:** A county-self assessment tool should not be used as a primary source of identifying site visit priorities. Counties have a self-interest in rating their contractors well. Moreover, a biyearly visit to each county rather than more frequent visits to each vendor provides very limited oversight that does not adequately ensure compliance with state and federal requirements. This comments applies here and to other settings that rely on this oversight process.

**Commented [DRW45]:** In its report, *Hours that Count*, DRW has documented concerns that individuals receiving individual supported employment may be experiencing isolation from the broader community. But, for the most part, we do not believe this is directly caused by the delivery of this service. Instead, isolation should be addressed through changes to supported living and other residential settings.

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	environments and include intake, discovery, job preparation, job marketing, job coaching and job retention.	client's identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to Counties and progress reports to each client's case resource manager on a semi-annual basis. Each county completes a 16 -page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County -by -County basis monthly.

Characteristics/Requirements Will Meet with Changes

<u>Characteristics/Requirements</u>	<u>Proposed Changes</u>
<u>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</u>	<u>Amend DDA policy and request legislation to allow individuals to braid individual supported employment with community access services</u>

### DDA Group Supported Employment

Setting Description: DDA’s Group Supported Employment settings are located in integrated business and industry settings for groups of not more than eight workers with disabilities.

Number of Individuals Served: 1,034

Characteristics/Requirements		
Characteristics/Requirements	DDA Group Supported Employment State Assessment	Oversight Process
<del>The setting is integrated in, and facilitates the individual’s 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, in the same manner as individuals without disabilities.</del>	<p><del>RCW 71A.10.015</del></p> <p><del>WAC 388-845-2100(2)(a-d) Group supported employment services are a step on your pathway toward gainful employment in an integrated setting and include supports and paid training in an integrated business setting, supervision by a qualified employment provider during working hours, groupings of no more than eight workers with disabilities and individualized supports to obtain gainful employment.</del></p> <p><del>DDA Policy 4.11 County Services for Working Age Adults</del></p> <p><del>County Guidelines inform and direct county services, including employment, to include the</del></p>	<p><del>By contract and by <u>DDA Policy 4.11</u> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client’s identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to Counties and progress reports to each client’s case resource manager on a semi-annual basis.</del></p> <p><del>Each county completes a 16-page self-assessment tool every other year which</del></p>

**Commented [DRW46]:** DRW’s report, *Hours that Count*, detailed numerous concerns about the failure of many group supported employment vendors to provide for integration. In the federal register, CMS indicated its intent for the new regulations to address comments that “true community integration is more than being in the community, but rather truly participating in that community through working side by side with others without disabilities in community activities, such as jobs, clubs and other civic activities.” 79 FR 3011.

**Commented [DRW47]:** State regulations do not define what constitutes an “integrated business setting” in conformity with the HCBS requirements. There are no state requirements that ensure group supported services provide opportunities to work alongside nondisabled co-workers. Nothing in state law prohibits or addresses the isolating effect that enclaves and mobile crews may have. When DRW conducted onsite monitoring and interviews with group supported employment participants, we found examples from across the state where workers were working at what may qualify under state law as an “integrated business setting” but were still isolated by virtue of the fact they were working at a time or in an area where there were no other workers or members of the general public without disabilities. See *Hours that Count*.

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Characteristics/Requirements	DDA-Group-Supported-Employment State-Assessment	Oversight-Process
	following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety. The State has completed a review of state laws and regulations regarding group-supported employment settings. All rules and regulations regarding this setting are consistent with federal HCBS setting regulations.	assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County by County basis monthly.
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.	<u>WAC 388-823-1095</u> My rights as a DDA client.  For individuals served by DDA, the Assessment Meeting Wrap-up (DSHS 14-492) documents that individuals are informed of their options regarding settings and providers.  <u>County Guidelines</u> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.	By contract and by DDA Policy 4.11 embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client's identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to Counties and progress reports to each client's case resource manager on a semi-annual basis. Each county completes a 16-page self-assessment tool every other year which

**Commented [DRW48]:** State law does not adequately protect against noncompliant wage and hour practices that DRW found to be happening systemically across the state.

**Commented [DRW49]:** See comment above regarding lack of choice between community access and employment support.

**Commented [DRW50]:** In *Hours that Count*, DRW documented observations that many group supported employment clients could and would like to be searching for individual employment. However, the contract incentives and employment support requirements in regulation and policy do not require or easily facilitate clients' desires to matriculate into individual employment. In addition to allowing clients to choose to braid [combine?] services, there should be performance based contracting and clearer expectations for vendors to produce outcomes relating to job advancement and typical job placements.

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		<del>assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County by County basis monthly.</del>
<del>An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</del>	<del>WAC 388-823-1095 My rights as a DDA client.</del>  <del>County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.</del>	<del>By contract and by DDA Policy 4.11 embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client's identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to Counties and progress reports to each client's case resource manager on a semi-annual basis. Each county completes a 16-page self-assessment tool every other year which</del>

**Commented [DRW51]:** "Dignity and respect" should include fair compensation and protection against discriminatory practices. However, nothing in this rule, the county guidelines, or the county contracts protect against exploitation and denial of personal dignity via abuse of subminimum and subprevailing wages. The state does not hold group supported employment providers accountable for illegally paying subminimum and subprevailing wages based solely on the fact that the individuals have disabilities. Individuals in group supported employment last year were paid an average of \$5 to \$6 an hour, which is over 40% less than the 2014 state minimum wage of \$9.32 an hour. DRW identified group supported employees who make as little as \$2 or \$3 dollars an hour. Without state certification that these wages are justified and necessary for the opportunities of the worker, payment of subminimum and subprevailing wages on the basis of individuals' disabilities is discriminatory.

**Commented [DRW52]:** The oversight described in this section has failed to prevent widespread violations of state wage and hour requirements described above. Although the state receives these monthly reports that include wage and hour data, the state has never sought to determine whether the hundreds of group supported employment participants getting paid subminimum wages have been certified by the state Department of Labor and Industries to do so as required by the state Minimum Wage Act. Based on information provided in response to DRW's public disclosure request, DRW has determined that there are likely dozens of group supported employment vendors who are violating the wage and hour rights of hundreds of workers. The state must make changes to ensure these workers' rights as well as participant health and welfare as required by 42 C.F.R. § 441.302(a)

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<b>Characteristics/Requirements</b>	<b>DDA Group Supported Employment State Assessment</b>	<b>Oversight Process</b>
		<del>assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County by County basis monthly.</del>
Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.	<u>WAC 388-823-1095</u> My rights as a DDA client. <u>County Guidelines</u> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.	By contract and by <u>DDA Policy 4.11</u> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client's identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to Counties and progress reports to each client's case resource manager on a semi-annual basis. Each county completes a 16 -page self-assessment tool every other year which

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Characteristics/Requirements	DDA Group Supported Employment State Assessment	Oversight Process
		assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County -by - County basis monthly.
Individual choice regarding services and supports, and who provides them, is facilitated.	<b>WAC 388-823-1095</b> My rights as a DDA client.  <b>County Guidelines</b> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.	By contract and by <b>DDA Policy 4.11</b> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client's identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to Counties and progress reports to each client's case resource manager on a semi-annual basis. Each county completes a 16 -page self-assessment tool every other year which



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		assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County -by - County basis monthly.
The setting is physically accessible to the individual.	<a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.	By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client's identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to Counties and progress reports to each client's case resource manager on a semi-annual basis. Each county completes a 16 -page self-assessment tool every other year which

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		assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County -by - County basis monthly.
The setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.	County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.	By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client's identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to Counties and progress reports to each client's case resource manager on a semi-annual basis. Each county completes a 16 -page self-assessment tool every other year which
	WAC 388-845-2100(2)(a-d) Group supported employment services are a step on your pathway toward gainful employment in an integrated setting and include supports and paid training in an integrated business setting, supervision by a qualified employment provider during working hours, groupings of no more than eight workers with disabilities and individualized supports to obtain gainful employment.	

**Commented [DRW53]:** 42 C.F.R. § 441.301(c)(5)(v) requires the heightened scrutiny standard for settings that are presumed to be institutional absent evidence to the contrary. As discussed above, DRW has found that Group Supported Employment services have the effect of isolating many individuals from their broader communities and should be presumed institutional.

**Commented [DRW54]:** See comment above about the state definition of this term

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Characteristics/Requirements	DDA Group Supported Employment State Assessment	Oversight Process
		assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County -by - County basis monthly.

**Characteristics/Requirements Will Meet with Changes**

<b><u>Characteristics/Requirements Will Meet with</u></b>	<b><u>Proposed Changes</u></b>
<u>The setting is integrated in, and facilitates the individual's 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, in the same manner as individuals without disabilities.</u>	<u>Amend WAC to specifically define "integrated business setting" as a setting that enables participants to work alongside and/or interact with nondisabled individuals.</u>

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<u>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</u>	<u>Amend DDA policy and request legislation to allow individuals to access the mixture of employments support and day services they need to support a full week of meaningful days.</u>  <u>Establish performance based contracts with counties to incentivize and reward job placements in individual employment</u>  <u>Revise service authorization process to ensure hours are allocated and used for individual employment searches and individual job development</u>
<u>An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected</u>	<u>Amend WAC 388-845 and/or WAC 388-823-1095 to require minimum and prevailing wages</u>  <u>Establish practice of only allowing exceptions for minimum/prevailing wage requirements based on certification and a separate showing for why employment supports are not capable of helping the individual develop a job at or above minimum wages. See RCW 49.46 and RCW 39.12.</u>  <u>Increase monitoring of wage and hour requirements by reviewing all individuals' group supported employment services where individual wage and hour data shows the individual is receiving subminimum wages.</u>

### Adult Family Home

Setting Description: This is a residential home that provides HCBS to more than one but not more than six adults who are not related by blood or marriage to a licensed operator, resident manager, or caregiver, who resides in the home.

Number of Facilities: 2747

Characteristics/Requirements Met		
Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	<p><a href="#">RCW 70.129.140</a> (b) interact with members of the community both inside and outside the facility.</p> <p><a href="#">70.129.040</a> (1) personal resources</p> <p><a href="#">70.129.020</a> Exercise of rights.</p> <p><a href="#">388-76-10620</a> Resident rights – Quality of life – General.</p> <p><a href="#">WAC 388-76-10640</a> Resident rights – Quality of life – Reasonable accommodation.</p> <p><a href="#">388-76-10555</a> Resident rights – Financial affairs.</p> <p><a href="#">WAC 388-76-10520</a> refers to <a href="#">Chapter 70.129</a> RCW.</p> <p><a href="#">WAC 388-823-1095</a> My rights as a DDA client.</p>	<p>As part of the inspection process described in the overview, Residential Care Services conducts resident interviews regarding respect of individuality, independence, personal choice, dignity, and activities. RCS also conducts resident observations and talks with a sample of residents to determine compliance with this requirement.</p> <p>DDA Performance Quality Improvement staff (PQI) host and schedule DD Specialty Trainings in Regions. PQIs visit every newly licensed AFH with a DD specialty.</p> <p><a href="#">The LTCO also monitors implementation of RCW 70.129</a></p>

**Commented [DRW55]:** Generally, see our comments above in AL section regarding reliance on this statute for the state's assessment of the integration and choice requirements.

Specifically, DRW's monitoring in Adult Family Homes has identified the lack of integrated community opportunities as a prevalent problem in this setting. DRW consistently found residents sitting in front of the television all day and talked to residents who reported rarely leaving the house. Like assisted living, the lack of transportation support is an especially significant barrier to community integration, particularly in rural areas. For some, the only time they left the house was to go to Dr. appointments. One resident was very excited about her next outing to go bowling, which was still several months away. Few residents of the AFH we monitored had employment, or were working very many hours.

Based on our monitoring observations, we recommend that this review include consultation with residents as well as the long term care ombudsman before concluding AFH's are in compliance with this requirement without additional changes.

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Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
		For further information on consumer satisfaction and HCBS compliance see NCI survey results referenced in the in-home setting.
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, the resources available for room and board.	<p>During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. This is documented in the Service Episode Record of the CARE assessment tool.</p> <p>For individuals served by DDA, the Assessment Meeting Wrap-up (<a href="#">DSHS 14-492</a>) documents that individuals are informed of their options regarding settings and providers.</p>	<p>CMs offer the individual choices of long-term care settings and provider types. Verification of provision of choices is also part of ALTSA's annual QA monitoring process.</p> <p>As part of the inspection and the RCS complaint investigation process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, and provider and staff interviews. RCS conducts client record reviews.</p> <p>DDA Performance Quality Improvement staff assist DDA Case/Resource Managers to develop and offer choices among DD Specialty AFHs.</p>
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	Rights are protected in <a href="#">RCW 70.129.005</a> and WAC, including not using restraints on any resident. ( <a href="#">RCW 70.129.120</a> )	As part of the inspection process described in the overview, RCS conducts an environmental tour, conducts resident record reviews, and

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Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
		observes use of restraints, and talks with a sample of residents to determine compliance with this requirement.  <u>The LTCO also monitors implementation of RCW 70.129</u>
Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.	Rights are protected in <u>RCW 70.129.140</u> and <u>RCW 70.129.005</u> .	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.  <u>The LTCO also monitors implementation of RCW 70.129</u>
Individual choice regarding services and supports, and who provides them, is facilitated.	During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers. This is documented in the Service Episode Record of the CARE assessment tool.	This is documented as part of the preliminary/negotiated care plan. Verification of provision of choices is also part of ALTSA's annual QA monitoring process.

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Individuals have a choice of roommates in the setting.	<a href="#">WAC 388-76-10685</a> (5)	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
Individuals have the freedom to furnish and decorate their sleeping or living units.	<a href="#">RCW 70.129.100</a> --(1) The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.	As part of the inspection process described in the overview, RCS conducts tours of the home, comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.  <a href="#">The LTCO also monitors implementation of RCW 70.129</a>



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Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	<a href="#">RCW 70.129.140</a> (2) Within reasonable facility rules designed to protect the rights and quality of life of residents, the resident has the right to: (a) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; (b) Interact with members of the community both inside and outside the facility; (c) Make choices about aspects of his or her life in the facility that are significant to the resident;	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
Individuals are able to have visitors of their choosing at any time.	<a href="#">RCW 70.129.090</a> (1) The resident has the right and the facility must not interfere with access to any resident by the following: (f) Subject to reasonable restrictions to protect the rights of others and to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident and others who are visiting with the consent of the resident;	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.  <a href="#">The LTCO also monitors implementation of RCW 70.129</a>

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Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
The setting is physically accessible to the individual.	<a href="#">WAC 388-76-10685</a> Bedrooms <a href="#">388-76-10695</a> Building Codes-Structural requirements <a href="#">388-76-10870</a> – Resident evacuation capability levels – identification required Building Code <a href="#">51-51-R325</a> has more details related to ramps, bathrooms, grade of walkway, etc.	As part of the inspection process described in the overview, RCS conducts an environmental tour regarding this requirement.
The setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.	AFHs are residential homes. None are attached to institutions.	Not applicable
The unit or room is a specific physical place that can be owned, rented or occupied under another 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.	<a href="#">RCW 70.129.110</a> provides protections beyond that required in landlord-tenant law regarding requirements a provider must meet before discharging or transferring a resident, including first making an attempt through reasonable accommodations to avoid the transfer or discharge and giving at least 30 days' notice before the transfer or discharge.  <a href="#">Title 59 RCW</a> provides protections, including an	This provision is enforced through the RCS licensing requirements.  <a href="#">The LTCO also monitors implementation of RCW 70.129</a>

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Characteristics/Requirements	Adult Family Home State Assessment	Oversight Process
	unlawful entry and detainer action as outlined in <a href="#">Chapter 59.16 RCW</a> , including a process for contesting the eviction.	

**Characteristics/Requirements Will Meet with Changes**

Characteristics/Requirements	Proposed Changes
Units have lockable entrance doors, with appropriate staff having keys to doors.	Change WAC to comply with this change.

**Adult Residential Services (ARC) and Enhanced Adult Residential Services (EARC)**

Setting Description: Facilities in a community setting that are licensed to provide medication assistance, personal care services, and limited supervision to seven or more residents. In addition, EARCs provide medication administration and intermittent nursing services.

Number of Facilities: 200 ARC; 143 EARC (some facilities have multiple contracts)

Characteristics/Requirements Met		
Characteristics/Requirements	Adult Residential Services and Enhanced Adult Residential Services State Assessment	Oversight Process
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	RCW 70.129.140 (b) interact with members of the community both inside and outside the facility. 70.129.040 (1) personal resources RCW 70.129.020 Exercise of rights. WAC 388-823-1095 My rights as a DDA client.	As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.  For further information on consumer satisfaction and HCBS compliance see NCI survey results referenced in the in-home setting.
The setting is selected by the individual from among setting options	During the assessment process, it is a CM responsibility to inform individuals of their	CMs offer the individual choices of long-term care settings and provider types.

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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.	options regarding settings and providers. This is documented in the Service Episode Record of the CARE assessment tool.  For individuals served by DDA, the Assessment Meeting Wrap-up ( <a href="#">DSHS 14-492</a> ) documents that individuals are informed of their options regarding settings and providers.	Verification of provision of choices is also part of AL TSA's annual QA monitoring process.  As part of the facility inspection and the RCS complaint investigation process described in the overview, Residential Care Services conducts client observations, client and collateral interviews, provider and staff interviews. RCS conducts client record reviews.
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	Rights are protected in <a href="#">RCW 70.129.005</a> and WAC, including not using restraints on any resident. ( <a href="#">RCW 70.129.120</a> )	As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.	Rights are protected in <a href="#">RCW 70.129.140</a> and <a href="#">RCW 70.129.005</a> .	As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews regarding this requirement.
Individual choice regarding services and	During the assessment process, it is a CM	This is a component of the CARE

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Characteristics/Requirements	Adult Residential Services and Enhanced Adult Residential Services State Assessment	Oversight Process
supports, and who provides them, is facilitated.	responsibility to inform individuals of their options regarding settings and providers. This is documented in the Service Episode Record of the CARE assessment tool.	assessment process. This is also documented as part of the Preliminary/Negotiated Care Plan.
Individuals have the freedom to furnish and decorate their sleeping or living units.	<a href="#">RCW 70.129.100</a> --(1) The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.	As part of the facility inspection process described in the overview, RCS conducts facility tours, comprehensive resident interviews as well as conducts a facility tour with observations regarding this requirement.
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	<a href="#">RCW 70.129.140</a> (2) Within reasonable facility rules designed to protect the rights and quality of life of residents, the resident has the right to: (a) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; (b) Interact with members of the community both inside and outside the facility; (c) Make choices about aspects of his or her life in the facility that are significant to the resident.	As part of the facility inspection process described in the overview, RCS addresses this requirement during comprehensive resident interviews and also with residents during a resident group meeting.
Individuals are able to have visitors of their choosing at any time.	<a href="#">RCW 70.129.090</a> (1) The resident has the right and the facility must not interfere with access to any resident by the following:	As part of the facility inspection process described in the overview, RCS addresses this requirement during

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	(f) Subject to reasonable restrictions to protect the rights of others and to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident and others who are visiting with the consent of the resident.	comprehensive resident interviews and also with residents during a resident group meeting.
The setting is physically accessible to the individual.	<a href="#">WAC 388-78A-2910</a> Building Codes-Structural requirements Building Code <a href="#">51-51-R325</a> has more details related to ramps, bathrooms, grade of walkway, etc.	As part of the facility inspection process described in the overview, RCS conducts a facility inspection with observations regarding this requirement.
Individuals have a choice of roommates in the setting.	<a href="#">WAC 388-78A-3010</a> (1)(v) Both residents mutually agree to share the resident sleeping room.	As part of the facility inspection process described in the overview, RCS conducts comprehensive resident interviews regarding this requirement.
The setting is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.	Five EARCs are attached to an institution See the analysis in the appendix for further information.	As part of the facility inspection process described in the overview, RCS conducts facility tours, comprehensive resident interviews as well as conducts a facility tour with observations regarding this requirement.
The unit or room is a specific physical place	<a href="#">RCW 70.129.110</a> provides protections beyond	This provision is enforced through the

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Characteristics/Requirements	Adult Residential Services and Enhanced Adult Residential Services State Assessment	Oversight Process
that can be owned, rented or occupied under another 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.	that required in landlord-tenant law regarding requirements a provider must meet before discharging or transferring a resident, including first making an attempt through reasonable accommodations to avoid the transfer or discharge and giving at least 30 days' notice before the transfer or discharge.  <a href="#">Title 59 RCW</a> provides protections, including an unlawful entry and detainer action as outlined in <a href="#">Chapter 59.16 RCW</a> , including a process for contesting the eviction.	RCS licensing requirements.

**Characteristics/Requirements Will Meet with Changes**

Characteristics/Requirements	Proposed Changes
Units have lockable entrance doors, with appropriate staff having keys to doors.	Change WAC to comply with this change.



## DDA Group Training Homes

Setting Description: A DDA Group Training Home is a licensed and certified nonprofit residential facility that provides full-time care, treatment, training, and maintenance for individuals. Effective February 1, 2008, the legislature required that any newly licensed/certified Group Training Home must be licensed as an adult family home and therefore must meet the AFH licensing requirements of Chapter 388-76 WAC.

Number of Group Training Homes: 2 (these two homes, Merry Glen and Sound View, were in existence prior to February 1, 2008, so they are not required to meet the adult family home licensing requirements but must meet the supported living certification requirements of Chapter 388-101 WAC).

Characteristics/Requirements Met		
Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	<p>RCW 71A.22.020(2) and 70.129.140 (b) interact with members of the community both inside and outside the facility.</p> <p>70.129.040 (1) personal resources</p> <p>70.129.020 Exercise of rights.</p> <p>WAC 388-823-1095 My rights as a DDA client.</p> <p>388-101-3170</p> <p>If dually certified and licensed as an AFH:</p> <p>70.129.140 (b) interact with members of the community both inside and outside the facility.</p>	<p>As part of the inspection process described in the overview, Residential Care Services conducts resident interviews regarding respect of individuality, independence, personal choice, dignity, and activities. RCS also conducts resident observations and talks with a sample of residents to determine compliance with this requirement.</p> <p>For further information on consumer satisfaction and HCBS compliance see</p>

**Commented [DRW56]:** Does this mean there are no DDA group training homes that are currently subject to AFH licensing rules? If that is the case, it is unclear why AFH WAC provisions or any provisions from RCW 70.129 would be cited in the assessment of HCBS setting compliance.

If there are only two facilities in this setting, neither of which are subject to RCW 70.129 or WAC 388-76, that regulate AFH's, our comments about the inadequacies of WAC's 388-101 above apply to this section as well. However, based on the fact that unlike Supported Living, these two facilities have no limits on how many residents can live in one setting, we have even greater concerns about whether this is a setting that could be considered to have HCBS rather than institutional qualities, even with proposed changes. At minimum, the review of this setting should include an onsite visit to both facilities and interviews with staff, residents, and families to gather information for heightened scrutiny.

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Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
	<p>388-76-10620 Resident rights – Quality of life – General.</p> <p>388-76-10640 Resident rights – Quality of life – Reasonable accommodation.</p> <p>388-76-10555 Resident rights – Financial affairs.</p> <p>388-76-10520 refers to <a href="#">70.129</a>.</p>	NCI survey results referenced in the in-home setting.
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, the resources available for room and board.	<p>During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers.</p> <p>For individuals served by DDA, the Assessment Meeting Wrap-up (<a href="#">DSHS 14-492</a>) documents that individuals are informed of their options regarding settings and providers.</p>	CMs offer the individual choices of settings and provider types. This is a component of the CARE assessment process.
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	<p>Rights are protected in <a href="#">RCW 70.129.005</a> and WAC, including not using restraints on any resident. (<a href="#">RCW 70.129.120</a>)</p> <p>Protection of rights is enforced through <a href="#">WAC 388-101-3320</a> through <a href="#">WAC 388-101-3360</a></p>	As part of the inspection process described in the overview, RCS conducts an environmental tour, conducts resident record reviews, and observes use of restraints, and talks with a sample of residents to determine compliance with this requirement.
Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities,	<p>Rights are protected in <a href="#">RCW 70.129.140</a> and <a href="#">RCW 70.129.005</a>.</p> <p>Protection of rights is enforced through WAC</p>	As part of the inspection process described in the overview, RCS conducts comprehensive resident

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Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
physical environment, and with whom to interact are optimized and not regimented.	<a href="#">388-101-3320</a> through WAC 388-101-3360	interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
Individual choice regarding services and supports, and who provides them, is facilitated.	During the assessment process, it is a CM responsibility to inform individuals of their options regarding settings and providers.  Protection of rights is enforced through <a href="#">WAC 388-101-3320</a> through WAC 388-101-3360	This is a component of the CARE assessment process. This is also documented as part of the preliminary/negotiated care plan.
Individuals have a choice of roommates in the setting.	<a href="#">WAC 388-76-10685</a> (5) requires that the AFH make reasonable efforts to accommodate residents wanting to share the room.  If dually certified and licensed as an AFH: <a href="#">WAC 388-76-10685</a> (5) requires that the AFH make reasonable efforts to accommodate residents wanting to share the room.	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
Individuals have the freedom to furnish and decorate their sleeping or living units.	<a href="#">RCW 70.129.100</a> --(1) The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
Individuals have the freedom and support to	<a href="#">RCW 70.129.140</a>	As part of the inspection process

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Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
control their own schedules and activities, and have access to food at any time.	(2) Within reasonable facility rules designed to protect the rights and quality of life of residents, the resident has the right to: (a) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; (b) Interact with members of the community both inside and outside the facility; (c) Make choices about aspects of his or her life in the facility that are significant to the resident.	described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
Individuals are able to have visitors of their choosing at any time.	<a href="#">RCW 70.129.090</a> (1) The resident has the right and the facility must not interfere with access to any resident by the following: (f) Subject to reasonable restrictions to protect the rights of others and to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident and others who are visiting with the consent of the resident.	As part of the inspection process described in the overview, RCS conducts comprehensive resident interviews, reviews resident records, interviews providers/resident managers, and interviews staff regarding this requirement.
The setting is physically accessible to the individual.	Protection of rights is enforced through WAC <a href="#">388-101-3320</a> through WAC 388-101-3360.  If dually certified and licensed as an AFH:  <a href="#">388-76-10685</a> Bedrooms <a href="#">388-76-10695</a> Building Codes-Structural	As part of the inspection process described in the overview, RCS conducts an environmental tour regarding this requirement.

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Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
	requirements <a href="#">388-76-10870</a> – Resident evacuation capability levels – identification required Building Code <a href="#">51-51-R325</a> has more details related to ramps, bathrooms, grade of walkway, etc.	
The setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.	No group training homes are attached to institutions.	Not applicable
The unit or room is a specific physical place that can be owned, rented or occupied under another 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.	If dually certified and licensed as an AFH: <a href="#">RCW 70.129.110</a> provides protections beyond that required in landlord-tenant law regarding requirements a provider must meet before discharging or transferring a resident, including first making an attempt through reasonable accommodations to avoid the transfer or discharge and giving at least 30 days' notice before the transfer or discharge.  <a href="#">Title 59 RCW</a> provides protections, including an unlawful entry and detainer action as outlined	This provision is enforced through the RCS licensing requirements.

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Characteristics/Requirements	DDA Group Training Homes State Assessment	Oversight Process
	in <a href="#">Chapter 59.16 RCW</a> , including a process for contesting the eviction.	

**Characteristics/Requirements Will Meet with Changes**

<b>Characteristics/Requirements</b>	<b>Proposed Changes</b>
Units have lockable entrance doors, with appropriate staff having keys to doors.	Change contract to comply with this change.
The unit or room is a specific physical place that can be owned, rented or occupied under another 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.	Change group training home contract to comply with this change.

### Companion Home

Setting Description: A companion home is a DDA residential service offered in the provider's home to no more than one client. Clients receive twenty-four hour instruction and support services which are provided by an independent contractor.

Number of Companion Homes: 68

Characteristics/Requirements Met		
Characteristics/Requirements	Companion Home State Assessment	Oversight Process
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	<p><a href="#">WAC 388-829C-020</a>: A companion home is a DDA residential service offered in the provider's home to no more than one client. Companion home residential services provide twenty-four hour instruction and support services. Companion home residential services are based on the client's ISP.</p> <p><a href="#">WAC 388-829C-090</a> The companion home provider must focus on the following values when implementing the individual support plan (ISP): health and safety; personal power and choice; competence and self-reliance; positive recognition by self and others; positive relationships; and integration in the physical and social life of the community.</p>	<p>Annual evaluation process conducted by DDA -contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.</p> <p>For further information on consumer satisfaction and HCBS compliance see NCI survey results referenced in the in-home setting.</p>
The setting is selected by the	<a href="#">WAC 388-823-1095</a> My rights as a DDA client.	Annual evaluation process conducted by



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Characteristics/Requirements	Companion Home State Assessment	Oversight Process
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, the resources available for room and board.	For individuals served by DDA, the Assessment Meeting Wrap-up ( <a href="#">DSHS 14-492</a> ) documents that individuals are informed of their options regarding settings and providers.	DDA -contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	<p><a href="#">WAC 388-829C-090</a></p> <p>The companion home provider must focus on the following values when implementing the individual support plan (ISP): health and safety; personal power and choice; competence and self-reliance; positive recognition by self and others; positive relationships; and integration in the physical and social life of the community.</p> <p><a href="#">WAC 388-829C-100</a> Clients of DDA have: the same legal rights and responsibilities guaranteed to all other individuals by the United States Constitution and federal and state law; the right to be free from discrimination because of race, color, national origin, gender, age, religion, creed, marital status, disabled or veteran status, use of a trained service animal or the presence of any</p>	Annual evaluation process conducted by DDA -contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.

Characteristics/Requirements	Companion Home State Assessment	Oversight Process
	physical, mental or sensory handicap; the right to treatment and habilitation services to foster developmental potential and protect personal liberty in the least restrictive environment; the right to dignity, privacy, and humane care; the right to participate in an appropriate program of publicly supported education; the right to prompt medical care and treatment; the right to social interaction and recreational opportunities; the right to work and be paid for the work one does; the right to be free from harm, including unnecessary physical restraint, isolation, excessive medication, abuse, neglect, or financial exploitation; the right to be free from hazardous or experimental procedures; the right to freedom of expression and to make decisions about one's life; the right to complain, disagree with, and appeal decisions made by the provider or DDA; and the right to be informed of these rights in a language that he or she understands.	
Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.	<a href="#">WAC 388-829C-090</a> and 100	Annual evaluation process conducted by DDA -contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.

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Characteristics/Requirements	Companion Home State Assessment	Oversight Process
Individual choice regarding services and supports, and who provides them, is facilitated.	<a href="#">WAC 388-829C-100</a>	Annual evaluation process conducted by DDA -contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.
Individuals have the freedom to furnish and decorate their sleeping or living units.	<a href="#">WAC 388-829C-090</a>	Annual evaluation process conducted by DDA -contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	<a href="#">WAC 388-829C-100</a>	Annual evaluation process conducted by DDA -contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.
Individuals are able to have visitors of their choosing at any time.	<a href="#">WAC 388-829C-090, 100</a>	Annual evaluation process conducted by DDA -contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.
The setting is physically accessible to the individual.	<a href="#">WAC 388-829C-320</a> Companion home providers must ensure that	Annual evaluation process conducted by DDA -contracted evaluators who review

Characteristics/Requirements	Companion Home State Assessment	Oversight Process
	the following physical and safety requirements are met for the client: a safe and healthy environment; a separate bedroom; accessible telephone equipment with local 911 access; a list of emergency contact numbers accessible to the client; an evacuation plan developed, posted, and practiced monthly with the client; an entrance and/or exit that does not rely solely upon windows, ladders, folding stairs, or trap doors; a safe storage area for flammable and combustible materials; unblocked exits; working smoke detectors which are located close to the client's room and meet the specific needs of the client; a flashlight or other non-electrical light source in working condition; fire extinguisher meeting the fire department standards; and basic first aid supplies. The companion home must be accessible to meet the client's needs.	and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.
The unit or room is a specific physical place that can be owned, rented or occupied under another 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	<a href="#">WAC 388-829C-020</a> describes companion homes requirements.	Annual evaluation process conducted by DDA -contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.

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Characteristics/Requirements	Companion Home State Assessment	Oversight Process
designated entity.		
Units have lockable entrance doors, with appropriate staff having keys to doors.		Annual evaluation process conducted by DDA -contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.
Individuals have a choice of roommates in the setting.	<a href="#">WAC 388-829C-020</a> A companion home is a DDA residential service offered in the provider's home to no more than one client.	Annual evaluation process conducted by DDA -contracted evaluators who review and evaluate compliance with WAC and companion home contract using a companion home evaluation tool.

**Characteristics/Requirements Will Meet with Changes**

<b>Characteristics/Requirements</b>	<b>Proposed Changes</b>
Units have lockable entrance doors, with appropriate staff having keys to doors.	Change companion home contract to comply with this change.
The unit or room is a specific physical place that can be owned, rented or occupied under another 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.	Change companion home contract to comply with this change.

### DDA Pre-Vocational Services

Setting Description: Fifteen Pre-vocational service providers in eleven counties provide Pre-vocational services as part of an individual's pathway to integrated jobs in typical community employment. These settings are not currently integrated.

Number of Individuals Served: 348 individuals

Characteristics/Requirements	Characteristics/Requirements DDA Pre-Vocational Services State Assessment	Oversight Process
The setting is integrated in, and facilitates the individual's 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, in the same manner as individuals without disabilities.	<p><a href="#">RCW 71A.10.015</a></p> <p><a href="#">WAC 388-845-1400</a> What are prevocational services? (1) Prevocational services typically occur in a specialized or segregated setting and include individualized monthly employment related activities in the community. Prevocational services are designed to prepare those interested in gainful employment in an integrated setting through training and skill development. (2) Prevocational services are available in the Basic Plus, Core and community protection waivers.</p> <p><a href="#">DDA Policy 4.11</a> County Services for Working</p>	By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client's identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to Counties and progress reports to each client's case resource manager on a semi-annual basis.

**Commented [DRW57]:** As this plan acknowledges below, prevocational does not meet this requirement

Characteristics/Requirements	DDA Pre-Vocational Services State Assessment	Oversight Process
	<p>Age Adults</p> <p><a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.</p>	<p>Each county completes a 16 -page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County -by -County basis monthly.</p>
<p>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p><a href="#">WAC 388-823-1095</a> My rights as a DDA client. For individuals served by DDA, the Assessment Meeting Wrap-up (<a href="#">DSHS 14-492</a>) documents that individuals are informed of their options regarding settings and providers.</p> <p><a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client's identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to Counties and progress reports to each client's case resource manager on a semi-annual basis.</p>



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Characteristics/Requirements	DDA Pre-Vocational Services State Assessment	Oversight Process
		Each county completes a 16 -page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County -by -County basis monthly.
An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.	<p>WAC 388-823-1095 My rights as a DDA client.</p> <p>County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client's identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to Counties and progress reports to each client's case resource manager on a semi-annual basis.</p>

Characteristics/Requirements	DDA Pre-Vocational Services State Assessment	Oversight Process
		Each county completes a 16 -page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County -by -County basis monthly.
Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.	<a href="#">WAC 388-823-1095</a> My rights as a DDA client. <a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.	By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client's identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to Counties and progress reports to each client's case resource manager on a semi-annual basis.

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Characteristics/Requirements	DDA Pre-Vocational Services State Assessment	Oversight Process
		Each county completes a 16 -page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County -by -County basis monthly.
Individual choice regarding services and supports, and who provides them, is facilitated.	<p>WAC 388-823-1095 My rights as a DDA client.</p> <p>County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.</p>	<p>By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client's identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to Counties and progress reports to each client's case resource manager on a semi-annual basis.</p>

Characteristics/Requirements	DDA Pre-Vocational Services State Assessment	Oversight Process
		Each county completes a 16 -page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County -by -County basis monthly.
The setting is physically accessible to the individual.	<a href="#">County Guidelines</a> inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.	By contract and by <a href="#">DDA Policy 4.11</a> embedded in the contract, each county reviews their employment service providers at minimum once per biennium to ensure that: all contract obligations are adhered to including that services to working age adults are consistent with DDA policy; each participant is gainfully employed at client's identified job goal or has an individual employment plan. Additionally, service providers submit monthly outcome information to Counties and progress reports to each client's case resource manager on a semi-annual basis.

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Characteristics/Requirements	DDA Pre-Vocational Services State Assessment	Oversight Process
The setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.	County Guidelines inform and direct county services, including employment, to include the following benefits of quality living: power and choice, relationships, status/contribution, integration, competence and health and safety.	Each county completes a 16 -page self-assessment tool every other year which assists DDA to prioritize site visits. DDA staff conduct on-site quality assessments to every county once every two years. DDA has 3 Regional Employment Specialists who assist with the quality assessments. Additionally, DDA review outcome information for trends and patterns on a County -by - County basis monthly.

Characteristics/Requirements Not Met

Characteristics/Requirements	Proposed Changes
The setting is integrated in, and facilitates the individual's 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, in the same manner as individuals without disabilities.	DDA proposes to eliminate new admissions to Prevocational Services. All people receiving prevocational employment supports will be supported to transition into integrated service options within four years.

**Commented [DRW58]:** DRW agrees prevocational services should be eliminated as a HCBS waiver service as it does not meet the federal definition of a HCBS setting.

## APPENDIX B: State Assessment of Presumptively Non-HCBS Settings

CMS presumes certain settings have the qualities of an institution, and applies “heightened scrutiny” to these settings. Such settings include those in a publicly or privately-owned facility that provides inpatient treatment; are on the grounds of or immediately adjacent to, a public institution; or that have the effect of isolating individuals not receiving Medicaid-funded HCBS. For these settings, the state is provided the opportunity to provide information to CMS on whether the setting has the qualities of a home and community-based setting and does not have the qualities of an institution.

AL TSA conducted site visits of the settings presumed to be institutional. Details about the state’s assessment of each setting were shared with each facility administrator and will be provided to CMS as part of the statewide transition plan.

Washington State currently has 16 assisted living residential facilities that are attached to institutions- either a hospital or a nursing facility. In addition, there was one facility that was identified by stakeholders as potentially not having the characteristics of an HCB setting. AL TSA headquarters staff visited all 17 facilities to assess whether the residential facility meets the federal definition of home and community-based settings. While visiting the facilities, staff interviewed residents and the facility administrator to get their input and made observations of the setting. A list of the interview questions posed to clients follows:

1. When you moved into this place, did you choose to live here?
2. Can you come and go from this facility when you would like?
3. Are you able to do fun things in the community when you would like to?
4. Do you share your room with anyone? If so, were you given a choice on who you would share a room with?
5. Are you able to set your own schedule?
6. Are you able to eat when you want to?
7. Can you request an alternative meal if you want one?
8. Are you able to choose who you eat your meals with?
9. Are you able to have visitors at any time?

A list of the interview questions asked of administrators follows:

1. Is the setting in the community?
2. Are schedules regimented?

**Commented [DRW59]:** In addition to this setting, we would request onsite assessment and heightened scrutiny for a broader array of services. Specifically, we believe this is warranted for any residential setting servicing a group of clients that is greater than 6, including the two DDA Group Homes, as well as a the Adult Day Health and Adult Day Services. If the state does not propose changes to the group supported employment rules, then the state should apply heightened scrutiny to any group supported employment setting where clients are employed by their group supported employment vendor. As discussed above, we recommend that the state consult specifically with LTCO to identify any other specific facilities licensed as AL or AFH that should be reviewed with heightened scrutiny.

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3. Do residents come and go at will?
4. Do residents have access to public transportation?
  - Where public transportation is limited, are other resources available for the individual to access the community?
5. Can residents close and lock their bedroom door and the bathroom door?

The vast majority of the residents interviewed indicated that the facility was chosen by the resident or their family member(s). It should also be noted that the residents are able to choose and access their own community-based medical and dental providers and access other community-based resources and activities.

**The state believes the following facilities fully meet the HCBS characteristics:**

- Buena Vista in Colville (an assisted living setting)
- Garden Oasis (an assisted living setting)
- Josephine Sunset (an assisted living setting)
- Judson Park (an adult residential care and enhanced adult resident care (ARC/EARC) setting)
- Klondike Hills (an assisted living setting)
- Prestige Care at Richland (an assisted living setting)
- Providence Mount St. Vincent (an assisted living setting)
- Rockwood at Hawthorne (an assisted living setting)
- Sharon Care Center (an ARC/EARC setting)
- Summit Place Assisted Living (an assisted living setting)
- Sunrise View Retirement Villa (an ARC/EARC setting)
- Tacoma Lutheran Home (an assisted living setting)
- Vashon Community Care (an assisted living setting)
- Washington Odd Fellows (an assisted living setting)
- Woodland Care Center (an ARC/EARC setting)

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**The state believes the following facility does not fully meet HCBS expectations and must strengthen opportunities for residents to be more fully integrated into their community. Once these changes are fully implemented, this provider will fully meet the HCBS expectations.**

- Good Samaritan Spokane Valley (an assisted living setting). See below for the transition plan for this facility.

**The state has determined that the following facilities did not meet HCBS expectations:**

- Nisqually View Residential Care (an ARC/EARC setting). The state terminated the Medicaid contract effective November 14, 2014. There were no residents living in the facility at the time of contract termination.
- Josephine Sunset Home (Adult Day Care setting). The contract was terminated June 18, 2014. There were no clients receiving services at the time of contract termination.



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**State Assessment and Transition Plan for Good Samaritan Society Spokane**

Address: 17121 E 8<sup>th</sup> Avenue, Spokane Valley, WA

Number of Licensed beds: 14

Number of Medicaid residents: 5

**Assessment:**

Based on the new CFR regarding HCBS settings, facilities are presumed institutional when located on the grounds of, or adjacent to, a nursing facility. In the ALTSA- HCS review of facilities, Good Samaritan Society of Spokane has been identified as a facility that is attached to a nursing facility.

**State Results:**

Good Samaritan met many of the characteristics of home and community-based settings, but additional actions must be taken to fully ensure that residents are not isolated and segregated from the broader community. Once these changes are fully implemented, this provider will fully meet the HCBS expectations.

**Action Required:**

In order to fully meet the federal requirements for HCBS settings, the facility will develop and implement a plan to ensure the following client outcomes:

- Full access to community resources and services including assistance with accessing transportation.
- Opportunities to participate in community activities that are both sponsored by the facility and/or individually identified by the client.
- Regular solicitation and incorporation of input from residents about preferred on-site and off-site activities.

**Implementation:**

- Good Samaritan will submit an acceptable plan to achieve the identified resident outcomes to the Residential Policy Program Manager by February 28, 2015.

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- Good Samaritan will implement the plan and provide quarterly (from the date of plan acceptance) progress reports to the Residential Policy Program Manager until full implementation has been achieved.
- AL TSA staff will conduct follow-up resident interviews to monitor implementation of the plan on a semi-annual basis until full implementation has been achieved.
- On-going monitoring will continue to be conducted through the licensing survey process.

## Appendix C: State's Remedial Strategies and Timelines

The following are the state's remedial strategies required to ensure that Washington State complies with, and maintains compliance with, the HCBS rules. This includes changes to Washington Administrative Code, Medicaid contract changes, residential facility survey/inspection changes, and training.

Activity	Description	Milestones	Start Date	End Date
<b>WAC Changes</b>				
Revise Adult Family Home <a href="#">Chapter 388-76 WAC</a> and ARC/EARC <a href="#">Chapter 388-110</a> and <a href="#">78A WAC</a>	Change WAC to mandate resident choice regarding locking bedroom door.	RCS will follow rulemaking timeframe established in WAC	November 1, 2014	November 30, 2017
<a href="#">Revise WAC 388-101</a>	<a href="#">Amend WAC 388-101 to contain explicit requirements for HCBS settings</a>	<a href="#">Rulemaking timeline with notice and comment period</a>	<a href="#">[date]</a>	<a href="#">[date]</a>
<b>Contract changes</b>				
Review DDA Group Training Homes and DDA Companion Homes contracts	Change contract to require lockable doors.	Contracts for 2015-2017 biennium will have language requiring homes to have lockable doors	July 1, 2015	June 30, 2017
Revise DDA Companion Homes and DDA Group Training home contracts	Change contract to require protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity.	Contracts for 2015-2017 biennium will have language requiring individuals to have protection from eviction at least equal to that as provided under landlord tenant law of the State, county, city or other designated entity.	July 1, 2015	June 30, 2017
<b>Licensing Survey Changes</b>				

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Revise Facility Inspection Working Papers for Adult Family Homes, Assisted Living Facilities, and Supported Living	Modify the “working papers” to contain a series of questions that help the surveyors assessment of the residents needs are met <u>for supports necessary to ensure their access to integrated community activities and daily choices.</u>	Additional questions related to HCBS will be added to the surveyor “working papers”	November 1, 2014	November 30, 2017
<b>Information Technology (IT) Changes</b>				

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Activity	Description	Milestones	Start Date	End Date
Update WACs in tools/databases	Include all <u>SL</u> , AFH and AL WAC changes in the survey and complaint investigation tools/databases	IT will update/insert WAC changes/additions into the database systems	November 1, 2014	November 30, 2017
<b>Provider Training</b>				
Provide Adult Family Home, Assisted Living, and Supported Living (SL) provider training on the new expectations incorporated into the survey tools <u>and WAC amendments</u>	Distribute “Dear Provider” (DP) letters to providers	<i>RCS expects providers to read and follow the DP letter</i>	November 1, 2014	December 30, 2015
Provide Potential and Newly Licensed AFH, AL, and SL providers training on the new expectations incorporated into the survey tools	Distribute information to potential and newly licensed providers during AFH orientation, AL administrator orientation, and SL orientation	<i>RCS expects providers to read and comply with the requirements</i>	November 1, 2014	This is an ongoing activity
DDA Pre-Vocational Services (PVS) providers-- Washington defines Pre-Vocational services as part of an individual’s pathway to integrated jobs in typical community employment. These services and supports are intended to be short term and designed to further habilitation goals that will lead to greater opportunities for competitive and integrated employment and career advancement at or above minimum wage.	DDA proposes to eliminate new admissions to PVS. All people receiving prevocational employment supports will be supported to transition into integrated service options within four years.	DDA will require Counties to work with PVS providers to: <ul style="list-style-type: none"> <li>• Develop agency transformation plans;</li> <li>• Assure each person has a solid individualized employment plan;</li> <li>• Utilize Individualized Technical Assistance (ITA) as necessary; and</li> <li>• Assure accurate outcome data, on the individualized support provided to people to help them move towards their employment goal, is documented and provided.</li> </ul>	July 1, 2015	June 30, 2018

**Commented [DRW60]:** Unlike the other proposed changes to improve rules and practices, this change to eliminate a service will have a potentially adverse impact on individual beneficiaries, whose primary daytime service and activity will be phased out. This transition plan should include milestones and a more detailed description of how individuals will be transitioned into adequate substitute day and employment services through a person-centered planning process.

The CMS toolkit sets forth these guidelines:

When relocation of beneficiaries is part of the state’s remedial strategy, the Statewide Transition Plan should include:

- o An assurance that the state will provide reasonable notice to beneficiaries and due process to these individuals;
- o A description of the timeline for the relocation process;
- o The number of beneficiaries impacted; and
- o A description of the state’s process to assure that beneficiaries, through the person-centered planning process, are given the opportunity, the information, and the supports to make an informed choice of an alternate setting that aligns, or will align, with the regulation, and that critical services/supports are in place in advance of the individual’s transition.

This transition plan includes the number of affected beneficiaries and a general references to resources for transitioning and person-centered planning. The plan to transition individuals “within four years” is only a target date and not a “description of a timeline” for the transition process. There should be plans for providing due process as well as explicit plans for informing individuals of their choices and that new services are selected by rather than for each beneficiary

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Activity	Description	Milestones	Start Date	End Date
		DDA will provide Counties with: <ul style="list-style-type: none"> <li>Resources to support: <ul style="list-style-type: none"> <li>Agency transformation plans; and</li> <li>Person Centered Plans</li> </ul> </li> </ul>		
<b>Staff Training</b>				
Provide training to staff who survey/inspect residential settings	Distribute Management Bulletin (MB) to AL TSA and DDA staff about the new HCBS requirements as well as AL TSA's and DDA's expectations for provider compliance with the expectations.	AL TSA and DDA expect staff to read and follow the MB	November 1, 2014	November 30, 2017
Provide basic staff training	Provide training to AL TSA and DDA staff on the new HCBS requirements as well as AL TSA's and DDA's expectations for provider compliance with the expectations.	AL TSA and DDA expect staff to know and understand the requirements	November 1, 2014	This is an ongoing activity
<b>Legislative Changes</b>				
<u>Amend RCW 71A .12</u>	<u>Request legislation to require certification fees and intermediate sanction authority</u>			
<u>Amend 71A.12.290</u>	<u>Request legislation to enable participants to choose both employment and community access as day supports</u>			

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<u>Policy Changes</u>				
<u>Revise DDA Resource Management policies</u>	<u>Amend policies to ensure client choice of provider and housemates</u>			
<u>Revise DDA Policy 4.11</u>	<u>Amend policy to enable participants to choose both employment and community access as day supports</u>			
<u>Establish and adopt DDA quality assurance policies</u>	<u>Create DDA quality assurance policies that will review and improve supports for integration and individual choice in residential settings</u>			

APPENDIX D: Comments Received by ALTSA and DDA

The following are comments received by ALTSA and DDA after publication of the draft transition plan.

Topic	Comment Received	State Response	Modification to the Transition Plan Made in Response to this Public Comment