

State of Delaware



Statewide Transition Plan for Compliance with Home and Community Based Setting Rule

February 6, 2015

Delaware Division of Medicaid and Medical Assistance
Department of Health and Social Services

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INTRODUCTION

In January 2014, the Centers for Medicare & Medicaid Services (CMS) promulgated a rule which for the first time defines settings that would meet the standard of being “community based” in terms related to the quality of the experience for the consumer, as opposed to the physical characteristics of the settings in which services were received. The rule applies to both residential and non-residential settings. The intent of the rule, also referred to as the “Community Rule”, is to ensure that people receiving federally funded home and community based services (HCBS) have opportunities to access community services in the most integrated settings. This includes opportunities to seek employment and work in competitive settings, engage in community life, control personal resources and participate in the community to the same extent as people who do not receive HCBS.

The final rule required that states submit to CMS a Statewide Transition Plan on or before March 17, 2015: 1) demonstrating the process the State will undertake to assess the HCBS provided to participants and the settings in which these services are provided and 2) describing the assessment process and timeframes to ensure full compliance with federal requirements by March 17, 2019.

Delaware’s Division of Medicaid and Medical Assistance (DMMA) (within the Department of Health and Social Services (DHSS)) will submit the Delaware Statewide Transition Plan (the Plan) addressing the above requirements for all programs offering HCBS in the State.

PURPOSE

The purpose of the Plan is to describe the process the State of Delaware will use to:

- Assess current State and provider policies, standards and practices against the Community Rule;
- Assess waiver services and settings against the Community Rule;
- Develop strategies to remediate situations that are determined not to be in compliance; and
- Demonstrate Delaware’s full compliance with the Community Rule by March 17, 2019.

The specific elements addressed in the Plan include the following:
1. A description of the process to assess current policies, standards, practices, etc. against the Community Rule requirements for both the State and providers.
2. A description of the process that will be used to assess waiver services and settings against the Community Rule requirements, including timeframes for completion of various tasks.
3. A description of the process that was used to solicit public comment in the development of the draft Transition Plan, including a 30 day comment period.
4. A summary of public comment received.

The specific elements addressed in the Plan include the following:

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| 5. A description of how the public comment was used in the development of the Plan. |
| 6. Time frames for producing a summary of how each setting meets or does not meet the federal HCB settings requirements. |
| 7. Time frames for bringing State and provider policies, standards, practices, etc. into compliance. |
| 8. Time frames for bringing all HCB settings into compliance. |
| 9. A plan for ensuring the health and safety of participants who reside or are served in locations that need to meet corrective action requirements for the setting to come into compliance during the State's specified transition time. |

The intent of the Plan is to: 1) ensure that participants receive Medicaid HCBS in settings that are integrated in and support full access to the greater community, 2) ensure the health and welfare of participants and 3) maintain the ability to receive federal funding for critical community based supports and services.

OVERVIEW OF HCBS IN DELAWARE

Delaware provides multiple HCBS for Medicaid recipients through four federally approved programs: 1) Division of Developmental Disabilities Services (DDDS) 1915(c) waiver, 2) Diamond State Health Plan (DSHP), 3) Pathways to Employment (Pathways) program and 4) Promoting Optimal Mental Health for Individuals through Supports and Empowerment (PROMISE) program. PROMISE and Pathways are administered by DMMA's sister agencies within DHSS. PROMISE is administered by Delaware's Division of Substance Abuse and Mental Health (DSAMH) under Delaware's 1115 demonstration. Pathways is administered jointly by DDDS and the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) under concurrent 1915(b)(4) and 1915(i) authorities.

The DDDS waiver, operated by DDDS under a Memorandum of Agreement with DMMA provides HCBS as an alternative to institutional placement for individuals 12 and over with intellectual developmental disabilities (IDD), including brain injury, autism spectrum disorder and Prader Willi Syndrome. As of September 2014, 980 individuals are enrolled in the DDDS waiver.

The DSHP demonstration was initially approved in 1995, and implemented on January 1, 1996. The demonstration mandatorily enrolls Medicaid recipients into managed care organizations (MCOs). In addition to acute care services such as physician and nursing services, the demonstration also provides HCBS to eligible individuals (who would otherwise receive care in a nursing facility) through a mandated managed care delivery system called DSHP-Plus. As of December 2014, 176,454 individuals are enrolled in DSHP and 11,640 are enrolled in DSHP-Plus.

In December 2014, CMS approved two new programs that expanded the availability of HCBS options for Delaware Medicaid recipients. Pathways, effective January 1, 2015, is a program

designed for persons age 14-25 with disabilities (intellectual disabilities, autism spectrum disorders, visual impairments or physical disabilities) who want to work. PROMISE, also effective January 1, 2015, is a program that provides enhanced behavioral health services and supports for persons 18 and over who have severe and persistent mental illness and/or a substance abuse disorder and who require HCBS to live and work in integrated settings. Since Pathways and PROMISE are new programs, prior to approval they had to meet all federal requirements, including requirements regarding the Community Rule. Therefore, Pathways and PROMISE are not addressed in the Plan.

The following are the HCBS to be assessed under the Plan, organized by the HCBS program under which it is provided.

DDDS Waiver HCBS

The DDDS waiver offers the following HCBS that will be addressed in the Plan (including the service definition from the approved waiver):

Day Habilitation Services: Services that are regularly scheduled activities provided in a non-residential setting, separate from the participant's private residence or other residential living arrangement, such as assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills that enhance social development and develop skills in performing activities of daily living and community living, physical development, basic communication, self-care skills, domestic skills, community skills and community-inclusion activities. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence and personal choice. Services are furnished consistent with the participant's person-centered plan and are integrated into the community as often as possible.

Day Habilitation Services focus on enabling the participant to attain or maintain his or her maximum potential and shall be coordinated with any needed therapies in the individual's person-centered services and supports plan, such as physical, occupational, or speech therapy.

Prevocational Services: Prevocational Services provide learning and work experiences, including volunteer work and/or internships, where the individual can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings. Services are expected to produce specific outcomes to be achieved, as determined by the individual and his/her services and supports planning team through an on-going person-centered planning process evaluated annually. Prevocational Services may be furnished in fixed site locations or in community based settings.

Individuals receiving Prevocational Services must have employment-related goals in their person-centered services and supports plan; the general habilitation activities must be designed to support such employment goals. Competitive, integrated employment in

the community for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities is considered to be the optimal outcome of Prevocational Services.

Residential Habilitation: Residential Habilitation Services can include assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional community based setting. The scope of these services is based on the individual's need and can be around-the-clock or blocks of hours. Residential Habilitation Services may be provided in a neighborhood group home setting, a supervised or staffed apartment (community living arrangement), or a shared living arrangement (formerly titled adult foster care).

The following activities may be performed under all Residential Habilitation:

- Self-advocacy training that may include training to assist in expressing personal preferences, self-representation, individual rights and to make increasingly responsible choices.
- Independent living training may include personal care, household services, child and infant care (for parents themselves who are developmentally disabled), and communication skills such as using the telephone.
- Cognitive services may include training involving money management and personal finances, planning and decision making.
- Implementation and follow-up counseling, behavioral or other therapeutic interventions by residential staff, under the direction of a professional, that are aimed at increasing the overall effective functioning of an individual.
- Emergency Preparedness.
- Community access services inclusions that explore community services available to all people, natural supports available to the individual, and develop methods to access additional services/supports/activities desired by the individual.
- Supervision services may include a person safeguarding an individual with developmental disabilities and/or utilizing technology for the same purpose.

Supported Employment – Individual: Individual Supported Employment Services are provided to participants, at a one to one staff to consumer ratio, who because of their disabilities, need on-going support to obtain and maintain an individual job in competitive or customized employment, or self-employment position, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer

for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals in order to promote community inclusion.

Supported individual employment may also include support to establish or maintain self-employment, including home-based self-employment. Supported employment services are individualized and may include any combination of the following services: vocational/job-related discovery or assessment, person-centered employment planning, job placement, job development negotiation with prospective employers, job analysis, job carving, training and systematic instruction, job coaching, on the job employment supports, social skills training, benefits support, training and planning, transportation, asset development and career advancement services, implementation of assistive technology, and other workforce support services including services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the job setting.

Supported Employment – Group: Supported Employment Small Group Employment Support are services and training activities provided in regular business, industry, and community settings for groups of two (2) to eight (8) workers with disabilities. Examples include mobile crews and other employment work groups. Small group employment support must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces. The outcome of this service is sustained paid employment and work experience leading to further career development and individual integrated community based employment for which an individual is compensated, at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Supported employment small group employment supports may be a combination of the following services: vocation/job related discovery or assessment, person center employment planning, job placement, job development, social skills training, negotiation with prospective employers, job analysis, training and systematic instruction, job coaching, benefits supports, training and planning, transportation and career advancements services.

Other workplace support services may include services not specifically related to job skill training that enable the waiver participant to be successful in integrating in to the job setting.

DSHP Demonstration HCBS

The DSHP demonstration offers the following HCBS that will be addressed in the Plan (including the service definition from the approved standard terms and conditions):

Community Based Residential Alternatives: Community Based Residential Alternative Services offer a cost-effective, community based alternative to nursing facility care for persons who are elderly and/or adults with physical disabilities. This currently

includes assisted care living facilities. Community based residential services include personal care and supportive services (homemaker, chore, attendant services, and meal preparation) that are furnished to participants who reside in homelike, non-institutional settings. Assisted living includes a 24-hour on-site response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety and security. Services also include social and recreational programming, and medication assistance (to the extent permitted under state law). As needed, this service may also include prompting to carry out desired behaviors and/or to curtail inappropriate behaviors. Services that are provided by third parties must be coordinated with the assisted living provider. Personal care services are provided in assisted living facilities as part of the community based residential service. To avoid duplication, personal care (as a separate service) is not available to persons residing in assisted living facilities.

Respite: Respite Care includes services provided to participants unable to care for themselves furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. Federal financial participation (FFP) is not claimed for the cost of room and board. This is provided both at home and in nursing and assisted living facilities. This service is limited to no more than fourteen (14) days per year. The managed care organization may authorize service request exceptions above these limits on a case-by-case basis when it determines that:

- No other service options are available to the member, including services provided through an informal support network;
- The absence of the service would present a significant health and welfare risk to the member; and
- Respite service provided in a nursing home or assisted living facility is not utilized to replace or relocate an individual's primary residence.

Adult Day Services: Services furnished in a non-institutional, community based setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational and speech therapies indicated in the individual's plan of care will be furnished as component parts of this service. The service is reimbursed at two levels: the basic rate and the enhanced rate. The enhanced rate is authorized only when staff time is needed to care for participants who demonstrate on-going behavioral patterns that require additional prompting and/or intervention. Such behaviors include those which might result from an acquired brain injury. The behavior and need for intervention must occur at least weekly. This service is not available to persons residing in assisted living.

Day Habilitation: Day Habilitation includes assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills that takes place in a non-residential setting, separate from the participant's private residence. Activities and environments are designed to foster the acquisition of skills, appropriate behavior,

greater independence, and personal choice. Meals provided as part of these services shall not constitute a “full nutritional regimen” (3 meals per day). Day Habilitation services focus on enabling the participant to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies in the service plan. In addition, Day Habilitation Services may serve to reinforce skills or lessons taught in other settings. This service is provided to participants who demonstrate a need based on cognitive, social, and/or behavioral deficits such as those that may result from an acquired brain injury. This service is not available to persons residing in assisted living.

APPROACH TO DEVELOPING THE STATEWIDE TRANSITION PLAN

In 2014, DMMA initiated a process to re-procure MCOs for the DSHP program. The purpose of this re-procurement was to improve program oversight and administration as well as the quality of services offered to MCO members. This process began in 2013 with the drafting of a new MCO contract. In January 2014, DMMA published the request for proposal and new contracts were implemented January 1, 2015. DMMA conducted an extensive readiness review with the MCOs, which included both desk reviews of policies and procedures and onsite reviews with key MCO staff. Thus, 2014 was a resource-intense period for DMMA and the MCOs as well as a period of significant transition. As a result, DMMA is at the early stages in its assessment activities related to the Plan.

DDDS has taken a lead role, with support by and coordination with DMMA, focusing on preliminary assessment of the DDDS waiver for compliance with the Community Rule. The results of this preliminary assessment are outlined below in the Plan.

It is important to note that the Plan identifies at a high level the activities and requirements that will be implemented for the DDDS waiver and the DSHP demonstration. Moving forward, the specific approach and details surrounding each program will be further defined and will reflect the input and guidance of the particular program’s stakeholders, and, as appropriate, will reflect the unique structure and organization of the program itself.

Delaware is committed to engaging with stakeholders and has sought public input from various stakeholders including participants, family members, associations, advocacy groups, and others throughout the process of the Plan development. During the implementation of the Plan, Delaware will continue to seek stakeholder input through a variety of opportunities and venues. Stakeholder input has strengthened the development of the Plan, and will be of critical importance during assessment and remediation.

Although the description below regarding assessment and remediation activities is organized according to program area (DDDS waiver and DSHP demonstration), Delaware is committed to providing a comprehensive, coordinated approach to determining compliance with the Community Rule. This means that where appropriate, processes for the programs, activities and timeframes for the programs will be comparable.

Ensuring a comparable process for the Plan begins with the oversight body. Multiple agencies are involved in administering the State's Medicaid program. As such, a cross-agency team will monitor DMMA's assessment and remediation activities. The team will consist of representatives from DMMA, DDDS, DSAAPD, DSAMH and the Division of Long Term Care Residents Protection (DLTCRP). Other agencies will be included in the process as appropriate and as warranted by specific tasks. The team will meet regularly to touch base on key issues, to ensure that tasks remain on track and to develop and implement any necessary course modifications. Updates will be provided to key leadership, including the DHSS Secretary. DDDS will report to DMMA, on a regular frequency, regarding the status of implementing the DDDS waiver portion of the Plan.

Final responsibility for the development and submission of Delaware's Statewide Transition Plan, including meeting the requirements for public notice, rests with DMMA. In the course of implementing the Plan, DMMA will be responsible for any negotiations with CMS regarding any possible changes to the Plan. DMMA will look to the cross-agency oversight body for guidance and direction in these processes.

STATEWIDE TRANSITION PLAN TIMELINE

The following is a high level timeline noting all phases of the Delaware Statewide Transition Plan. Details regarding the activities in each phase and associated timeframes are described later in the Plan.

Activity	Estimated Start Date	Estimated End Date
Preparing and Submitting the Plan for CMS Approval		
1 st Stakeholder meeting for DDDS waiver transition plan.	January 21, 2015	N/A
Incorporate stakeholder feedback into DDDS waiver transition plan.	January 21, 2015	February 5, 2015
2 nd Stakeholder meeting for DDDS waiver transition plan.	January 28, 2015	N/A
Post the Plan for public comment.	February 6, 2015	March 9, 2015
Publish the Plan in newspaper and on DMMA website.	February 6, 2015	N/A
1 st Public Hearing for the Plan (New Castle County).	February 23, 2015	N/A
2 nd Public Hearing for the Plan (Kent County).	February 27, 2015	N/A
Review, incorporate and respond to public comments on the Plan.	March 9, 2015	March 13, 2015
Modify the Plan and post on DMMA website (including summary of public comments and state	On or before March 17, 2015	N/A

Activity	Estimated Start Date	Estimated End Date
response).		
Submit the Plan to CMS for approval.	On or before March 17, 2015	N/A
Implementing the Plan		
Phase 1: Development of survey instruments and process to assess compliance with Community Rule.	DDDS: February 2015	DDDS: September 2015
	DSHP: April 2015	DSHP: October 2015
Phase 2: Implementation of survey instruments and processes developed in Phase 1 to assess compliance with Community Rule.	DDDS: September 2015	DDDS: September 2016
	DSHP: October 2015	DSHP: August 2016
Phase 3: Use assessment results and other data sources to create inventory of services and settings vis-à-vis compliance with Community Rule.	DDDS: October 1, 2016	DDDS: October 31, 2016
	DSHP: September 2016	DSHP: December 2016
Phase 4: Develop remediation strategies to bring non-compliant services and settings into compliance with Community Rule.	DDDS: November 2016	DDDS: February 2017
	DSHP: January 2016	DSHP: April 2017
Phase 5: Implement remediation strategies.	DDDS: February 2017	DDDS: March 17, 2019
	DSHP: May 2017	DSHP: March 2019
Phase 6: Monitor on-going compliance.	DDDS: July 2016	DDDS: March 17, 2019
	DSHP: July 2016	DSHP: March 17, 2019

DDDS AND DSHP ASSESSMENT AND REMEDIATION PLANS

This section of the Plan describes the assessment processes to determine compliance with the Community Rule and the remediation actions to address identified issues for the DDDS waiver and the DSHP demonstration. Activities for the DDDS waiver are presented first, followed by activities for the DSHP demonstration. The assessment and remediation activities are described in a sequential manner as “phases.”

This section also includes a matrix for each component of the Plan (DDDS waiver activities and DSHP demonstration activities) that organizes activities by the major categories of the Community Rule requirements.

DDDS Waiver Assessment and Remediation Plan

Phase 1: Development of survey instruments and processes to assess compliance with the Community Rule

Start Date: February 2015

End Date: September 2015

DDDS will work with the Governor's Advisory Council (GAC) and any work groups convened by the Council to develop survey instruments and protocols to assess the extent to which the following either: comply with, are contradictory to or are silent on the requirements under the Community Rule:

- State laws, regulations, policies, etc. and provider policies; and
- HCBS and HCB settings.

The GAC will create one or more sub-work groups comprised of stakeholders (as enumerated in the matrix that follows) to develop the survey instruments. The CMS Exploratory questions for residential and non-residential settings will be incorporated into the survey instrument.

DDDS intends to create assessment instruments for provider policies regarding HCBS and HCB settings that will be completed by the providers as a self-assessment instrument. The self-assessment instruments must include a place for the provider to document how they meet the Community Rule requirement. For the provider policy assessment, this must take the form of citations and excerpts from written documents maintained by the provider. For the services and settings assessment, the provider must also provide documentation of compliance using such documentation as training curricula or staff performance plans in addition to other relevant documentation.

For the assessment of the services and settings, Delaware has also chosen to utilize data from the National Core Indicators (NCI) data as part of the survey process. The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. This information will be utilized as a starting point, only to allow Delaware and its stakeholders to drill down to those areas of the community requirement that are of concern. As available, the NCI data will be analyzed by the type of residence in order to identify non-compliance within HCB settings. In addition, the programmatic surveys in Phase 2 will provide a more detailed account of compliance/non-compliance in terms of HCB settings. Training will need to be done on the survey instruments before they can be implemented.

The data obtained from NCI was derived from a random sample of waiver participants across Delaware. A statistically valid sample was obtained and in-person interviews were conducted with the individual to gather information by asking the same questions of all participants. For the analysis of compliance with the HCBS requirements, a total of 280 participants were interviewed in the 2013-2014 reporting year.

Phase 2: Implementation of survey instruments and processes developed in Phase 1 to assess compliance with the Community Rule

Start Date: September 2015

End Date: September 2016

Assessment of State Laws, Regulations, Policies, etc.

The sub-work group of the GAC will work with staff of DDDS to administer the survey tool against State laws, regulations, policies, etc. to determine compliance with the Community Rule. A final report will be issued with the findings of the group. The report will indicate for each requirement under the Community Rule whether the State:

- Has sufficient written guidance and processes in place to ensure compliance.
- Has some written guidance and processes in place that must be augmented in order to ensure compliance.
- Has no written guidance or processes in place to ensure compliance.

Copies of the report will be provided to the cross-agency oversight body for review. In addition, copies of the report will be shared with stakeholder groups.

The review process will include the following State, Department and Division documents and related practices, at a minimum:

- Delaware Code
 - Title 16, Chapter 11, Subchapter II. Rights of Patients
 - Title 16, Chapter 55, Subchapter I. Declaration of General and Special Rights of Persons Diagnosed with Intellectual Disabilities and Other Specific Developmental Disabilities
 - Title 25, Part III Landlord/Tenant Code
- Delaware Administrative Code
 - Title 16, DHSS, Section 3000 DLTCRP, 3310 Neighborhood Homes for Persons with Developmental Disabilities (interpretive guidelines)
- Department Policies
 - PM 24 – Safeguarding client funds
 - PM 25 Voter Registration – Federally Funded Programs
 - PM 31 Site Selection for People with Disabilities
 - PM 36 Standardized Requirements During the Development Phase of Community Based Residential Homes for the DHSS/Division
 - PM 40 w/ Addendum A: Criminal Background Check
 - PM 46 Policy Memorandum concerning Patient Abuse/Injury/Self Harm, etc.
 - PM 62 Housing/Rent Calculations
- DMAP DDDS Provider Manual (on DMAP website)
- DDDS Waiver Provider Certification Application
- DDDS Waiver Service Provider Qualifications DDDS Waiver Application July 1, 2014 renewal approved by CMS
- DDDS Provider Contracts:
 - Day and Residential Appendix A
 - Residential Appendix A-1
 - Shared living contract Appendix A and related documents
 - Other contract documents

- DDDS standards
 - DDDS Waiver Certification Standards Manual (on DDDS website)
 - DDDS Certification Standards for All Service Types Other than Neighborhood Homes Manual
 - CLA Standards for Levels I, II and III (April 2007)
http://dhss.delaware.gov/dhss/ddds/files/CLA_Standards_2007.pdf
 - HCBS WAIVER STANDARDS FOR DAY HABILITATION, PREVOCCATIONAL, AND SUPPORTED EMPLOYMENT SERVICES FOR INDIVIDUALS WITH MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES May 2002 (on DDDS website at link called “Day Program Standards”)
<http://dhss.delaware.gov/dhss/ddds/files/daypgmstds.pdf>
- DDDS manuals
 - A Guide to the Division of Developmental Disabilities Services In Delaware by the Arc of Delaware May 2010
 - Case Manager Desk Manual
 - ELP Manual and Forms (under revision)
 - Nurse Consultant Manual
 - Behavioral Consultant Manual (under revision)
- DDDS policies
 - Community Services
 - “Administrative” Policies (apply across all services)
- DDDS monitoring tools
 - Case Manager monthly contact (in ECR)
 - OQI Survey tool (used in the CSR and also in agency reviews)
- Staff performance plans
 - Senior Social Worker/Case Manager (DDDS Case Managers)
 - Social Worker/Case Manager Supervisor
- Provider lease agreements
- DDDS Provider Lease Approval form

Additional relevant materials may be added to the review as they are identified.

Provider Self-Assessment of Provider Policies and Other Written Guidance

Waiver service providers will complete the self-assessment instrument developed in Phase I to assess their level of compliance with the Community Rule. Based on the results of the survey, an authorized representative of each provider will attest in writing whether they believe that their organization’s rules and policies are either fully compliant with the Community Rule or that remediation is necessary. Providers that indicate that remediation is necessary will be required to submit a Corrective Action Plan to the State. The Corrective Action Plan must be approved by the State before it can be implemented.

The sub-work group of the GAC will conduct “look-behind” reviews of a sample of the provider self-assessment survey results to validate the provider self-assessments.

An appeal process will be developed for providers to dispute the State’s findings of non-compliance.

Provider Self-Assessment of Waiver Services and Settings

Waiver service providers will complete the self-assessment instrument developed in Phase I to assess their level of compliance with the Community Rule. Based on the results of the survey, an authorized representative of each provider will attest in writing whether they believe that their organization settings are either fully compliant with the Community Rule or that remediation is necessary. Providers that indicate that remediation is necessary will be required to submit a Corrective Action Plan to the State. The Corrective Action Plan must be approved by the State before it can be implemented.

The sub-work group of the GAC will conduct “look-behind” reviews of a sample of the provider self-assessment survey results to validate the provider self-assessments. The GAC will ensure that all review processes are conflict free and will develop dispute resolution processes for the findings. Information obtained from the analysis of the NCI data will supplement data gathered from the provider self-assessments of the services and settings and the look-behind reviews. Any provider self-assessments that indicates complete compliance with the Community Rule, but where the NCI data suggests that there may be areas of non-compliance, will be scheduled for a look-behind review, even if they were not initially identified in the sample.

Provider settings that will be reviewed for compliance as part of this process include:

- Neighborhood group homes;
- Community living arrangements (aka staffed apartments);
- Shared living arrangements;
- Day habilitation facilities and non-facility-based programs;
- Prevocational facilities and non-facility based programs; and
- Supported Employment providers.

Any assessment results that indicate deviations from the requirements under the Community Rule for specific waiver members must be supported by the individual needs of the waiver member as specified in the person-centered plan. Where deviation is recommended, the following standard must be met:

- Identification of a specific condition or individualized need that is directly proportionate to the deviation being recommended;
- Documentation of positive interventions and supports tried prior to the recommended deviation from the requirements, including less intrusive methods of meeting the need that were tried and did not work;
- On-going periodic review to measure the effectiveness of the deviation from standard practice;
- Establishment of a timeframe within which the deviation should be discontinued if it is no longer needed or effective;
- An assurance that the interventions and supports will cause no harm to the individual; and
- Informed consent of the individual.

An appeal process will be developed for providers to dispute the State's findings of non-compliance.

Phase 3: Use assessment results and other data sources to finalize inventory of services and settings vis-à-vis compliance with the Community Rule

Start Date: October 1, 2016

End Date: October 31, 2016

DDDS will create an inventory of all waiver settings, both residential and non-residential, and each setting will be initially identified as either 1) not compliant, 2) presumed not to be compliant, 3) likely not to be compliant, or 4) fully compliant, the latter two of which will be based on the results of the provider self-assessments, the look-behind reviews conducted by the GAC sub-work group and analysis of the NCI data. The inventory will summarize how each setting meets or does not meet the federal HCBS requirements.

Settings PRESUMED NOT to be Compliant

DDDS will identify specific settings, both residential and non-residential, that are PRESUMED NOT to be HCBS compliant because they are on grounds of, or adjacent to, a public institution, i.e., Stockley Center, they are in a publicly or privately-owned facility providing inpatient treatment or they have the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS. This review will include residential and non-residential settings out of state for which waiver funds are currently being used. This review will be conducted by DDDS staff prior to the completion of the provider self-assessment by those agencies.

All Other Settings

DDDS staff will use the results of the following data sources to populate the inventory with the initial compliance status as outlined above:

- Provider self-assessments;
- Look-behind reviews conducted by the GAC sub-work group; and
- NCI data by setting and provider to develop an inventory and description of HCBS and HCB settings.

An appeal process will be developed for providers to dispute the State's findings of non-compliance.

Phase 4: Develop remediation strategies to bring non-compliant services and settings into compliance with the Community Rule

Start Date: November 2016

End Date: February 2017

Based on the inventory of Delaware HCBS residential and non-residential settings, remediation will need to be developed for any services or settings that are determined to not meet the federal HCBS requirements. Providers for which remediation is necessary will be required to submit a Corrective Action Plan to the State. The Corrective Action Plan must be approved by the State before it can be implemented.

To the extent that remediation strategies have financial implications for the providers and for the State, budget strategies may need to be developed.

Phase 5: Implement remediation strategies

Start Date: February 2017

End Date: March 17, 2019

Any Corrective Action Plans and other remediation strategies identified in Phase 4 must be fully implemented by March 17, 2019 so that the entire waiver service delivery system will be compliant with the Community Rule.

The State will ensure that throughout the remediation phase, measures will be put in place to continuously monitoring participant health and welfare and the quality of care. State staff and stakeholders will be engaged in this activity.

Phase 6: Monitor on-going compliance

Start Date: July 2016

End Date: March 17, 2019

The DDDS Office of Quality Improvement will monitor progress on Corrective Action Plans and will also begin routine monitoring of compliance with the requirements of the Community Rule during the Transition period for providers for whom no Corrective Action Plan is in effect.

Compliance monitoring may also include monitoring MCO performance. Activities such as analysis of MCO reports, monitoring participant complaints and additional stakeholder meetings will be considered for monitoring activities.

Matrix of DDDS Waiver Action Items Organized by Major Categories of the Requirements of the Community Rule

This section of the Plan organizes the activities for the DDDS waiver by the major categories of requirements under the Community Rule:

- Broad Stakeholder Involvement in the Development of the Plan.
- Policy/procedure /provider qualification standards review.
- Evaluate individual HCB settings.
- Evaluate waiver service definitions against the Community Rule.
- Training for State staff and providers (including on-going monitoring and remediation).
- On-going monitoring by OQI.

DDDS Transition Plan Elements Organized by Community Rule Compliance Area

Action Item/Approach to Assess Compliance	State Resources	Stakeholder Resources	Proposed Start Date	Proposed End Date
Section 1: Broad Stakeholder Involvement in the Development of the Transition Plan				
Schedule meetings to solicit stakeholder input in the development of a draft Transition Plan via focus group meetings.	DDDS Director's Office Administrative Support		Completed	
<p>Hold focus group meetings to solicit stakeholder & public input into the development of the Transition Plan.</p> <p>Provide an overview of the new rule and solicit input into the development of the draft DDDS Transition Plan.</p> <p>DDDS will use a transcription service to facilitate ability to capture all comments.</p>	DDDS Director DDDS Deputy Director DDDS Director of Quality Improvement DDDS Director of Day & Transition Services	Stakeholders participating include: DD Council SCPD State Ombudsman GACEC GAC Arc of DE DELARF People First (self advocates) Disabilities Law Program DE Family Voices Waiver Providers Families of individuals receiving DDDS waiver services & other DDDS services MCAC (briefed at their meeting on 12/10/14) Ask Advocacy orgs to get the word out to families to encourage participation in the public meetings scheduled by DMMA for February	Completed	
Publish a draft DDDS transition plan on the DDDS website for public comment with link to email address for comments.	DDDS Staff DHSS IRM Helpdesk to establish email Resource account	Explore Facebook, Twitter, WDEL Consider translating the Plan into Spanish	To be published DDDS website by 2/6/15	3/9/15 for the initial draft

Action Item/Approach to Assess Compliance	State Resources	Stakeholder Resources	Proposed Start Date	Proposed End Date
	DDDS provider and family listservs (make sure this includes Autism Speaks & the Downs Syndrome Assn)			
Review, incorporate and respond to public comments on the draft DDDS Transition Plan Summarize the comments received and the frequency for each type of comment and post the comments and how they were used in the draft DDDS Transition Plan.	DDDS Staff		Completed	
Create a “parking lot” of any issues that come up during the development or implementation of the DDDS transition plan that are outside of the scope of the Plan.	DDDS Staff		1/27/15	Sept 2016
Update the status of the CMS-approved DDDS section of the transition plan on the DDDS website on a specified frequency (monthly) to enable the public to follow the status of the Plan.	DDDS Staff		4/1/15	When DDDS services are fully compliant
Provide DDDS section of the transition plan to DMMA for inclusion in the Plan to be posted for public comment.	DDDS Staff		Completed	
Section 2: Policy/Procedure/Provider Qualification Standards Review				
Establish oversight body to monitor the DDDS waiver section of the DDDS transition plan to apply a cohesive strategy to compliance with the Rule. The Governor’s Advisory Council (GAC) to DDDS will serve as the Steering Committee for the DDDS transition process.		Stakeholders at the 1/21 and 1/28/15 focus groups	Completed	
GAC to create charter to define their role and that of the sub-work group and protocols for how they will operate (i.e., reporting structures & timeframes).	DDDS Staff	Governor’s Advisory Council to DDDS	2/17/15	3/17/15

Action Item/Approach to Assess Compliance	State Resources	Stakeholder Resources	Proposed Start Date	Proposed End Date
Form one or more sub-work groups of the GAC consisting of DDDS staff and stakeholders to assist DDDS in the process of reviewing its policies and procedures. This will spread workload among one or more work groups.	DDDS Staff	Governor's Advisory Council to DDDS	2/17/15	3/17/15
Identify HUD Homes and any financial or other terms that impact compliance.	Debbie Gottschalk (DHSS legislative liaison and lawyer) Lottie Lee (DHSS Housing Coordinator)	Arc of Delaware Property Manager	2/17/15	3/31/15
Conduct review of Delaware landlord/tenant code vis-à-vis the Rule.	Debbie Gottschalk (DHSS legislative liaison and lawyer) Delaware Housing Authority	Governor's Advisory Council to DDDS	2/17/15	3/31/15
Develop survey instrument to use to assess for DDDS and provider (self-assessment) policies, procedures, etc. against the Rule.	DDDS Deputy Director DDDS Director of Policy DDDS Director of Quality Improvement	Governor's Advisory Council (GAC) sub-work group; research should be conducted on tools that other states may have already developed	3/17/15	4/24/15
Use survey tool to assess for DDDS policies, procedures, etc. against the Rule to determine whether DDDS policies, etc. are compliant with the Rule or whether there are gaps.	DDDS Office of Quality Improvement DDDS Deputy Director DDDS Director of Policy	GAC sub-work group	4/25/15	6/30/15
Analyze DDDS waiver provider qualification standards and internal procedures to determine compliance with the Community Rule or whether there are gaps.	DDDS Office of Quality Improvement DDDS Deputy Director DDDS Director of Professional Services	GAC sub-work group	5/1/15	8/31/15
Present survey instrument to providers and train them how to use it.	DDDS Office of Quality Improvement	GAC sub-work group Provider representatives	5/1/15	5/31/15
Providers use the survey tool to assess their policies, procedures, etc. against the Rule; As part		DDDS providers	6/1/15	7/31/15

Action Item/Approach to Assess Compliance	State Resources	Stakeholder Resources	Proposed Start Date	Proposed End Date
of the self-assessment response, providers will be required to submit a remediation strategy for any polices, etc. that are not compliant with the Rule.				
Desk review of provider self-assessment results re: their policies/procedures and remediation strategies.	DDDS Office of Quality Improvement DDDS Deputy Director DDDS Director of Professional Services	GAC sub-work group will assist DDDS in reviewing provider self-assessments	8/1/15	12/31/15
Conduct a full “look-behind” review of a 20% sample of the provider self-assessments of their policies & procedures.	DDDS Office of Quality Improvement DDDS Deputy Director DDDS Director of Policy	GAC sub-work group	1/1/16	2/28/16
Conduct a full review of provider policies, etc. for all providers not reviewed as part of the compliance above at the next provider QA review.	DDDS Office of Quality Improvement	GAC sub-work group	3/1/16	6/1/16
Use NCI data to determine whether the service delivery system is achieving the desired client outcomes.	DDDS Director of Quality Improvement to work with HSRI to get NCI data for Delaware		3/1/16	6/1/16
DDDS must develop remediation strategies for any state policies that are not compliant.	DDDS Director DDDS Office of Quality Improvement DDDS Deputy Director DDDS Director of Policy DE Division of Long Term Care Residents Protection DLTCRP (as necessary to make regulatory changes)	GAC sub-work group	6/1/16	6/30/16
GAC will review and must approve any DDDS strategies for remediation.		GAC	7/1/16	7/31/16
Remediation:				
Create explanation in plain language of tenant rights to be given to all waiver members that reside	Debbie Gottschalk (DHSS legislative liaison)	Governor’s Advisory Council to DDDS	4/1/15	4/30/15

Action Item/Approach to Assess Compliance	State Resources	Stakeholder Resources	Proposed Start Date	Proposed End Date
in provider-owned or leased properties.	and lawyer) DDDS staff			
Make necessary changes to Division policies, procedures, etc.	DDDS Staff		8/1/16	10/31/16
Make necessary changes to DDDS Provider qualification criteria, form and practices.	DDDS Staff		8/1/16	10/31/16
Make necessary changes to state or DHSS policies, procedures, etc.	DDDS staff DE Division of Long Term Care Residents Protection DLTCRP (as necessary to make regulatory changes)	Public input will be sought for regulatory changes via the Delaware Register of Regulations	8/1/16	*Any changes to law or regulation will be subject to legislative timeframes
Providers must make changes to any non-compliant policies, etc.		Providers	1/1/16	3/31/16
Submit necessary changes to the DDDS HCBS waiver application to CMS to communicate and enforce expectations re: the Rule.	DDDS Staff	Public input will be sought for changes to the waiver via established protocols CMS	After the Plan is approved	6 months after CMS approval
Section 3: Evaluate Individual HCB Settings				
Identify residential sites covered under the waiver that are PRESUMED NOT to be community based.	DDDS Director DDDS Deputy Director	GAC sub-work group will assist DDDS	4/1/15	4/30/15
Identify residential sites (including out of state) paid for with waiver funds that are likely to NOT be community based even without performing a full assessment.	DDDS Director DDDS Deputy Director DDDS Director of Professional Services	GAC sub-work group will assist DDDS	4/1/15	4/30/15
Develop a provider self -assessment tool for residential providers/sites.		The Governor's Advisory Council to DDDS will serve as the Steering Committee and will create sub-work groups as necessary to assist DDDS in the development of the survey instrument; research should be	3/17/15	5/31/15

Action Item/Approach to Assess Compliance	State Resources	Stakeholder Resources	Proposed Start Date	Proposed End Date
		conducted on tools that other states may have already developed		
Develop a provider self-assessment tool for non-residential providers/sites.	DDDS Office of Quality Improvement DDDS Administrative Support	The Governor’s Advisory Council to DDDS will serve as the Steering Committee and will create sub-work groups as necessary to assist DDDS in the development of the survey instrument; research should be conducted on tools that other states may have already developed	3/17/15	5/31/15
Do a pilot with 3 residential and day programs (including one state day site) each to work out the bugs of the survey instrument.			6/1/15	7/15/15
Analyze results of pilot and make corrections to the survey instrument and develop a training curriculum.			7/15/15	8/15/15
Present policy self-assessment survey tool to providers & train on its use.			8/15/15	9/15/15
Application of the provider self-assessment tool for each site.		DDDS Providers	9/15/15	2/29/16
State desk reviews of provider self-assessments.	DDDS Office of Quality Improvement DDDS Deputy Director DDDS Regional Program Directors DDDS Director of Day & Transition Services	GAC sub-work group	3/1/16	5/31/16
Conduct on-site “look-behind” review of a 20% sample of providers using the review tool.	DDDS Office of Quality Improvement DDDS Deputy Director	GAC sub-work group, supplemented with additional advocates as	6/1/16	8/31/16

Action Item/Approach to Assess Compliance	State Resources	Stakeholder Resources	Proposed Start Date	Proposed End Date
	DDDS Regional Program Directors DDDS Director of Day & Transition Services	necessary to meet workload		
Conduct a full review of provider settings for all providers not reviewed as part of the compliance above at the next provider QA review.	DDDS Office of Quality Improvement		First review date after 9/1/16	
Remediation:				
Transition Waiver member's off the Stockley grounds. Families are in the process of selecting a provider.	DDDS Staff	Providers	6/1/14	1/31/16
Provider development of Corrective Action Plans.		Providers	Within 90 days of the submission of the self-assessment	
Review DSHP rates for adequacy to support the requirements of the Rule (especially related to smaller staffing ratios in the day programs).	DDDS Staff		1/31/16	6/30/16
Include a budget strategy related to any necessary changes to rates.	DDDS Staff		Prepare for FY18 budget	
Develop a policy regarding aging in place.	DDDS Staff		8/1/15	11/1/16
Section 4: Evaluate Waiver Service Definitions Against the Community Rule				
Evaluate current service definitions against the new requirements.	DDDS Office of Quality Improvement DDDS Deputy Director DDDS Director of Community Services DDDS Director of Day & Transition Services	GAC sub-work group	6/1/15	9/30/15
Remediation:				
Develop a waiver amendment to revise any service definitions as necessary.	DDDS Staff	Public input will be sought for changes to the waiver	10/1/15	12/31/15

Action Item/Approach to Assess Compliance	State Resources	Stakeholder Resources	Proposed Start Date	Proposed End Date
		via established protocols		
Submit waiver amendment to revise any service definitions as necessary.	DDDS Staff	CMS	1/1/16	
Revise the DMAP Provider manual for changes to waiver service definitions as necessary.	DDDS Staff DMMA (must review and approve changes)		After approval by CMS	
Amend the DDDS waiver to add "Community Participation." Add this new fully compliant day service to the menu of waiver services to encourage members to transition naturally.	DDDS Staff DMMA (must review and approve changes)	Public input will be sought for changes to the waiver via established protocols CMS	1/1/16	
Section 5: Training for State Staff and Providers				
Evaluate current DDDS-required training curriculum against the new rule.	DDDS Staff	GAC sub-work group	2/1/15	3/31/15
Determine if the College of Direct Support curriculum has been vetted against the Rule by CMS. The DDDS Director of Quality Improvement will work with Elsevier to make this determination.	DDDS Director of Quality Improvement	Elsevier	2/1/15	3/31/15
Remediation:				
Change DDDS policy regarding training curriculum Add or delete CDS modules that will facilitate staff and provider compliance with the new rule Work with Elsevier to add new modules as necessary.	DDDS Staff DDDS Director of Quality Improvement DDDS Policy Administrator	Elsevier	4/1/15	6/30/15
Implement new curriculum.	DDDS Director of Professional Development	Providers	7/1/15	6/30/16
Add QA measure's in the waiver application specific to the Community Rule.	DDDS Director of Quality Improvement DMMA (must review and approve changes)	CMS	1/1/16	

Action Item/Approach to Assess Compliance	State Resources	Stakeholder Resources	Proposed Start Date	Proposed End Date
Develop new provider standards.	DDDS Director of Quality Improvement		2/3/15	4/31/16
Develop new monitoring tools for OQI.	DDDS Director of Quality Improvement		5/1/16	6/30/16

DSHP Demonstration Assessment and Remediation Plan

Phase 1: Development of survey instruments and processes to assess compliance with the Community Rule

Start Date: April 2015

End Date: October 2015

DMMA will develop assessment tools to facilitate DMMA evaluation of State laws, regulations, policies, provider review of policies as well as assessment of HCBS and HCB settings that are under the DSHP demonstration. The CMS Exploratory questions for residential and non-residential settings will be incorporated into the survey instrument. To the extent possible, DMMA will leverage the approach and tools designed for the DDDS waiver. Similar to DDDS, DMMA will draw upon the experience and expertise of a stakeholder group (the Governor's Commission on Community Based Alternatives for Individuals with Disabilities) during the assessment process. DMMA intends to use the same or a similar review instrument as DDDS to facilitate its review of any State laws, regulations, and policies particular to the DSHP Demonstration. The provider survey will take the form of a self-assessment.

DMMA will also work with the DSHP MCOs to design a survey instrument that the MCOs will use to assess their own policies, procedures, provider participation agreements, credentialing and re-credentialing standards, and other materials to ensure that there is nothing that would serve as a deterrent to fully integrated community care or is in contrast to the Community Rule. DMMA will work with the MCOs to identify the relevant polices that need to be reviewed and will establish criteria defining the parameters of the review, including what the review should entail and the timeframes for completion.

The NCI is not currently designed for the populations served in the DSHP demonstration; therefore an alternative approach will need to be considered to develop the settings and services survey instruments for the DSHP demonstration. The intent is to use a 360 degree approach to the survey design – to obtain feedback from both providers and participants receiving care as a means of validation. Requirements from the Community Rule and exploratory questions from the CMS toolkit will be used to help develop the surveys. The surveys will be modified, as appropriate, according to the provider and setting.

DMMA will consider using its External Quality Review Organization (EQRO) to develop the surveys. This task appears to be consistent with the validation and implementation survey protocols outlined in the CMS External Quality Review Protocols.

Regardless of the method used to develop the surveys, the tools will be reviewed by a broad range of stakeholders, including the DSHP MCOs and the cross-agency oversight body and the Governor's Commission on Community Based Alternatives for Individuals with Disabilities, prior to finalizing and distributing to providers and participants.

Phase 2: Implementation of survey instruments and processes developed in Phase 1 to assess compliance with the Community Rule

Start Date: October 2015

End Date: August 2016

Assessment of State Laws, Regulations, Policies, etc.

In Phase II, DMMA will also undertake a review of applicable State laws, regulations and policies to determine compliance with the Community Rule. Many of the laws, regulations and policies that will be reviewed for the DDDS waiver will also fall under DMMA's review for the DSHP demonstration because they apply to both programs. Input will be sought from stakeholders, including the cross-agency oversight body and the Governor's Commission on Community Based Alternatives for Individuals with Disabilities, to determine any additional state laws, regulations and policies. The review process will include the following State, Department and Division documents and related practices, at a minimum:

- Delaware Code
 - Title 16, Chapter 1 - DHSS (licensure and certification)
 - Title 16, Chapter 11 - Nursing Facilities and Similar Facilities (Licensure by the State)
 - Title 16, Chapter 94 – Community Based Attendant Services
 - Title 24, Chapter 17 - Medical Practice Act (Medical Licensure and Discipline)
 - Title 25, Part III - Residential Landlord-Tenant Code
 - Title 31, Chapter 1 - DHSS (department authority)
 - Title 31, Chapter 5, Sections 503(b) and 505(3) - State Public Assistance Code (Medical Assistance)
- Delaware Administrative Code
 - Medicaid DSSM 20000 - Long Term Care (Home and Community Based Services)
 - Division of Long Term Care Residents Protection, various sections addressing licensure and certification of group home, assisted living facilities, etc
 - Division of Public Health, Health Systems Protections, various sections addressing regulations and licensure of adult care facilities, home health agencies and aides
 - DSAMH: Sections 6001 and 6002 - Licensing Standards and Credentialing
- Other Policy Documents
 - Analyze current waivers to determine if revisions to program rules/policies and if amendments are needed to be in compliance with the CFRs
 - Review of provider manual(s), including contracts/licensure provisions, to determine if revisions/updates are needed to be in compliance with the CFRs

Additional materials will be added to the review as they are identified. Similar to the DDDS waiver, a final report will be developed noting the extent to which for each requirement under the Community Rule the state has or does not have sufficient written guidance and processes to ensure compliance. Copies of the report will be provided to the cross-agency oversight body for review. In addition, copies of the report will be shared with stakeholder groups.

MCO Self-Assessment of Policies, etc.

The DSHP MCOs will use a tool developed in collaboration with DMMA to assess their own policies and procedures for compliance with the Community Rule. Prior to the review, DMMA will provide training to MCO staff on the elements of the Community Rule to ensure the MCOs have a solid understanding of the rule and expectations when conducting their review. DMMA will monitor the MCO's review for completeness and timeliness within established parameters

and deadlines. Upon finishing their review, the MCOs will submit a final report to DMMA that details their findings.

Provider Self-Assessment of Provider Policies and Other Written Guidance and Provider Self-Assessment of Waiver Services and Settings

MCOs will play an important role in the survey process. DMMA will distribute the provider self-assessments to the DSHP MCOs for distribution to DSHP HCBS providers. MCO provider network lists will need to be coordinated in order to eliminate duplication. MCOs will distribute surveys to providers in accordance with prescribed parameters and timeframes. In addition to the provider settings list for the DDDS waiver, assisted living facility providers will also be included in the survey process and assessment process.

The MCOs will develop and distribute educational materials for providers regarding the Community Rule and the self-assessment process. MCOs will also conduct provider training. MCO educational and training materials will be reviewed by DMMA and developed in accordance with specific criteria and with stakeholder feedback.

For the provider self-assessment of waiver services and settings, a help desk will be established to respond to provider questions about the survey and offer technical assistance to providers in completing the survey. This technical assistance will help troubleshoot problems in order to improve the accuracy of the self-assessment results.

Participant Survey

DMMA will work with the MCOs to use the MCO DSHP-Plus case managers to assist participants in responding to the participant survey. The MCOs will distribute the surveys directly to participants, with instructions that the participant's case manager is available to assist if needed. Case managers will also be instructed to reach out to the participant during monitoring contacts to see whether the participant needs assistance with the survey and will follow up with participants regarding the status of completing surveys. DMMA will develop criteria in collaboration with the MCOs regarding the case manager's role in assisting the participant with the survey. The role of the MCO case manager is to facilitate the participant's completion of the survey, not to complete the survey instead of the participant.

In addition, DMMA will develop a valid sample response for case managers to help them understand what a complete survey should look like. The MCOs will be expected to train their case managers on the Community Rule, the participant assessment process, and their role as case managers, prior to distributing the survey to participants. DMMA and the cross-agency oversight body will review and approve the MCO's educational materials before the training occurs.

A system will be developed and implemented to collect, track, monitor and analyze surveys and responses. A help desk will be established to respond to case manager inquiries regarding the survey.

Phase 3: Use assessment results and other data sources to finalize inventory of services and settings vis-à-vis compliance with the Community Rule**Start Date: September 2016****End Date: December 2016**

An approach comparable to that described for the DDDS waiver will be used for the non-residential and residential waiver settings inventory. The results of the following data sources will be used to populate the inventory:

- Provider self-assessments;
- Participant survey; and
- MCOs policy assessment.

Phase 4: Develop remediation strategies to bring non-compliant services and settings into compliance with the Community Rule**Start Date: January 2016****End Date: April 2017**

Remediation activities may occur at multiple levels: state, MCO and provider.

State level remediation activities may include but are not limited to:

- Revising state policies, laws, regulations;
- Developing new state policies, laws, regulations; and
- Streamlining state operational and administrative processes.

There may be issues stemming from the inventory that will impact MCOs particularly in the event that issues are identified from the MCO assessment. MCO remediation measures may include but are not limited to:

- Corrective Action Plans;
- Revised MCO contract;
- Revised MCO policies; and
- Required revisions to MCO provider participation agreements.

Provider level remediation activities may include but are not limited to:

- Modifications to ensure greater participant choice and control; and
- Relocation of participants in the event a setting is unable to meet requirements.

Phase 5: Implement remediation strategies**Start Date: May 2017****End Date: March 17, 2019**

Any Corrective Action Plans and other remediation strategies identified in Phase 4 must be fully implemented by March 17, 2019 so that the entire waiver service delivery system will be compliant with the Community Rule.

The State will ensure that throughout the remediation phase, measures will be put in place to continuously monitoring participant health and welfare and the quality of care. Case managers, MCOs, State staff and stakeholders will be engaged in this activity.

Phase 6: Monitor on-going compliance

Start Date: July 2016

End Date: March 17, 2019

Compliance monitoring may also include monitoring MCO performance. Activities such as analysis of MCO reports, monitoring participant complaints and additional stakeholder meetings will be considered for monitoring activities.

Matrix of DSHP Demonstration Action Items Organized by Major Categories of the Requirements of the Community Rule

This section of the Plan organizes the activities for the DSHP demonstration by the major categories of requirements under the Community Rule:

- Broad Stakeholder Involvement in the Development of the Transition Plan.
- Policy/procedure /provider qualification standards review.
- Evaluate individual HCB settings.
- Evaluate waiver service definitions against the Community Rule.
- Training for State staff and providers.
- On-going monitoring.

DSHP Transition Plan Elements Organized by Community Rule Compliance Area

Action Item/Approach to Assess Compliance	State Resources	Stakeholder Resources	Proposed Start Date	Proposed End Date
Section 1: Broad Stakeholder Involvement in the Development of the Transition Plan				
Convene the cross-agency oversight body.	DMMA, DSAAPD representative, DDDS representative, DSAMH representative, DLTCRP representative		Completed	
Hold meetings of the cross-agency oversight body. Initial agenda topics include: providing an overview of the Community Rule and soliciting input into the approach for development of the draft Statewide Transition Plan.	DMMA, DSAAPD representative, DDDS representative, DSAMH representative, DLTCRP representative		January 2015	On-going
Provide copy of draft Statewide Transition Plan to DHHS Secretary's office for review to ensure alignment with broader Delaware HCBS goals and objectives.	DMMA, DHSS Secretary's office		Completed	
Publish Statewide Transition Plan for public comment (newspaper and DMMA website).	DMMA	Newspaper, DMMA website Explore translation into Spanish	2/6/15	2/6/15
Public Hearing (New Castle County)	DMMA	Broad range of stakeholders will be invited to participate including but not limited to: Delaware Association of Homes and Services for the Aging Nursing Home Residents Quality Commission Easter Seals Legal Services United Way of Delaware Eldercare	2/23/15	

Action Item/Approach to Assess Compliance	State Resources	Stakeholder Resources	Proposed Start Date	Proposed End Date
Public Hearing (Kent County)	DMMA	Individual providers Broad range of stakeholders will be invited to participate including but not limited to: Delaware Association of Homes and Services for the Aging Nursing Home Residents Quality Commission Easter Seals Legal Services United Way of Delaware Eldercare Individual providers	2/27/15	
Review, incorporate and respond to public comments on the draft Statewide Transition Plan. Summarize the comments received and the frequency for each type of comment. Post the comments and how they were used in the draft Statewide Transition Plan.	DMMA		3/9/15	3/15/15
Create a “parking lot” of any issues that come up during the development or implementation of the Statewide Transition Plan that are outside of the scope of the Plan.	DMMA		3/9/15	On-going
Update the status of the CMS-approved Statewide Transition Plan on the DMMA website.	DMMA		CMS approval of Plan	On-going
Section 2: Policy/Procedure/Provider Qualification Standards Review				
Establish oversight body to monitor the assessment process.	DMMA, DSAAPD representative, DDDS representative, DSAMH representative, DLTCRP representative		Completed	
Establish the Governor’s Commission on Community Based Alternatives for Individuals with	DMMA	Governor’s Commission on Community Based	2/23/15	

Action Item/Approach to Assess Compliance	State Resources	Stakeholder Resources	Proposed Start Date	Proposed End Date
Disabilities as an advisory body for the assessment process.		Alternatives for Individuals with Disabilities		
Governor’s Commission on Community Based Alternatives for Individuals with Disabilities to create charter to define their role and protocols for how they will operate (i.e., reporting structures & timeframes).	DMMA	Governor’s Commission on Community Based Alternatives for Individuals with Disabilities	2/23/15	3/20/15
Identify HUD Homes and any financial or other terms that impact compliance.	Debbie Gottschalk (DHSS legislative liaison and lawyer) Lottie Lee (DHSS Housing Coordinator) DLTCRP	Delaware Healthcare Facilities Association	2/23/15	4/3/15
Conduct review of Delaware landlord/tenant code vis-à-vis the Rule.	Debbie Gottschalk (DHSS legislative liaison and lawyer) Delaware Housing Authority	Delaware Healthcare Facilities Association	2/23/15	4/3/15
Develop survey instruments for providers to self-assess their policies, procedures, etc. against the Rule. Develop tool to assess State laws, regulations, codes, policies, etc. for compliance with the Rule. Work with DSHP MCOs to develop tool for MCOs to review compliance of their policies and procedures with the Rule.	DMMA, DSAAPD representative, DDDS representative, DSAMH representative, DLTCRP representative	Governor’s Commission on Community Based Alternatives for Individuals with Disabilities; research should be conducted on tools that other states may have already developed	3/23/15	5/1/15
Use survey tool to assess State policies, procedures, etc. against the Rule to determine whether policies, etc. are compliant with the Rule or whether there are gaps. Develop inventory of results.	DMMA, DSAAPD representative, DDDS representative, DSAMH representative, DLTCRP representative	Governor’s Commission on Community Based Alternatives for Individuals with Disabilities	5/2/15	7/2/15
Present MCO policy and procedure survey tool to MCOs and provide training to MCO staff on the requirements of the Rule and on the assessment process.	DMMA	Governor’s Commission on Community Based Alternatives for Individuals with Disabilities	5/2/15	5/31/15

Action Item/Approach to Assess Compliance	State Resources	Stakeholder Resources	Proposed Start Date	Proposed End Date
MCOs train providers on how to use survey tool.	DMMA	MCOs Providers	5/31/15	7/31/15
Providers use the survey tool to assess their policies, procedures, etc. against the Rule; As part of the self-assessment response, providers will be required to submit a remediation strategy for any polices, etc. that are not compliant with the Rule.	DMMA	MCOs Providers	8/1/15	9/31/15
MCOs review their policies and internal procedures to determine compliance with the Community; As part of the self-assessment response, providers will be required to submit a remediation strategy for any policies or procedures deemed not to be fully compliant.	DMMA, DSAAPD representative, DDDS representative, DSAMH representative, DLTCRP representative	Governor's Commission on Community Based Alternatives for Individuals with Disabilities	5/2/15	7/2/15
DMMA will develop remediation strategies for any state laws, regulations, policies, etc. that are found not fully compliant.	DMMA, DSAAPD representative, DDDS representative, DSAMH representative, DLTCRP representative; MCOs	Governor's Commission on Community Based Alternatives for Individuals with Disabilities	6/1/16	6/30/16
Governor's Commission on Community Based Alternatives for Individuals with Disabilities will review and provide feedback on any DMMA strategies for remediation.		Governor's Commission on Community Based Alternatives for Individuals with Disabilities	7/1/16	7/31/16
Remediation:				
Create explanation in plain language of tenant rights to be given to all waiver members that reside in provider-owned or leased properties.	Debbie Gottschalk (DHSS legislative liaison and lawyer) DDDS staff	Governor's Commission on Community Based Alternatives for Individuals with Disabilities	4/3/15	4/30/15
MCOs make any necessary changes to any non-compliant policies (must be reviewed and approved by DMMA).	DMMA	MCOs	8/1/16	10/31/16
DMMA makes any necessary changes to MCO contracts.	DMMA	MCOs	8/1/16	10/31/16

Action Item/Approach to Assess Compliance	State Resources	Stakeholder Resources	Proposed Start Date	Proposed End Date
State makes and necessary changes to State policies, procedures, etc.	Appropriate state agency	Public input will be sought for regulatory changes via the Delaware Register of Regulations	8/1/16	*Any changes to law or regulation will be subject to legislative timeframes
Providers make any changes to any non-compliant policies, etc.		Providers	8/1/16	10/31/16
Section 3: Evaluate Individual HCB Settings				
Identify residential sites covered under the waiver that are PRESUMED NOT to be community based (e.g., Stockley).	DMMA	Governor’s Commission on Community Based Alternatives for Individuals with Disabilities will assist DMMA	4/1/15	4/30/15
Identify residential sites (including out of state) paid for with waiver funds that are LIKELY NOT to be community based.	DMMA, DSAAPD representative, DDDS representative, DSAMH representative, DLTCRP representative	Governor’s Commission on Community Based Alternatives for Individuals with Disabilities will assist DMMA	4/1/15	4/30/15
Develop a provider self –assessment tool for residential providers/sites.	DMMA, DSAAPD representative, DDDS representative, DSAMH representative, DLTCRP representative	DMMA will look to see if the EQRO can assist in this task with feedback from the Governor’s Commission on Community Based Alternatives for Individuals; research should be conducted on tools that other states may have already developed	3/17/15	5/31/15
Develop a provider self-assessment tool for non-residential providers/sites.	DMMA, DSAAPD representative, DDDS	DMMA will look to see if the EQRO can assist in	3/17/15	5/31/15

Action Item/Approach to Assess Compliance	State Resources	Stakeholder Resources	Proposed Start Date	Proposed End Date
	representative, DSAMH representative, DLTCRP representative	this task with feedback from the Governor's Commission on Community Based Alternatives for Individuals; research should be conducted on tools that other states may have already developed		
Develop a participant survey tool.	DMMA, DSAAPD representative, DDDS representative, DSAMH representative, DLTCRP representative	DMMA will look to see if the EQRO can assist in this task with feedback from the Governor's Commission on Community Based Alternatives for Individuals; research should be conducted on tools that other states may have already developed	3/17/15	5/31/15
Train MCOs and MCO case managers on how to use the participant survey.	DMMA	MCOs Case managers	6/1/15	6/30/15
Train MCOs on provider self-assessment.	DMMA	MCOs	6/1/15	6/30/15
MCOs train providers on the provider self-assessment.	DMMA	MCOs Providers	7/1/15	8/14/15
Implementation of assessment: Residential and non-residential providers take the self-assessment, and MCO case managers assist participants with the participant survey.	MCOs Case managers		10/1/15	2/29/16
Collect, analyze and evaluate provider self-assessment and participant survey responses and develop report.	DMMA, DSAAPD representative, DDDS representative, DSAMH representative, DLTCRP representative	EQRO if contracted for work; Governor's Commission on Community Based Alternatives for Individuals	3/1/15	7/1/15

Action Item/Approach to Assess Compliance	State Resources	Stakeholder Resources	Proposed Start Date	Proposed End Date
		with Disabilities		
Share report with stakeholders.		Convene stakeholder meetings to discuss results	7/1/15	8/31/15
Remediation:				
Transition DSHP participants off the Stockley grounds. Families are in the process of selecting an alternative provider.	DMMA	MCOs Providers	6/1/14	1/31/16
Provider development and implementation of Corrective Action Plans to bring care settings into compliance with the Rule, with monitoring from DMMA.	DMMA	MCOs Providers	Within 90 days of the submission of the self-assessment	
Review rates for adequacy to support the requirements of the Rule (especially related to smaller staffing ratios in the day programs).	DMMA		1/31/16	6/30/16
Include a budget strategy related to any necessary changes to rates.	DMMA		Prepare for FY18 budget	
Develop a policy regarding aging in place.	DMMA	Governor's Commission on Community Based Alternatives for Individuals with Disabilities	8/1/15	11/1/16
Section 4: Evaluate Waiver Service Definitions Against the Community Rule				
Evaluate current service definitions against the requirements of the Community Rule.	DMMA, DSAAPD representative, DDDS representative, DSAMH representative, DLTCRP representative	Governor's Commission on Community Based Alternatives for Individuals with Disabilities	6/1/15	9/30/15
Remediation:				
As necessary, develop a waiver amendment to revise any service definitions.	DMMA	Public input will be sought for changes to the waiver	10/1/15	12/31/15

Action Item/Approach to Assess Compliance	State Resources	Stakeholder Resources	Proposed Start Date	Proposed End Date
		via established protocols		
Submit amendment to revise any service definitions as necessary and work with CMS toward approval of the amendment.	DMMA	CMS	1/1/16	
Revise the DMAP provider manual for changes to waiver service definitions as necessary.	DMMA		After approval by CMS	
Section 5: Training for State Staff and Providers				
Evaluate any current DMMA required training, including materials and curriculum, against the Community Rule.	DMMA	Governor's Commission on Community Based Alternatives for Individuals with Disabilities	2/1/15	3/31/15
Evaluate current MCO required training, including materials and curriculum against the new rule.	DMMA	Governor's Commission on Community Based Alternatives for Individuals with Disabilities; MCOs	2/1/15	3/31/15
Remediation:				
DMMA makes any necessary changes to training materials and/or curriculum to ensure compliance.	DMMA	Governor's Commission on Community Based Alternatives for Individuals with Disabilities	4/1/15	6/30/15
DMMA implements new training and evaluates effectiveness.	DMMA		7/1/15	6/30/16
MCOs make any necessary changes to required trainings (including materials and/or curriculum) to ensure compliance. DMMA approves changes.	DMMA	MCOs	4/1/15	6/30/15
MCOs implement new curriculum and evaluate effectiveness.	DMMA	Governor's Commission on Community Based Alternatives for Individuals with Disabilities; MCOs	7/1/15	6/30/16
Develop on-going monitoring tools and practices.	DMMA	Governor's Commission	7/1/15	6/30/16

Action Item/Approach to Assess Compliance	State Resources	Stakeholder Resources	Proposed Start Date	Proposed End Date
		on Community Based Alternatives for Individuals with Disabilities; MCOs		

Comments from DDDS Focus Group Meetings on the DDDS Waiver Portion of the Statewide Transition Plan

DDDS invited key stakeholders to provide input and comment on the DDDS activities outlined in the Plan at two focus group meetings held on January 21, 2015 and January 28, 2015. The meetings were held as part of the required process of public notice in order to allow Delaware to develop a comprehensive Transition Plan. The organizations invited to participate in the meetings include:

- Developmental Disabilities (DD) Council.
- Delaware State Council for Persons with Disabilities (SCPD).
- State Ombudsman.
- Governor’s Advisory Council for Exceptional Citizens (GACEC).
- Governor’s Advisory Council.
- Arc of DE.
- The Delaware Association of Rehabilitation Facilities (DELARF).
- People First (self advocates).
- Disabilities Law Program.
- Delaware Family Voices.
- Waiver Providers.
- Families of individuals receiving DDDS waiver services & other DDDS services.

Those organizations and the public at large will also have the opportunity to provide comments in writing on the DDDS activities and the broader Plan as part of the public comment period.

The following input was received at the focus group meeting convened by DDDS on January 21, 2015.

Public Comments	DDDS Response
A commenter indicated that DDDS should ensure that the Downs Syndrome Assn and Autism Speaks were included in the public input process.	DDDS indicated that it would ensure that these organizations were included on the DDDS listserv that would be used to notify stakeholders when and where the draft transition plan would be published for public comment.
A commenter recommended including families of individuals with an intellectual disability who were not enrolled in the DDDS waiver in the public comment process.	The Governor’s Advisory Council (GAC) to DDDS is made up of family members of both waiver and non-waiver participants, so they represent both groups. The Plan will be posted to the DMMA and DDDS websites and in the Delaware Register of Regulations. The public will be able to comment via multiple avenues.
A commenter recommended that the public comments received once the draft transition plan is posted be summarized to avoid repetition but that the number of comments	This suggestion was passed on to DMMA since they will be receiving the written public feedback.

Public Comments	DDDS Response
expressing the same notion be noted.	
A commenter recommended that the public forums be transcribed as a record of the meeting.	DDDS arranged for the recordings of the two focus group meetings to be transcribed.
A commenter recommended that the state use social media and other commonly used communication venues such as Facebook, Twitter, WDEL and the Delaware Register of Regulations to inform the public where the draft transition plan can be found and how to comment.	This recommendation was passed on to DMMA.
A commenter recommended that the Plan be translated into Spanish.	This recommendation was passed on to DMMA.
Several commenters recommended the creation of a Steering Committee to assist with public input, review transition plan work products and generally oversee the development and implementation of the assessment phase of the Plan. The chairperson of the Governor's Advisory Committee (GAC) to DDDS volunteered for the GAC to take on this role. This was unanimously supported by the stakeholders present.	DDDS agreed that the GAC would be a logical group to function as a Steering Committee for the DDDS portion of the transition plan.
Several providers recommended that the providers be allowed to perform a self-assessment of their policies and procedures and also their settings under the Rule.	DDDS has incorporated this recommendation into its portion of the transition plan.
A commenter suggested that the GAC create one or more sub-work groups to develop the provider self-assessment instruments and that the working group include representatives from provider agencies as well as families.	DDDS has incorporated this recommendation into its portion of the transition plan.
A commenter suggested that the sub-work group leverage survey instruments that may have already been developed by other states.	DDDS has incorporated this recommendation into its portion of the transition plan.
A commenter suggested that the provider self-assessment instrument for policies and procedures include a citation and excerpt from a publication that demonstrates compliance with each requirement.	DDDS has incorporated this recommendation into its portion of the transition plan.
A commenter suggested that a look-behind review be conducted by the state of a sample of providers who complete the self-assessment instruments for their policies and settings.	DDDS has incorporated this recommendation into its portion of the transition plan.
A commenter suggested that the sample of	DDDS has indicated in the Plan that it will use

Public Comments	DDDS Response
settings to be reviewed as part of the look-behind process be a combination of targeted as well as random reviews.	a 20% sample.
A commenter suggested that Debbie Gottschalk from the Secretary's Office be asked to review Delaware's Landlord/Tenant Code vis-à-vis the Community Rule since she is a lawyer and has extensive experience in this area.	DDDS has incorporated this recommendation into its portion of the Plan.
A commenter suggested including the Arc of Delaware's property management staff in a review of HUD home rules vis-à-vis the Community Rule.	DDDS has incorporated this recommendation into its portion of the transition Plan.
Several commenters indicated that they believed that a likely outcome of the assessment of the settings might be that additional resources will be required in order to come into compliance with the Community Rule.	DDDS has added an action item to its portion of the Plan indicating that resource needs, including a review of staffing ratios necessary to maximize opportunities for community inclusion, will be explored as part of the process of remediation for settings that do not comply with the Rule.

The following input was received at the focus group meeting convened by DDDS on January 28, 2015.

Public Comments	DDDS Response
A commenter suggested that the list of state publications to be reviewed as part of the review of policies, procedures, etc. be qualified with a statement like “including but not limited to” in the event that there are other documents that need to be reviewed in addition to the list presented.	DDDS has incorporated this recommendation into its portion of the Plan.
A commenter recommended that the Division create a “parking lot” for issues that might come up in the development and implementation of the Plan that are outside the scope of the Plan.	DDDS agreed to do this.
A commenter recommended that the Division look for inconsistencies between responses to the NCI survey and the provider self-assessments of settings.	DDDS is exploring whether we can get NCI data at the provider and setting level.
A provider recommended that providers should be represented on the sub-work group of the GAC that is going to develop the provider self-assessment instruments.	The Plan does not specify the membership of the sub-work groups other than to say that they will be made up of “stakeholders”, but DDDS did not have any objection to including a provider representative.
Several commenters recommended that DDDS give the providers a list of the policies and procedures that they would be required to submit to document compliance with the Rule.	DDDS did not agree with that approach and indicated that neither it nor the sub-work group of the GAC would dictate to providers a set of policies and procedures that would be provided to demonstrate compliance with the Rule. It is incumbent upon each provider, as it completes the self-assessment instrument, to indicate what documentation enabled it to make a finding of compliance or non-compliance with each individual requirement under the Rule.

Comments on DSHP Demonstration Portion of the Statewide Transition Plan

The following reflects the opportunities for feedback on the DSHP portion of the Plan. Additional feedback will be obtained through the public comment period and changes made accordingly.

- Cross-agency oversight body has been assembled and has met.
- DSHP demonstration participants were also part of the DDDS focus groups.
- Secretary’s office reviewed to ensure that the Plan will help Delaware achieve its statewide vision for HCBS.
- Public Hearings February 23 and February 27.