



DISTRICT OF COLUMBIA  
DEPARTMENT  
*on*  
DISABILITY SERVICES

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



**Disabled & Elderly Health Programs Group**

October 6, 2017

Claudia Schlosberg  
Director  
District of Columbia Department of Health Care Finance  
441 4<sup>th</sup> Street, NW, 900S  
Washington, DC 20001

Dear Ms. Schlosberg:

This letter is to inform you that CMS is granting the District of Columbia **initial and final approval** of its Statewide Transition Plan (STP) to bring settings into compliance with the federal home and community-based services (HCBS) regulations found at 42 CFR Section 441.301(c)(4)(5) and Section 441.710(a)(1)(2). Initial approval is granted when the state has completed its systemic assessment, has included the outcomes of this assessment in the STP, and has clearly outlined remediation strategies to rectify issues that the systemic assessment uncovered. Final approval is granted when the state has completed its site-specific assessment, has included the outcomes of this assessment in the STP, has clearly outlined remediation strategies to rectify issues that the site-specific assessment uncovered, and has laid out its heightened scrutiny, monitoring and beneficiary communication processes clearly.

The District submitted the April 2017 draft of the STP for a 30-day public comment period, made sure information regarding the public comment period was widely disseminated, and responded to and summarized the comments in the STP submitted to CMS. CMS provided feedback on August 15, 2017 and requested several technical changes be made to the STP in order for the District to receive initial and final approval. These changes did not necessitate another public comment period. The District subsequently addressed all issues and resubmitted an updated version on September 29, 2017. A summary of the technical changes made by the District is attached.

The District of Columbia's responsiveness in addressing CMS' remaining concerns related to the systemic and site specific assessments and remediation strategies expedited the approval of its STP.

The District is encouraged to work collaboratively with CMS to identify any areas that may need strengthening with respect to the District's remediation and heightened scrutiny processes as the District implements each of the key elements of the transition plan. Optional quarterly reports

# Getting to Final: DC's Statewide Transition Plan

NASDDDS Annual Conference  
November 9, 2017

# Lots of Back & Forth with CMS

## Initial

- DC submits STP to CMS on March 17, 2015
- CMS responds by letter in August 2015

## Update

- DC submits update to CMS on July 8, 2016
- CMS sends back comments in August and October 2016

## Update

- District submits STP to CMS on April 28, 2017
- CMS sends back feedback in August 2017

## Final

- District submits STP to CMS on September 29, 2017
- Success! CMS grants initial and final approval October 6, 2017

# Systems Self Assessment

- Shared understanding of the Rule
- Weekly stakeholder meetings
- Reviewed everything
- Built a plan for systems redesign
- And keep checking and correcting course



# Settings Assessments

## Try, Try Again

- Self Assessments
  - Couldn't validate
- Personal Experience

FAILURE DOESN'T MEAN THE  
GAME IS OVER,  
IT MEANS TRY AGAIN WITH  
**EXPERIENCE**

### Assessments of Prevalence

- Too complex
- ✓ Personal Experience Assessments  
(Yes / No) → Issues & Remediation

# Crosswalk: HCBS Settings Rule

Label	HCBS Settings Requirement
(a)	The home ensures a person's rights of privacy, dignity, respect and freedom from coercion and restraint.
(b)	The home optimizes a person's initiative, autonomy, and independence in making life choices.
(c)	The home facilitates individual choice regarding services and supports, and who provides them.
(d)	The home provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.
(e)	The home is integrated and supports access to the greater community.
(f)	The home provides opportunities to engage in community life.
(g)	The home provides opportunities to control personal resources.
(h)	The home provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.
(i)	The home is selected by the person from among options including non-disability specific homes and a private unit in a residential setting.
(j)	If provider-owned or controlled, the home provides a specific unit or dwelling that is owned, rented, or occupied under a legally enforceable agreement.
(k)	If provider-owned or controlled, the home provides the same responsibilities and protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity.
(l)	If the home is provider-owned or controlled and the tenant laws do not apply, the state ensures that a lease, residency agreement or other written agreement is in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.
(m)	If provider-owned or controlled, the home provides that each person has privacy in their sleeping or living space.
(n)	If provider-owned or controlled, the home provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.
(o)	If provider-owned or controlled, the home provides people who are sharing a place to live with a choice of roommates.
(p)	If provider-owned or controlled, the setting provides people with the freedom to furnish and decorate their sleeping or living space within the lease or other agreement.
(q)	If provider-owned or controlled, the home provides people with the freedom and support to control their schedules and activities and have access to food any time.
(r)	If provider-owned or controlled, the home allows people to have visitors at any time.
(s)	If provider-owned or controlled, the home is physically accessible to the person.

- Provider Certification Review
- Personal Experience Assessment (SCMT)
- Provider Self Assessments
- Provider Performance Review
- Reporting Charts for STP

# Sample Questions

q	If provider-owned or controlled, the home provides people with the freedom and support to control their schedules and activities and have access to food any time.
27	You can eat what you want and decide when and where you would like to eat.
	SL: YES 670 HH: YES 59 RH: YES 86
28	You are able to make your own schedule and can come and go as you want to.
	SL: YES 567 HH: YES 46 RH: YES 77
29	You can ask for something else to eat, if you do not like what is served for lunch.
	SL: YES 665 HH: YES 59 RH: YES 98
30	You can have a snack if you want, unless you have a medical condition that may require restrictions.
	SL: YES 704 HH: YES 61 RH: YES 105

# Heightened Scrutiny

## Building Off Success

Modified PCR  
to include  
HCBS Settings  
Indicators

Same  
Questions for  
SCMT

Fail 2 HCBS  
Indicators:  
HS Review

Required Plan  
of Correction  
is included in  
HS package

# Tackling Big Day



- People with a low LON cannot use Day Habilitation
- People with a medium LON cannot use Day Habilitation in their first year of service
- No one can attend Day Habilitation for more than 24 hours/week
- Time limit Employment Readiness
- Employment Readiness must become VR providers
- Set a size limitation – no more than 50 people on site at a setting, except for drop off and pick up.
- Alternative community day and employment supports available



# DC Supporting Families CoP

- Participate in HCBS Settings Advisory Group: critical in helping us think about transforming day habilitation. But also ideas for AT, peer supports & more
- Assuring non-disability specific options & responding to “reverse integration”: Integrated Supports Star at Intake & ISP



# Thank You!



For more information:

<https://dds.dc.gov/page/waiver-amendment-information>

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