

Appendix M—Public Comments from September 13, 2016 to October 31, 2016

Overview: This document serves as a summary of comments that the State has received - including participants, advocacy organizations, legal entities, and provider networks - regarding the Maryland's HCBS State Transition Plan (STP). Any other questions or comments that go into more detail about the process will serve to guide the State as we implement each remediation strategy.

Initial Assessment Strategies and Findings

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
The Department should not use NCI data as a baseline assessment for measuring compliance & to clarify how it intends to use the data.	DHMH should not solely rely on NCI data. Instead, any assessment to measure compliance should include interviews with individuals with disabilities (including as interviewers).	NCI data was part of initial assessment. Maryland should not use NCI data when going forward.	Agree with Transition Advisory Team (TAT) recommendation. Data is included for information purposes only. The Department is using other methods to measure compliance. No changes were made to the STP based on this feedback.
Specific NCI data should be removed from the updated Statewide Transition Plan.		Inclusion of NCI data in the STP is only for historical initial assessment. NCI data should not be used as a measurement for compliance.	

Initial Self-Assessment Surveys for Residential Services

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
The Department should disclose that it receives guidance from CMS, Hilltop, and Stakeholders when establishing criteria for engaging in site specific assessments.	DHMH should also disclose any specific CMS guidance to the Dept and how it uses that guidance. This information should be posted publically.	Same as DDA Transition Team Recommendation	Agree. The Department posted the guidance and you can find the link by clicking the following link: https://mmcp.health.maryland.gov/waiverprograms/Pages/Community-Settings-Final-Rule.aspx

Initial Self-Assessment Surveys for Residential Services

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>DDA site-specific assessment results should be shared with providers as soon as possible in order to help them come into full compliance by addressing deficiencies.</p>	<p>We recommend the following timelines: *August 1, 2017: DDA notifies both providers and individuals of their heightened scrutiny reviews (note this is not CMS' final decision but DDA's decision) *July 1, 2018: DDA makes final decision whether a setting is in compliance. If it is not in compliance DDA notifies both the individual and the provider. This allows time if there are still actions the provider can take to come into compliance. *January 1, 2019: All individuals are in settings that comply with the Final Rule unless the provider can show that compliance is imminent. **All transitions should ensure each individual's rights and the Department should provide support to assist the individual in locating another provider/setting.**</p>	<p>N/A</p>	<p>Agree that site specific assessment results need to be shared with providers as soon as possible.</p> <p>The Department made changes to the timeline based on this feedback. In order to develop and conduct a thorough standardized site assessment, the projected completion date will remain December 2017. Providers will be notified of results as assessments are completed.</p>

Assessments of Regulations

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>The STP should include future educational efforts geared towards informing individuals of their rights under the new regulations.</p>	<p>We agree. The Department should also ensure that the STP is understandable to people with disabilities. The Department should ensure individuals with disabilities receiving training on their rights under the Final Rule.</p>	<p>The Department should make additional effort to inform providers and participants.</p>	<p>Agree that educational efforts are needed to ensure individuals are informed of their rights under the new regulations. No changes were made to the STP.</p>

Assessments of Regulations

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>DHMH/DDA should include any proposed programmatic changes that will be included in the legislation and regulations in the STP so Medicaid recipients, their families and providers can begin to make changes before Jan 2018. (Jan 2018 date is not sufficient for them to implement changes before Mar 2019).</p>	<p>We agree that DHMH should ensure individuals, families and providers are aware of changes as soon as possible. We recommend the following timelines: *August 1, 2017: DDA notifies both providers and individuals of their heightened scrutiny reviews (note this is not CMS' final decision but DDA's decision) *July 1, 2018: DDA makes final decision whether a setting is in compliance. If it is not in compliance DDA notifies both the individual and the provider. This allows time if there are still actions the provider can take to come into compliance. *January 1, 2019: All individuals are in settings that comply with the Final Rule unless the provider can show that compliance is imminent. **All transitions should ensure each individual's rights and the Department should provide support to assist the individual in locating another provider/setting.**</p>	<p>There should be a comment period when there are programmatic changes. The public should get an opportunity to review program changes.</p>	<p>Agree to share proposed programmatic changes with individuals receiving services, families, and providers as soon as possible. No changes were made to the STP.</p> <p>The Department is working with the Developmental Disabilities Coalition on the development of revisions to current regulations.</p>
<p>Let the service definitions and regulations determine what qualifies under the program and allow the title to remain generic.</p>	<p>We are uncertain what "title to remain generic" means. However, we would agree that the services individuals receive should not be solely based on a definition. Rather, the services should be driven by a person-centered-plan (PCP).</p>	<p>We are looking for context and example for this input.</p>	<p>Clarification - The State must clearly define the scope of services provided within the waiver program.</p> <p>Stakeholder input will continue to be sought on service names and definitions.</p> <p>A person-centered plan should include a variety of resources and services to meet a person's need including natural, community, State, and Medicaid services.</p> <p>No changes were made to the STP.</p>

Assessments of Regulations

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
When the Department reviews current regulations, it must ensure that the new rule requirements are expressly written into new regulations.	We agree.	Same as DDA Transition Team Recommendation	Agree. The Department expressly wrote the Federal rule into the new regulations. No changes were made to the STP.

Assessments of Waiver Application

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
The Department should include in the STP an update to the Community Pathways waiver to include an emphasis on the Employment First initiative.	We agree. We would change this language to say: The Department should include in the STP an update to the Community Pathways waiver to include an emphasis on the Employment First Initiative for both individuals in provider-based services and those individuals who self-direct their services.	N/A	Agree. The Department added language to the STP.
Further review is needed to ensure that restrictive and isolating measures are held to standards beyond documentation & that participants truly have access to the greater community without restrictions.	The Department should ensure that limited access to the community is not used as a consequence for individuals, either formally or informally. When monitoring compliance with an individual's PCP, the Department should ensure that a means of reviewing plans that include restrictions of any kind is in place to protect individual rights. While we recognize that some individuals may have restrictions in their individual plans, the Department should develop a process for regularly scrutinizing such situations to ensure the protection of individual rights and promote greater access to the community.	N/A	Agree with Transition Advisory Team (TAT) recommendation. The Department will provide further guidance in monitoring processes. No changes were made to the STP.

Assessments of Waiver Application

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
Update the supported employment data in the chart on page 26 to reflect data from 2016 instead of October 2015.	We agree updated data would be helpful.	N/A	Agree. The Department updated the data in the STP.

Preliminary Findings Related to DDA Service Delivery System--DDA Transition Advisory

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>The role and purpose of the Transition Teams needs to be clarified.</p> <p>The description given for the DDA Transition Advisory Team does not describe the actual process as it has occurred. The group has not been provided with the opportunity to function in an advisory capacity. Please revise the description to reflect actual activities of the group and engage the group in a true advisory role moving forward.</p> <p>The Department should assign a more robust role to the Transition Advisory Group.</p>	<p>The description of the DDA Transition Advisory Team (TAT) does not reflect the process that has actually occurred. The group has not been provided with the opportunity to function in a meaningful advisory capacity. The TAT should be provided DDA staff support to operate and function as an advisory entity to the Department. Meeting agenda and operational procedures should include discussion of recommendations made by individual members with a concluding decision by the TAT if the recommendation is considered a recommendation of the TAT as a whole. DDA should ensure its notetaking reflects the TAT's recommendations at each meeting. Recommendations by individual member(s) not adopted by the TAT may be submitted to DDA separately.</p>	N/A	<p>Agree that the intent of the TAT is to provide input and recommendations. DDA staff will assist the Office of Health Services (OHS) in the operation and facilitation of the team. OHS will staff the committee and record meeting minutes reflecting the TAT's recommendations.</p> <p>Recommendations by individuals members not adopted by the TAT may be separately.</p> <p>The Department made changes to the STP based on this feedback.</p>
The STP should consider how stakeholders outside the Transition Teams can provide feedback on the process.	We encourage the Department to elicit feedback from outside of the TAT. Any feedback the Department receives should be reviewed by the TAT.	N/A	Clarification - Stakeholder may share input related to the STP at any time by sending directly to: hcbsetting@maryland.gov . No changes were made to the STP.

Preliminary Findings Related to DDA Service Delivery System--DDA Transition Advisory

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>The description of the DDA Quality Advisory Council (QAC) is not reflective of the current process. To function as intended, council members must have active/meaningful roles in development of policies and meetings must go beyond presentations by DDA. The same goes for the State's Transition Plan.</p>	<p>The description of the DDA Quality Advisory Council (QAC) does not reflect the process that has actually occurred. The group has not been provided with the opportunity to function in a meaningful advisory capacity. The QAC should be provided DDA staff support to operate and function as an advisory entity to the Department. Meeting agenda and operational procedures should include discussion of recommendations made by individual members with a concluding decision by the QAC if the recommendation is considered a recommendation of the QAC as a whole. DDA should ensure its notetaking reflects the QAC's recommendations at each meeting. Recommendations by individual member(s) not adopted by the QAC may be submitted to DDA separately.</p>	<p>N/A</p>	<p>Clarification - The DDA Director of Quality Enhancement is responsible for oversight and compliance. The role of the DDA Quality Advisory Council has been refocused and will be removed from the STP.</p>

Tiered Standards

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>Higher standards should not be developed until providers have a chance to fully transition to the standards established by the Final Rule.</p> <p>DDA should continue to move towards the tiered standard goals by enhancing services, providing opportunities, and considering policies and practices that offer incentives to providers for moving Maryland forward.</p>	<p>Tiered standards are not intended as a punitive measure against providers but rather as an opportunity to move services in Maryland further. DDA should give providers the opportunities, policies and resources they need to achieve the standards set by the Final Rule by March 2019. At the same time, DDA should continue to work with stakeholders to develop tiered standards that enhance services.</p>	<p>N/A</p>	<p>Clarification - Tiered Standards provides an opportunity for Maryland to develop best practices and new innovative service delivery models. Current service models were developed in 1986.</p> <p>The DDA established a stakeholder group to provide recommendations for Tiered Standards. Four subgroups were formed related to Employment and Day Services, Residential Services, Training, and Finance.</p> <p>Current day and residential settings noted within the Community Pathways Waiver may continue as long as they meet the minimum standard set in the rule on or before March 2019.</p> <p>No changes were made to the STP.</p>

Heightened Scrutiny

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>In regards to isolation, the Department is assuming that all providers know where other provider homes are located.</p>	<p>It may not be realistic for providers to know about residential sites owned and operated by another provider in close proximity to their residential sites. See comment below.</p>	<p>N/A</p>	<p>Clarification - CMS has shared in their guidance examples of settings with the effect of isolating individuals which included multiple settings such as "numerous group homes co-located on a single site or close proximity, such as multiple units on the same street."</p> <p>The Department does not expect providers to know all providers within close proximity to their current setting. Geomapping will be used to identify proximity of providers for consideration of further review. No changes were made to the STP.</p>

Heightened Scrutiny

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>The Department should consider heightened scrutiny when licensed residential sites are in close proximity and are owned or operated by the same provider.</p>	<p>We agree.</p>	<p>The Department should take that into consideration when doing site visit to heightened scrutiny facilities.</p>	<p>Agree. The Department has placed these providers on the Heightened Scrutiny list and are looking further into the identified issues by conducting two rounds of site visits. No changes were made to the STP.</p>
<p>DHMH/Medicaid/DDA should set forth clearly defined guidelines describing non-residential settings that isolate and the State of Maryland should include examples of residential settings that isolate.</p>	<p>The Department should provide the TAT with the list of questions they think indicate non-compliance with the Final Rule. Although the Department emphasizes the setting, it is an individual's personal experience, as articulated in his/her PCP, that determines if they are accessing the community. (Note: The Hilltop Institute presented "red flag" questions to the TAT in a previous meeting after the STP request for public comment was sent out. The information was emailed to TAT members on January 13, 2017.)</p>	<p>The quicker the Department can propose a minimum standard or guideline, the better people can know whether they are in compliant. The Department should provide examples of providers that are compliant and not compliant.</p>	<p>Clarification - The Hilltop Institute developed crosswalks and coding of the federal requirements with the provider self-assessments which was shared with the TAT. This information was previously presented to the TAT and also recently posted on the DHMH's Home and Community-Based Programs Rule Change Overview webpage (https://mmcp.dhmf.maryland.gov/waiverprograms/Pages/Community-Settings-Final-Rule.aspx) on January 27, 2017. The DHMH will share the CMS exploratory questions and guidance related to Heighten Scrutiny for the TAT recommendations.</p> <p>No changes were made to the STP.</p>
<p>The STP should provide a clear definition of how the State is defining "floor," or minimum standard of compliance which will be used in the State's heightened scrutiny process.</p>			
<p>The STP should provide a more exhaustive list and clearer proposal for settings that do not comply with the rule.</p>			

Heightened Scrutiny

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>The distinction between presumed institutional and having qualities of an institution need to be clarified. Also, site-specific criteria as well as standardized strategies for managing visits should be reflected in the plan.</p>	<p>An operational protocol should be developed to let providers know what to expect.</p>	<p>Same as DDA Transition Team Recommendation</p>	<p>Agree with Transition Advisory Team (TAT) recommendation. No changes were made to the STP.</p>
<p>The time frame for Heightened Scrutiny should be adjusted to no later than June 2017 to allow time for providers to develop and implement corrective action plans in time for March 2019 and in the alternative, to allow individuals time to relocate.</p>	<p>We recommend the following timelines: *August 1, 2017: DDA notifies both providers and individuals of their heightened scrutiny reviews (note this is not CMS' final decision but DDA's decision) *July 1, 2018: DDA makes final decision whether a setting is in compliance. If it is not in compliance DDA notifies both the individual and the provider. This allows time if there are still actions the provider can take to come into compliance. *January 1, 2019: All individuals are in settings that comply with the Final Rule <u>unless</u> the provider can show that compliance is imminent. **All transitions should ensure each individual's rights and the Department should provide support to assist the individual in locating another provider/setting.**</p>	<p>The Department should give the providers and participants enough time to relocate when providers are aware of the compliance deadline.</p>	<p>Agree that site specific assessment results need to be shared with providers as soon as possible.</p> <p>The Department made changes to the timeline based on this feedback. In order to develop and conduct a thorough standardized site assessment, the projected completion date will remain December 2017. Providers will be notified of results as assessments are completed.</p>

Provider Self-Assessments

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
The STP should set realistic timelines for compliance with more readily obtainable requirements so that individuals do not have to wait four years to realize any benefits of the new regulations.	The Department should encourage providers to take steps now to ensure compliance with the Final Rule.	Same as DDA Transition Team Recommendation	Agree with Transition Advisory Team (TAT) recommendation. No changes were made to the STP.
The Transition Plan needs to more clearly define the tools the Department intends to use to conduct initial settings assessments and ongoing compliance monitoring, as well the purpose of each tool.	The Department should clarify who is doing the site assessments, the timeline for the assessments and the tool they are using to conduct the assessments. They should discuss this information with the TAT and reflect the decisions in the STP.	Same as DDA Transition Team Recommendation	Agree with Transition Advisory Team (TAT) recommendation which would be reflected in an operational protocol. No changes were made to the STP.

Participant Assessments

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>The Department should develop a new survey to monitor ongoing compliance and individual experiences.</p>	<p>We have significant concerns that the Community Settings Questionnaire (CSQ) is not person-centered and an inaccurate means of measuring compliance. We recommend the Department use the discovery section of the new PCP to develop a means of tracking compliance with the Final Rule. Need to look at outcomes of people.</p>	<p>Now we have CSQ for measuring individual experience. The CSQ should be only used for participants' self report as a validation strategy to compare discrepancies with the providers' self assessment.</p>	<p>Clarification - The CSQ is one strategy to validation provider self-assessments and gather information about the setting. It is not a participant experience or satisfaction survey.</p> <p>Agree - The Department will explore strategies to use the new person-centered plan and discovery sections for assessing compliance. No changes were made to the STP.</p>
<p>There should be further discussion and input from stakeholders, including providers, on the appropriateness of using the CSQ as an ongoing monitoring tool.</p>		<p>The Department should monitor the use of CSQ in addition to comparing the results for any discrepancies.</p>	
<p>The CSQ should be discontinued and not use as an ongoing monitoring tool.</p>		<p>The Department should consider other tools as an ongoing monitoring tool when there are other better options.</p>	
<p>The person-centered-plan should be used as the monitoring tool and not the CSQ because it assures that the participant and the people important to them are the sources of information.</p>			
<p>The Department should create a system-wide process for collecting data to ensure compliance and community integration.</p>	<p>In concert with developing a tool based on the PCP, the Department should develop a means of tracking compliance and community integration across the system.</p>	<p>Same as DDA Transition Team Recommendation</p>	<p>Agree. No changes were made to the STP.</p>

Validation of Findings and Settings Inventory--On Site Assessments

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>The Transition Plan needs to clarify the role and purpose of site visits.</p>	<p>The Department should clarify who is doing the site assessments, the timeline for the assessments and the tool they are using to conduct the assessments. They should discuss this information with the TAT and reflect the decisions in the STP.</p>	<p>The Department should include site visit in the STP. The purpose of site visit is validation strategies, opportunity for provider's feedback, and education to providers.</p>	<p>Agree with Transition Advisory Team (TAT) recommendation which would be reflected in an operational protocol. No changes were made to the STP.</p>
<p>Results of the site visits should be shared with providers no later than August 1, 2017 to give providers sufficient time to make any changes.</p>	<p>We recommend the following timelines: *August 1, 2017: DDA notifies both providers and individuals of their heightened scrutiny reviews (note this is not CMS' final decision but DDA's decision) *July 1, 2018: DDA makes final decision whether a setting is in compliance. If it is not in compliance DDA notifies both the individual and the provider. This allows time if there are still actions the provider can take to come into compliance. *January 1, 2019: All individuals are in settings that comply with the Final Rule unless the provider can show that compliance is imminent. **All transitions should ensure each individual's rights and the Department should provide support to assist the individual in locating another provider/setting.**</p>	<p>The Department should give feedback to providers after site visit.</p>	<p>Agree that site specific assessment results need to be shared with providers as soon as possible.</p> <p>The Department made changes to the timeline based on this feedback. In order to develop and conduct a thorough standardized site assessment, the projected completion date will remain December 2017. Providers will be notified of results as assessments are completed.</p>

Oversight Process/Quality Assurance to Ensure Continuous Compliance

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>The description given for the DDA Transition Advisory does not describe the actual process as it has occurred. The group has not been provided with the opportunity to function in an advisory capacity. Please revise the description to reflect actual activities of the group and engage the group in a true advisory role moving forward.</p>	<p>The description of the DDA Transition Advisory Team (TAT) does not reflect the process that has actually occurred. The group has not been provided with the opportunity to function in a meaningful advisory capacity. The TAT should be provided DDA staff support to operate and function as an advisory entity to the Department. Meeting agenda and operational procedures should include discussion of recommendations made by individual members with a concluding decision by the TAT if the recommendation is considered a recommendation of the TAT as a whole. DDA should ensure its notetaking reflects the TAT's recommendations at each meeting. Recommendations by individual member(s) not adopted by the TAT may be submitted to DDA separately.</p>	<p>N/A</p>	<p>Agree - The intent of the TAT is to provide input and recommendations. DDA staff will assist the Office of Health Services (OHS) in the operation and facilitation of the team. OHS will staff the committee and record meeting minutes reflecting the TAT's recommendations.</p> <p>Recommendations by individuals members not adopted by the TAT may be sent separately.</p> <p>The Department made changes to the STP based on this feedback.</p>

Other Matters

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>TBI being addressed in a different Transition Team should be clarified so that others understand that.</p>	<p>The Department should ensure the TBI waiver is fully represented.</p>	<p>N/A</p>	<p>Agree with Transition Advisory Team (TAT) recommendation. No changes were made to the STP.</p>
<p>The language that is used within the document is very technical and may not be understandable to people with disabilities themselves, as well as being incomprehensible to anyone who is not directly associated with the disability field. It needs to be understandable to those it will affect.</p>	<p>We agree. The Department should also ensure that the STP is understandable to people with disabilities. The Department should ensure individuals with disabilities receiving training on their rights under the Final Rule.</p>	<p>Same as DDA Transition Team Recommendation</p>	<p>Agree to develop a consumer friendly version so all stakeholders can understand. The Department made changes to the STP based on this feedback.</p>

Other Matters

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>This document is way too long and its length may discourage people from reading it.</p>	<p>We encourage the Department to divide up the STP so individuals are able to search for relevant portions easier.</p>	<p>Same as DDA Transition Team Recommendation</p>	<p>Agree with Transition Advisory Team (TAT) recommendation. The Department made changes to the STP based on this feedback.</p>
<p>DHMH should consider including more steps and strategies for changes needed in practice. The STP should include documentation of efforts such as the Employment First policy and practices in the STP that has already taken place and planned going forward.</p>	<p>The STP should include information on steps the Department has already taken and what they still need to do. We would change this language to say: The Department should include in the STP an update to the Community Pathways waiver to include an emphasis on the Employment First Initiative for both individuals in provider-based services and those individuals who self-direct their services.</p>	<p>N/A</p>	<p>Agree with Transition Advisory Team (TAT) recommendation. The Department made changes to the STP based on this feedback.</p>
<p>The term self-direction only appears in all 545 pages twice. This is quite disturbing given the fact that DDA as well as other applicable entities say that they wish to encourage Self-Direction and Self Determination for people with disabilities. The bulk of the state plan seems to primarily be focused on the non self-directed provider agency model of services.</p>	<p>DDA should encourage self-direction for individuals. This further emphasizes the important of the PCP as it is self-directed. We have significant concerns that the Community Settings Questionnaire (CSQ) is not person-centered and an inaccurate means of measuring compliance. We recommend the Department use the discovery section of the new PCP to develop a means of tracking compliance with the Final Rule. Need to look at outcomes of people.</p>	<p>N/A</p>	<p>Clarification - Self-determination is one of DDA's priority focus areas. We will add more information related to self-direction to demonstrate this priority. The STP provides information about the State's review of programs, plans to fix areas, and public input.</p> <p>Remediation strategies are primarily needed for provider owned and operated service settings to comply with the new rules.</p> <p>No changes were made to the STP.</p>
<p>There have been encounters with parents with disabilities who need services and supports through the state, but because they receive services and supports through the state there children may not be allowed to stay with them. Maryland as a whole needs to consider how it</p>	<p>In concert with an individual's PCP, the Department should support individuals with disabilities who want to parent their children (both children with and without disabilities).</p>	<p>N/A</p>	<p>Agree. The person-centered plan should consider what is important to and important for the person and include a variety of services and supports to meet identified goals. No changes were made to the STP.</p>

provides services to children with disabilities whose parents also have disabilities.			
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Other Matters

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
The services within the state plan must be flexible and person centered. The state plan overall must emphasize the ability of people with disabilities to be able to live however they choose.	We would add: "The state plan overall must emphasize the ability of people with disabilities to be able to live however and wherever they choose <u>in a setting that meets the Final Rule.</u>	N/A	Agree with Transition Advisory Team (TAT) recommendation. The Department made changes to the STP based on this feedback.

Lease or Other Legally Enforceable Agreement

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>The Department should resume the stakeholder input process regarding the development of a model lease or legal residential agreement that provides protection to waiver participants.</p> <p>The Department needs to create a model lease or legal residential agreement that provides protection to waiver participants.</p>	We recommend the Department resume conversations with stakeholders, including Disability Rights Maryland, Legal Aid Bureau and MACS, regarding the development of a model lease or legal residential agreement.	We understand that legislation on lease varies by jurisdiction. However, the Department should offer training opportunities, outreach activities, and education manual for providers and participants' responsibility and right.	Clarification -The State will not mandate a specific lease or agreement. Input from these group revealed county specific lease requirements. Providers are to develop their agreements to include protections that address eviction processes and appeals comparable to those provided under their specific jurisdiction's landlord tenant law. The Department made changes to the STP based on this feedback.

Provider Transition Symposium

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
One Provider Transition Symposium is not enough to support providers to create change. There should be ongoing assistance and additional symposiums.	Providers need support and technical assistance to meet the Final Rule. Therefore, we would encourage the Department to offer additional symposium, technical support, as well as provider-to-provider mentoring opportunities, to enable Maryland's providers to go beyond compliance.	N/A	Agree the DDA will continue to provide support and technical assistance for individuals and families related to federal requirements and rights and for provider transformations. The Department made changes to the STP based on this feedback.
A provider symposium for supporting provider transformation should be planned and DHMH/DDA should provide a web page link associated with the symposium.		N/A	

Provider Enrollment and Provider Training

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
Funding should be provided for training for DDA providers and staff in order to come into full compliance.	We agree.	N/A	Agree the DHMH will provider information and training for all stakeholders. No changes were made to the STP.
Funding should be provided for provider technical assistance and training.		We agree.	
Staff of DDA and OHCQ should receive training in risk vs. opportunity in DD supports.	We agree that individuals should be supported to make risks as reflected in their PCP. We would also add that the Department should ensure Maryland regulations comply with Federal regulations surrounding risk. Providers do not feel protected in supporting people making risks. Risk should be documented.	N/A	Agree with Transition Advisory Team (TAT) recommendation. No changes were made to the STP.
Training and technical assistance should be provided for both DDA providers and their staff.	We agree.	N/A	Agree. No changes were made to the STP.

Provider Enrollment and Provider Training

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
Maryland's STP should include a timeframe for training Coordinators of Community Services on person-centered planning and create opportunities for Medicaid recipients, their families and providers to learn more about the practice of conflict-free person-centered planning and how Maryland intends to implement it.	The Department should not limit PCP training to Coordinators of Community Services. Rather, the STP should include a timeframe for the Department to train Coordinators of Community Services, providers, individuals and family members about PCP, including the practice of conflict-free planning.	N/A	Agree with Transition Advisory Team (TAT) recommendation. No changes were made to the STP.

Comprehensive Settings Results Reports

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
The Department should direct residential providers that the qualities of community integration are an essential focus of compliance, not just the size and setting of residential services.	We agree.	N/A	Agree. No changes were made to the STP.
The Department needs to review portions of the Plan where stakeholders disagree on current compliance.	The Department should develop a process for the TAT to discuss disagreements with the STP.	Same as DDA Transition Team Recommendation	Clarification - The TAT can share input on the STP during TAT meetings. No changes were made to the STP.
The Department needs to explore strategies for making choice of setting options a reality for individuals.	We recommend: The Department needs to ensure individuals have a choice of settings <u>across all settings compliant with the Final Rule.</u>	We agree.	Agree with Transition Advisory Team (TAT) recommendation. No changes were made to the STP.
The Department Should Ensure In-Home Services Support Access to the Community.	We agree.	The In-Home Aids Services program is from Department of Human Resources. The Department should not only address participants' medical need, but also consider the social/emotional need.	Agree. No changes were made to the STP.

Comprehensive Settings Results Reports

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>The STP needs to include the creation of grievance processes for individuals who dispute a decision regarding setting compliance.</p>	<p>The individual should receive notice. We recommend the following timelines: *August 1, 2017: DDA notifies both providers and individuals of their heightened scrutiny reviews (note this is not CMS' final decision but DDA's decision) *July 1, 2018: DDA makes final decision whether a setting is in compliance. If it is not in compliance DDA notifies both the individual and the provider. This allows time if there are still actions the provider can take to come into compliance. *January 1, 2019: All individuals are in settings that comply with the Final Rule unless the provider can show that compliance is imminent. **All transitions should ensure each individual's rights and the Department should provide support to assist the individual in locating another provider/setting.**</p>	<p>The Department should try to envision the grievance process in the working procedure.</p>	<p>Agree that individuals need to receive information about the status of their service setting. Disagree with creating a grievance process as the service is not be denied. No changes were made to the STP.</p>

Comprehensive Settings Results Reports

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>The Department should end the use of campus-type settings and related settings that isolate people.</p>	<p>We agree that the Department should end the use of campus-type settings and related settings that isolate people. However, the Department must provide opportunities for individuals in these settings to explore different settings and provide support to individuals as they transition to more community integrated settings. We also note that as Maryland seeks to enhance secondary education this would not include integrated college dorms. (Note: This recommendation was supported by The Arc Maryland, DD Council, POG and Disability Rights Maryland. MACS was not comfortable with specifying "campus-type settings" as in their opinion CMS did not inherently define these types of settings as noncompliant. MACS advocated that the experience of the person should drive whether the setting type meets the rule.)</p>	<p>We understand that the Department wants to work with providers to give them an opportunity for compliance. The campus-type setting can be included only if these providers can provide proof of not isolating, like transportation and outreach to classes outside of the setting.</p>	<p>Agree the Department cannot support settings that isolate people. People will be provided opportunities to explore different settings and provide support to transition. As per CMS guidance, the Department will assess settings that have qualities of isolating individuals to determine if the setting and the participant's experience demonstrate compliance with the community setting rule. Each individual must have a person-centered plan that indicates their choices as to what is Important To and Important For them. Support should be provided to expand community engagement based on their person-centered plan. On an annual basis, the person and their team should identify additional opportunities for growth to be more integrated into their community. No changes were made to the STP.</p>

Participant Transitions

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>The Department should reconsider the Community First Choice and Home and Community Based Options Waiver definition of community setting, its impact on the waiver and DDA providers under the HCBS rule and its plan for transitioning individuals out of non-compliant provider institutions by the deadline (The Department should harmonize the definition of institution.)</p>	<p>We agree the Department must be consistent with its definition of institution.</p>	<p>N/A</p>	<p>Agree with Transition Advisory Team (TAT) recommendation. No changes were made to the STP.</p>

Participant Transitions

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>A standard must be developed that will ensure relocations are achieved through a process that protects the individual's rights and guards against traumatic situations. As a result, notice should be given no later than 6 months prior to relocation.</p>	<p>We recommend the following timelines: *August 1, 2017: DDA notifies both providers and individuals of their heightened scrutiny reviews (note this is not CMS' final decision but DDA's decision) *July 1, 2018: DDA makes final decision whether a setting is in compliance. If it is not in compliance DDA notifies both the individual and the provider. This allows time if there are still actions the provider can take to come into compliance. *January 1, 2019: All individuals are in settings that comply with the Final Rule unless the provider can show that compliance is imminent. **All transitions should ensure each individual's rights and the Department should provide support to assist the individual in locating another provider/setting.**</p>	<p>The Department should give notice to providers as soon as the information is available.</p>	<p>Agree it is critical to provide individuals and families information about services settings and six months or more time to consider and explore options. Site specific assessment results need to be shared with providers as soon as possible.</p>
<p>Expand the timeline for completion to include specific timelines for the multiple phases of participant transition.</p>	<p>The Department should update the timeline in the STP.</p>	<p>The Department should work with providers and participants to ensure successful transition.</p>	<p>The Department made changes to the timeline based on this feedback. In order to develop and conduct a thorough standardized site assessment, the projected completion date will remain December 2017. Providers will be notified of results as assessments are completed.</p>
<p>Providers and participants should be given as much time as necessary to make the necessary changes.</p>			

Participant Transitions

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>DDA should aggressively move to end Sheltered Workshops and Segregated Day Habilitation Services by transitioning people to community-based supported employment and meaningful community activities, with employment being the first and preferred option.</p>	<p>We agree that the Department should ensure individuals have opportunities and exposure to employment as the first option of service. Recommend a plan to reduce reliance on Day Habilitation. (Note: This recommendation was supported by The Arc Maryland, DD Council, POG and Disability Rights Maryland, SEEC, and Grace Williams. MACS was not in agreement and shared Day Habilitation should be an option if the setting meets the rules and supports community inclusion.)</p>	<p>N/A</p>	<p>Agree with Transition Advisory Team (TAT) recommendation. . No changes were made to the STP.</p>
<p>If a provider does not comply by July 2018, a participant should start to consider alternative settings.</p>	<p>We recommend the following timelines: *August 1, 2017: DDA notifies both providers and individuals of their heightened scrutiny reviews (note this is not CMS' final decision but DDA's decision) *July 1, 2018: DDA makes final decision whether a setting is in compliance. If it is not in compliance DDA notifies both the individual and the provider. This allows time if there are still actions the provider can take to come into compliance. *January 1, 2019: All individuals are in settings that comply with the Final Rule unless the provider can show that compliance is imminent. **All transitions should ensure each individual's rights and the Department should provide support to assist the individual in locating another provider/setting.**</p>	<p>N/A</p>	<p>Agree individuals and families need to be supported in exploring their options in July 2018. . No changes were made to the STP.</p>

Ongoing Compliance and Monitoring

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>The STP should include technical assistance and training to ensure compliance with the Person Centered Planning requirements in state and federal law.</p>	<p>The Department should not limit PCP training to Coordinators of Community Services. Rather, the STP should include a timeframe for the Department to train Coordinators of Community Services, providers, individuals and family members about PCP, including the practice of conflict-free planning.</p>	<p>The Department should provider Person Centered Plan training program.</p>	<p>Agree with Transition Advisory Team (TAT) recommendation. No changes were made to the STP.</p>
<p>The current Quality Advisory Committee (QAC) is not functioning as a collaborative body with meaningful stakeholder input. QAC should be permitted and supported to engage in meaningful discussions and to make recommendations that reflect the perspectives of QAC members.</p>	<p>The description of the DDA Quality Advisory Council (QAC) does not reflect the process that has actually occurred. The group has not been provided with the opportunity to function in a meaningful advisory capacity. The QAC should be provided DDA staff support to operate and function as an advisory entity to the Department. Meeting agenda and operational procedures should include discussion of recommendations made by individual members with a concluding decision by the QAC if the recommendation is considered a recommendation of the QAC as a whole. DDA should ensure its notetaking reflects the QAC's recommendations at each meeting. Recommendations by individual member(s) not adopted by the QAC may be submitted to DDA separately.</p>	<p>N/A</p>	<p>Clarification - The DDA Director of Quality Enhancement is responsible for oversight and compliance. The role of the DDA Quality Advisory Council has been refocused and will be removed from the STP.</p>

Provider Transition Plans

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>All providers should have until January 2019 to comply with the Final Rule unless they can demonstrate that compliance is imminent and will be achieved by March 2019.</p>	<p>We recommend the following timelines:</p> <ul style="list-style-type: none"> *August 1, 2017: DDA notifies both providers and individuals of their heightened scrutiny reviews (note this is not CMS' final decision but DDA's decision) *July 1, 2018: DDA makes final decision whether a setting is in compliance. If it is not in compliance DDA notifies both the individual and the provider. This allows time if there are still actions the provider can take to come into compliance. *January 1, 2019: All individuals are in settings that comply with the Final Rule unless the provider can show that compliance is imminent. **All transitions should ensure each individual's rights and the Department should provide support to assist the individual in locating another provider/setting.** 	<p>March 2019 should be the actual deadline for full compliance.</p>	<p>Clarification - Providers must be in compliance with the rule by March 2022.</p> <p>Individuals and families have the right to be informed of the status of their current provider, to explore other service options, and to change providers at any time. No changes were made to the STP.</p>
<p>Provider-to-provider mentoring should be provided.</p>	<p>Providers need support and technical assistance to meet the Final Rule. Therefore, we would encourage the Department to offer additional symposium, technical support, as well as provider-to-provider mentoring opportunities, to enable Maryland's providers to go beyond compliance.</p>	<p>Same as DDA Transition Team Recommendation</p>	<p>Agree the DHMH will provider information, training, and technical assistance. The Department made changes to the STP based on this feedback.</p>

Provider Sanctions and Disenrollment

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>Adjust the timeline for completion to reflect any notices of disenrollment will be issued by September 2018 to ensure adequate time for the relocation process.</p>	<p>We recommend the following timelines: *August 1, 2017: DDA notifies both providers and individuals of their heightened scrutiny reviews (note this is not CMS' final decision but DDA's decision) *July 1, 2018: DDA makes final decision whether a setting is in compliance. If it is not in compliance DDA notifies both the individual and the provider. This allows time if there are still actions the provider can take to come into compliance. *January 1, 2019: All individuals are in settings that comply with the Final Rule unless the provider can show that compliance is imminent. **All transitions should ensure each individual's rights and the Department should provide support to assist the individual in locating another provider/setting.**</p>	<p>Ideally Maryland will be in compliance by September 2018. The Department should still keep the January 2019 as the deadline to give providers as much as time as possible.</p>	<p>Clarification - Individuals and families have the right to be informed of the status of their current provider, to explore other service options, and to change providers at any time.</p> <p>The Department made changes to the timeline based on this feedback. Providers that do not meet the requirements by March 2019 will be disenrolled. Sanction will not be needed and will be removed from the STP.</p>

Risk Management

<u>Public Input/Comments</u>	<u>DDA Transition Team Recommendations</u>	<u>Medicaid Transition Team Recommendation</u>	<u>Department Response</u>
<p>DDA should set guidelines to allow participants and providers to determine levels of risk.</p>	<p>We agree that individuals should be supported to make risks as reflected in their PCP. We would also add that the Department should ensure Maryland regulations comply with Federal regulations surrounding risk. Providers do not feel protected in supporting people making risks. Risk should be documented.</p>	<p>N/A</p>	<p>Agree with Transition Advisory Team (TAT) recommendation. No changes were made to the STP.</p>
<p>The participant's team and their person-centered plan should drive the level of risk deemed appropriate to meet the standards of the final rule.</p>		<p>N/A</p>	