

North Carolina DHHS HCBS Final Rule Transition Plan
(42 CFR Section 441.301 (c) (4) (5) and Section 441.710(a) (1) (2))
Submission Packet to CMS
March 16, 2015

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The Medicaid Community Rule for Waivers: Plain Talk about North Carolina's Plan for Change

About the Page. This page is part of North Carolina's (NC) Plan for the Medicaid Community Rule for Waivers. It tells you about the plan in plain talk - "clear and easy to read."

Some people will want to learn more. This page has Internet **links**¹ in it. When you want to find out more, click the link. Here is the link to the full Community Rule Transition Plan for the State of North Carolina: <http://www.ncdhhs.gov/hcbs/>

The Big Picture

What's Going On? In 2014, the Centers for Medicare and Medicaid Services (CMS)  let all of the states know about a new rule. You can read the CMS Community Rule, click here: <https://federalregister.gov/a/2014-00487>. For short, we will call it the **Community Rule**.

What is the CMS Community Rule About? The rule is about Medicaid waiver services in the United States (US). Waivers are used to fund Medicaid home and community based services (HCBS). Most states have more than one HCBS waiver. **Waivers**² are different from state to state.

The Community Rule says waiver services must help people to live in the community in the same ways that others do. Here's one way to think about it: the rule will make waiver services more "**community-friendly**"³. The Community Rule gives states until 2018 to get waiver services in line with the rule.

What Does the Rule Mean for Waivers in North Carolina? In North Carolina (NC),  there are three (3), Medicaid HCBS waivers. They are: 1) Innovations; 2) CAP/DA and CAP/Choice; and 3) CAP/C. In NC, the rule will make changes to two of the waivers: Innovations and CAP/DA.

What about the CAP/C waiver? Children who are part of the CAP/C waiver get services in the home. These services are already helping children and families to be a part of the community. The CAP/C waiver in North Carolina won't be changed by this rule.

Will This Rule Make Changes in My Life? Do you get Medicaid waiver services now? If the answer is "yes," you will want to learn about this rule.

The Community Rule will help people who use waiver services become more a part of the community. The rule says that waiver services must be provided to each person in a way that gives that person the chance to be as much a part of the community as he or she can be.

How can a rule help people become more a part of the community? The rule will change some waiver services in ways that help people get the **personal outcomes**⁴ they want from their lives.



Will People Ask Me What I Want? Yes. The rule makes sure that you will be part of any changes to the waiver services that are in your life. Person-Centered Planning will play a big role in making the Community Rule real. Your Person-Centered Plan will be used to be sure that there is “nothing about you without you.”



What Does “Integrated into the Community” Mean? CMS said it should be about a person’s life and the personal outcomes he or she wants. CMS said that the meaning of “home and community-based” was *not* just where a setting was or what it looked like.

When Do These Changes Happen? It will take North Carolina time to make some of the changes needed. The start date for the Community Rule was March 2014. We must be following everything in the Community Rule by March 2018 if CMS says that date is okay.

What is going to Change?

Some Waiver Services Will Change More Than Others. Services that have the most to do with being a part of the community will change the most because of this rule. The services will change in ways that help people become more a part of community life.

The Community Rule will make changes to these services in NC: 

- Residential Supports, Day Support and Supported Employment – these services are part of the Innovations waiver.
- Adult Day Health – this service is part of CAP/DA and CAP/Choice.

Is There a Plan for Making These Changes?



Yes, NC has a Transition⁵ Plan. All states must write a plan for the Community Rule. The plan turns the rule into action steps. The plan helps everyone understand the Community Rule and their part in it. The plan is the “who, what, when and how” for making the Community Rule real in people’s lives. The NC plan for the Community Rule is called the HCBS Transition Plan. CMS will look at North Carolina’s plan and let us know if we need to make changes.

Who is in Charge of Making the Community Rule Real in Our State?



In North Carolina, the Department of Health and Human Services (DHHS) must put a plan together for the state. The DHHS must also make sure that the plan is working in North Carolina. DHHS is in charge of making sure that the rule is followed in North Carolina.

DHHS will send NC's Community Rule Transition Plan to CMS on March 16, 2015. CMS will look at the plan. It will tell North Carolina if any changes need to be made. DHHS will let people know what CMS says about the Transition Plan.

DHHS is working closely with families and people with disabilities; people who are aging; **Local Management Entities-Managed Care Organizations (LME-MCOs)**; **Local Lead Agencies**⁶; and providers. We will keep that work up all along the way.

Where are We Going?

The Goal of the Plan. Our goal sounds simple, but it is a big one: we want to improve personal outcomes for people who get waiver services.

DHHS does not have all the answers yet about what will or will not change. We can say this: the rule is not about doing away with any services. It is also not about making it harder to get services. It is about being sure that people's rights are protected. It is about being sure people are part of the community.

The Vision for the Transition Plan. The Community Rule is clear. People who use the waiver must have the chance to have the same **benefits**⁷ of living in a community as others do.



This means each person:

- has the same legal and human **rights**⁸ that others in the community have;
- lives in a home that is integrated into the community;
- has choice about what they do in their daily life, at home and away from home;
- has the chance to look for jobs at the same wages set by law for everyone, in places where the work is side-by-side with everyone else;
- controls his or her personal **resources**⁹;
- has a choice about services and who provides these;
- can choose to be with friends and loved ones;
- feels safe and has what they need to be healthy;
- is treated with the dignity and respect; and
- is valued as a member of the community.

This rule says that what you need and want matters. The rule does *not* say that you get exactly what you want, when you want it. It *does* say that you must be given choices. It also says that it is fair to look at your resources.

For example, this rule says you can:

- control what you do and when;
- get food when you want to;
- decide if you want a roommate;
- choose your roommate;
- have privacy in your bedroom;
- have a key to your door;
- fix your room the way you like it;
- have visitors to your home when you want to;
- have the same right to stay in your home as other people do.

What if someone thinks this rule won't work for you? Changes to what the rule says can only be made when:

- there is a clear need in your life to do something different than what the rule says;
- you agree to the change;
- a real effort has been made to make this rule work for you;
- the change made to the rule is no bigger than it must be to meet your needs;
- the type of change and the reason for it are put in your Person-Centered Plan;
- data is used to let everyone know if the change to the rule is working for you or not;
- people look at the **data**¹⁰ at agreed upon times; and
- the change is not harmful.

How Will We Stay On Track?

CMS has given the states a lot of information to use in thinking about the state's waivers and the Community Rule. In some cases, CMS has not told states exactly what to do. CMS has given states questions to use in thinking about waiver services. DHHS will use information like this to see if providers are following the Community Rule. DHHS will help providers get in line with the rule by 2018.

We'll look at information for everyone getting waiver services under this rule. The information we study comes from providers. Information will help DHHS know what is working and where we need to work harder.

More about the Transition Plan

The Purpose. Why do we have a plan for the HCBS Community Rule? The plan has a **purpose**¹¹. It lets everyone know about the CMS Community Rule. It tells CMS that North Carolina understands the rule. It let people know what DHHS will do be sure that everyone is following the rule by 2018. Most importantly, the plan lets people and families know we are all working together to give people who use the Innovations, CAP/DA and CAP Choice waivers better lives in the community.

How Did North Carolina Write the Plan?



People Told DHHS What They Were Thinking: DHHS talked with many people for four months. These were people who know about and use waiver services. In the group were people who get Medicaid HCBS waiver services; family members; advocacy groups; and providers. People who work for the DHHS were there to listen. This group met many times from October 2014 through January 2015. We call this group of people the HCBS group.

There was a Draft Plan. DHHS and the HCBS Group worked together on a **draft**¹² Transition Plan. They worked on the draft from October 2014 to January 2015. DHHS put the draft plan on the Internet for 30 days. This helped people learn about the plan. DHHS asked people to share what they liked and what they thought needed to change.

DHHS Told People About the Plan. DHHS sent out mail and email about the plan. We sent mail and email to almost 80,000 people. We sent information to LME-MCOs/Local Lead Agencies and providers. The information helped everyone learn about the plan.

We Listened to Many People. From February 2 to February 12, 2015, DHHS had 11 **Listening Meetings**¹³; 378 people came. The meetings were all over the state. Some meetings were for anyone that came. 316 people came to these 6 meetings. DHHS worked with the NC Council on Developmental Disabilities (NCCDD) to have 5 more meetings. These were just for people with disabilities, people who were aging and families. 62 more people came to these meetings. DHHS also met with LME-MCOs/Local Lead Agencies and many providers. More than 1000 comments from people let DHHS know what was on their mind. They told us what it was that they liked about the plan and what they did not like.

More about the Ways People and Families Helped. All of the LME-MCOs have a Consumer and Family Advisory Committee (CFAC) and a waiver advisory group. These groups are made up of people who use services and their families. All got information about the plan. Another group worked with DHHS on the plan: the Stakeholder Engagement Group (SEG) on Medicaid **Reform**¹⁴. The SEG is a **cross-disability**¹⁵ group. People in this group came from different parts of the state. In all of these groups, we talked about the plan and listened.

We Asked People Who Knew More. When DHHS had questions, it asked for help. DHHS met or talked with staff of the National Association of State Directors of Developmental Disabilities Services (NASDDDS). This happened on December 23, 2014 and January 15, 2015.

We Asked for Public Comment. DHHS shared a draft of its plan and a guide for providers on January 21, 2015. DHHS put **the draft of the plan** and the guide on the Internet for 30 days. Click here to see the draft plan: <http://www.ncdhhs.gov/hcbs/index.html>. We wanted to know what people would say. This is called “public comment.” If people asked, we also sent out copies by mail. We put the plan in Spanish. It is also on the Internet. People who are deaf or hard of hearing got the help they needed to work with us on the draft plan. The DHHS used plain language to make plan clear and easy to read. DHHS asked people: “What did you like about the plan? What should we change?”

What did People Say about the Draft Plan? To find out what people said, click here: <http://www.ncdhhs.gov/hcbs/pdf/Listening%20Sessions%20At-A-Glance.pdf>

We Shared What We Learned from People. DHHS had a **meeting using the Internet**¹⁶. We shared what we had learned in the Listening Meetings. To hear what was said, click here: <https://ncdmhdhhs.webex.com/cmp0401lsp12/webcomponents/jsp/docshow/closewindow.jsp>. We also had “Transition Plan Chats.” In the chats, we talked to people face-to-face about the plan. We had chats in every city or town where there was a Listening Meeting.

We Made Changes to the Plan. DHHS studied what people said about the plan. We made changes to the draft plan in early March 2015. You can look on the Internet to see what the plan looks like now. Click here to see the plan sent to CMS: <http://www.ncdhhs.gov/hcbs/index.html>

What We Will Do Between Now and 2018



“What Needs to Change?” Old ways of doing things can get in the way of helping people to become full members of the community. Part of the Transition Plan means taking a good look at what we are doing now. Where we *are* may be getting in the way of *where we want to go*.

The Community Rule is clear that some places (or “settings”) are not community-based. Programs funded with Medicaid **ICF/IID**¹⁷ money are one example. ICFs/IDD group homes are not community-based. Developmental Centers are another kind of ICF/IID. They are also not community-based.

In other cases, the Community Rule says that a provider may have to **prove**¹⁸ that a setting is community-based. A setting that cuts people off from others may not be a home and community-based setting. Settings that are not home and community based cannot get

Medicaid waiver dollars after March of 2018. These providers will have to change the way they do business to keep getting Medicaid waiver money.

Some providers may already be doing most of what the Community Rule says. Some may be doing everything that the Community Rule says. These providers may be able to help other providers make needed changes. All providers will have until 2018 to make needed changes.

What if a provider cannot change the way it does business or does not want to change? The rule says that people who want to keep getting waiver services after March 2018 will need to move. The rule protects people in these settings. They will not lose services.

The Tools that We are Using to Make Change



We are looking at how we work with the Medicaid waiver. We are using tools called assessments. These tools will help us understand how we are doing. The tools will help us spot what needs to change. North Carolina will use these tools for the state, LME-MCOs/Local Lead Agencies and providers.

The State and its Work with the HCBS Waivers. DHHS is looking at its own work. From April 1, 2014 to March 16, 2018, DHHS will look at laws, rules, services and **policies**¹⁹ that tell the state how to do its work with the Medicaid waivers.

We will look at how this is working for people on the waiver to help us understand how we are doing.

DHHS is already working on changes to the waivers. The Community Rule is helping us think about those changes.

We will also do new training on Person-Centered Planning. DHHS wants to be sure that people are at the center of their plans. We also want to be sure that services are connecting people to community life.

The LME-MCOs/Local Lead Agencies and the HCBS Waivers. DHHS will also look at the way that LME-MCOs/Local Lead Agencies work with the waivers. We will help LME-MCOs/Local Lead Agencies to make needed changes from February 1, 2015 to December 31, 2015.

Each LME-MCO/Local Lead Agencies will tell DHHS what changes it will make. DHHS will let the LME-MCO/Local Lead Agencies know what it needs to do, by when, to follow the Community Rule.

Providers and the HCBS Waivers. DHHS is using a guide to help providers think about what changes they will need to make. DHHS shared a draft of the guide with providers and the Stakeholder Group. We will work with providers from March 17, 2015 to March 16, 2018.

DHHS will test the tool in all of the LME-MCOs and in some of the Local Lead Agencies. The tool will help providers understand what they need to do to follow the Community Rule. We want to be sure that everyone understands how DHHS will decide what is going well and what needs to change. The tool helps with this. When the tool has been tested, it will be used across the state.

DHHS will report to CMS in January of 2016. We will share how we are doing in NC and get help from CMS, if needed.

DHHS and the LME-MCOs/Local Lead Agencies will work together to be sure that all providers are following the rule by 2018. DHHS will study what providers are doing. There will be deadlines for getting the work done. DHHS will help with any steps that providers may need to take to improve waiver services.

What if a Provider Cannot or Will Not Follow the Community Rule? If you want to keep waiver services and your provider cannot do what the rule says, you can leave. You will have a right to be heard and to be treated fairly. You will get help to find and move to another provider.

Your Voice Counts. The CMS Community Rule and North Carolina's plan to make it real are important. We want you and others to be part of the work of this plan. When there are new ways to be part of the change, we will share them with you. Stay tuned. Your voice counts!



You can get a paper copy of this plan, call us at 919-715-1294 or email us at HCBSTransPlan@dhhs.nc.gov to get one.

¹ Links take you to other pages on the Internet where you can find out more

² "HCBS" and "waiver" are two words for the same thing: how Medicaid provides services in the community.

³ Integration into the community is the goal of the Community Rule. "Integration" means that you are able to use the same community resources as are used by others.

⁴ "Personal" means it's about you. A personal outcome is what you want for you. Some examples of personal outcomes are: I want to choose where I work. I want to have friends. I want to be a real part of my community. Your outcomes are what matters to you.

⁵ "Transition" means "change that takes place over time."

⁶ The LME-MCOs and the Local Lead Agencies have the job of being sure that services are provided the right way in their part of the state. The LME-MCO is in charge of Innovations waiver services in its part of the state. The Local Lead Agency is in charge of CAP/DA/CAP/Choice waiver services in its part of the state.

⁷ The "benefits "of living in a community means" the good things that are part of living in a community."

⁸ Rights are the freedoms that people in the US have. Examples of rights are: The right to vote; the right to marry; the right to be free from harm; the right to live, to work, to play and to retire side-by-side with everyone else.

⁹ "Personal resources" means your money and the things that belong to you.

¹⁰ "Data" is another word for information.

¹¹ A purpose is a reason for doing something.

¹² "Draft" means "not finished."

¹³ These were called "Listening Sessions." "Session" is another word for "meeting."

¹⁴ "Reform" means "to change for the better."

¹⁵ "Cross-disability" means a mix of families and people from these advocacy communities: mental health, developmental disabilities and substance use disorder.

¹⁶ A meeting on the Internet is called a "webinar."

¹⁷ ICF/IID stands for Intermediate Care Facility for Individuals with Intellectual Disabilities.

¹⁸ "Prove" means to show clearly.

¹⁹ "Policy" is the way that organizations carry out laws and rules.

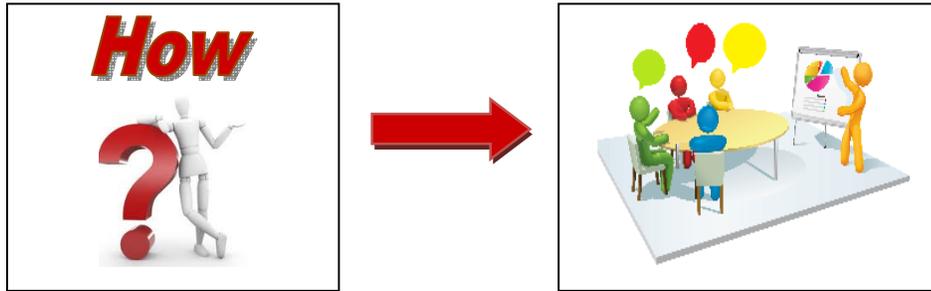


North Carolina's HCBS Transition Plan





North Carolina's HCBS Transition Plan



North Carolina DHHS HCBS Final Rule Transition Plan
(42 CFR Section 441.301 (c) (4) (5) and Section 441.710(a) (1) (2))

North Carolina Vision

North Carolina supports serving individuals with disabilities in the least restrictive and most integrated settings possible, based on what is clinically appropriate as defined by the individual's person-centered planning process. Through the planning process, the Department believes that individuals with disabilities should have the opportunity to live in community settings that reflect community values and standards. These settings will vary depending upon individual preferences and supports needed to live in the community.

Our planning process to ensure North Carolina's compliance with Centers for Medicare and Medicaid Services (CMS) Home and Community Based Standard (HCBS) rules will actively engage our beneficiary and provider stakeholders. We will create a plan that supports individuals through a person-centered process that builds upon our already existing system and supports providers to ensure compliance with rules. *

*Adopted July, 2014 by the Secretary of the North Carolina Department of Health and Human Services.

Purpose

In January 2014, the Centers for Medicaid and Medicare Services (CMS) published the final Home and Community Based Services rules to ensure that individuals receiving long-term services and supports through (HCBS) programs under the 1915(c), 1915(i) and 1915(k) Medicaid authorities have full access to the benefit of community living and the opportunity to receive services in the most integrated setting possible. Furthermore, CMS denotes that the intent of this rule is to enhance the quality of HCBS and provide protections to participants. This rule was effective March 2014.

North Carolina's transition plan for waiver beneficiaries provides individuals access to their communities. Among the benefits are opportunities to seek employment and to work competitively within an integrated work force, to select services and supports and who provides these, and to have the same access to community life as others. It is our intention that the unique life experiences of and personal outcomes sought by each individual will inform his or her home and community-based services and supports and that measures of overall systems performance will reflect this commitment. The State's plan will clearly describe the actions that will be taken to ensure, by 2018, initial and, on-going compliance with the HCBS Community Rule. The State will work in partnership with and support Local Management Entities-Managed Care Organizations (LME-MCOs) and Local Lead Agencies¹ in meeting the HCBS Community Rule's intent; however, the State is ultimately responsible for the review, modification, and monitoring of any laws, rules, regulations, standards, policies agreements, contracts

¹ All references to "Local Lead Agency" include Case Management Entities for the CAP-DA and CAP-Choice waivers.

and licensing requirements necessary to ensure that North Carolina's HCBS settings comport with the Rule requirements.

The federal citations for the main requirements of the rule are 42 CFR 441.301(c)(4)(5), and Section 441.710(a)(1)(2). More information on the rule can be found on the CMS website at: <http://Medicaid.gov>.

Rule Requirements Home and Community-Based Setting Requirements:

- The setting is integrated in and supports full access of individuals receiving Medicaid Home and Community-Based Services to the greater community;
- Individuals are provided opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources;
- Individuals receive services in the community to the same degree of access as individuals not receiving Medicaid Home and Community-Based Services;
- Individuals select the setting from among available options, including non-disability specific settings and an option for a private unit in a residential setting (with consideration being given to financial resources);
- Each individual's rights of privacy, dignity, respect, and freedom from coercion and restraint are protected;
- Settings optimize, but do not regiment, individual initiative, autonomy, and independence in making life choices;
- They also facilitate individual choice regarding services and supports, and who provides these.

Provider Owned or Controlled Residential Settings – Additional Requirements:

- Provide, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law for the State, county, city or other designated entity;
- Provide privacy in sleeping or living unit;
- Provide freedom and support to control individual schedules and activities and to have access to food at any time;
- Allow visitors of choosing at any time;
- Are physically accessible;
- Requires any modification (of the additional conditions), under 42 CFR 441.301(c)(4)(VI)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan.

It is not the intention of North Carolina to eliminate any day or residential options, or to remove access to services and supports. The overall intent of the State's plan is to ensure that individuals receive Medicaid HCBS in settings that are fully integrated and support access to the greater community.

North Carolina DHHS Statement of Progress and Plan of Action

Engagement, Outreach, and Public Notice/Comment (October 1, 2014 – March 17, 2018):

HCBS Stakeholder Advisory: Conversations about the HCBS Final Rule began in the spring of 2014 and generated valued stakeholder input. At the heart of the engagement effort is the HCBS Stakeholder Advisory Committee, convened by DHHS. This group worked closely together to develop and implement a shared approach for crafting North Carolina's Statewide Transition Plan. In addition, DHHS established a full complement of personnel to work in collaboration with the Stakeholder Committee to ensure North Carolina's primary full compliance with the HCBS Final Rule (March 17, 2014). The Department supported its staff by hosting technical assistance opportunities with the National Association of State Directors of Developmental Disabilities (NASDDDS), a subject matter expert on best practices that align with HCBS setting requirements. This collaboration ensured there was adequate preparation of State staff to support the HCBS Stakeholder Advisory Committee.

The HCBS Stakeholder Advisory Committee's composition is as follows:

ADVOCATES and STAKEHOLDERS

Anna Cunningham, State Consumer and Family Advisory Committee
Jean Anderson, Stakeholder Engagement Group for Medicaid Reform/Advocate
Kelly Beauchamp, Advocate
Kelly Melage, Advocate
Sam Miller, NC Council on Developmental Disabilities/Family Member
Yukiko Puram, Advocate
Sue Guy, State Consumer Family Advisory Committee (SCFAC)
Kerri Erb, Developmental Disabilities Consortium
Patricia Amend, North Carolina Housing Finance Agency
Richard Rutherford, SembraCare (Home Care Software Company)
Jennifer Bills, Disability Rights of North Carolina
Chris Egan, NC Council on Developmental Disabilities

PROVIDER ORGANIZATIONS and AGENCIES

Peggy Terhune, Ph.D., Monarch, Inc. (Provider)
Bridget Hassan, Easterseals UCP (Provider)
Melissa Baran, Enrichment Arc (Provider)
Jenny Carrington, ABC Human Services (Provider)
Bob Hedrick, North Carolina Providers Council
Tara Fields, Benchmarks, Inc.
Teresa Johnson, North Carolina Adult Day Services Association
Curtis Bass, North Carolina Providers Association
Peyton Maynard, North Carolina Developmental Disabilities Facilities Association
John Nash, The Arc of North Carolina

LME-MCOs

Rose Burnette, East Carolina Behavioral Health
Andrea Misenheimer, Cardinal Innovations Healthcare Solutions
Christina Carter, Smoky Mountain LME-MCO
Foster Norman, CoastalCare

Local Lead Agencies (Case Management Entities)

John Gibbons, RHA Howell
Jane Brinson, Home Care of Wilson Medical Center
Rita Holder, Resources for Seniors

STATE GOVERNMENT

Division of Medical Assistance
Division of Mental Health/Developmental Disabilities/Substance Abuse Services
Division of Health Service Regulation

Outreach: To ensure consistent, clear, streamlined communication with waiver beneficiaries, families, provider organizations and associations, as well as other interested stakeholders, the North Carolina Department of Health and Human Services (DHHS) established a dedicated web portal and posted information on its website. Data for the time period, denoted below, provided the following information:

Source	Dates	% of Total
Home Page	Jan 26 2015 - Mar 8 2015	48%
Public Comment	Jan 26 2015 - Mar 8 2015	37%
Listening Tour	Jan 26 2015 - Mar 8 2015	13%
Vision Statement	Jan 26 2015 - Mar 8 2015	2%

Total of 4963 Pageviews

This source provides information and links focused solely on the implementation of the HCBS Final Rule (March 17, 2014) including the rule, the self-assessment and review process, deadlines for compliance, and availability of technical assistance.

In addition, DHHS conducted a live webinar to include the information that was shared during the Listening Tour, and posted a recorded webinar to allow for on-going access to information throughout the full implementation of the plan. The webinar afforded opportunity for both audio and video access. A "chat feature" allowed for "real time feedback" during the webinar. Frequently asked questions are also posted at <http://www.ncdhhs.gov/hcbs/index.html>. The website continues to be updated with additional information as available, inclusive of any significant changes to the plan following the 30 day public comment period.

Other communication has included:

- Stakeholder Chat Sessions, or face- to- face conversations;
- A plain language (“people first”) version of the transition plan;
- Email communication “blasts”;
- Materials through U.S. mail;
- Meetings with LME-MCO and Local Lead Agency Partners;
- Meetings with Providers;
- Meetings with members of the advocacy community;
- DHHS press release with a distribution list of approximately 80,000 recipients;
- Frequently Asked Questions Document (FAQs);
- Power Point presentations;
- Blog Post;
- Twitter Postings.

DHHS’s informational materials have cascaded to diverse audiences through stellar efforts of the LME-MCOs/Local Lead Agencies, provider and advocacy organizations. This partnership has served to educate a broad group of beneficiaries and their families, addressing questions and conveying the importance of stakeholder feedback. Such efforts will continue to be central to DHHS’s work throughout the plan implementation.

Additional efforts were made to inform and engage Medicaid beneficiaries and their families. DHHS conducted strong outreach efforts with the State and Local Consumer and Family Advisory Councils (CFACs) as well as the individual stakeholder groups within each of the LME-MCOs/Local Lead Agencies. DHHS Leadership responded to individual and family member inquiries via email, personal telephone conversations, and face-to-face meetings. The NC Stakeholder Engagement Group for Medicaid Reform (SEG) - a cross disability group, funded by the NC Council on Developmental Disabilities (whose primary focus is to help individuals most impacted by the system to have a meaningful voice in public policy) assisted by engaging in conversations as very well informed individuals and families. The SEG also organized a series of Consumer and Family Community Chats on the HCBS rule, in response to feedback from the public forum held on January 16th, 2015. Beneficiaries, at that forum, requested an opportunity to have their voices heard without the presence of providers or LME-MCOs/Local Lead Agency representatives. The State listened as DHHS Leadership met face-to-face with attendees where heartfelt “stories” were shared about the system, services and what needs to occur as North Carolina implements the transition plan. The SEG hosted all five of the sessions across the State.

Education efforts with the LME-MCOs/Local Lead Agencies were also extensive. DHHS held a series of conference calls in February, 2015 for members of these agencies and offered face-to-face opportunities to share information and obtain feedback regarding the rule, the process for achieving compliance, and DHHS’s vision as it pertains to the implementation of and on-going compliance with the Final Rule. The State has also offered to engage with each of the stakeholder groups of the nine LME-MCOs as well as the Local Lead Agencies. The on-going dynamic of these partnerships will continue to evolve throughout the pilot assessment, self-assessment, monitoring, and on-going compliance phases of plan implementation. DHHS developed the draft plan and the proposed Provider Self-Assessment in conjunction with the HCBS Stakeholder Committee between October, 2014 and January, 2015. Revisions to both documents followed based on feedback received via multiple venues, e.g., public

comment, Listening and Chat Sessions, a public forum with the Stakeholder Engagement Group for Medicaid Reform, State and Local CFACs meetings; meetings with provider organizations and LME-MCOs/Local Lead Agencies. Across the State, DHHS leadership met face-to-face with attendees at various sessions. Participants shared personal experiences with services, helping DHHS to pinpoint needs as North Carolina implements the transition plan.

Public Comment: DHHS posted the transition plan and proposed self-assessment at <http://www.ncdhhs.gov/hcbs/index.html> for a 30 day Public Comment on January 21, 2015. Notice of the public comment period was announced through the dedicated Department (DHHS) website, LME-MCO/Local Lead Agency outreach, and communications via provider organizations and the broader stakeholder community. The public comment period provided interactive opportunities for dialogue with all vested partners.

DHHS placed additional emphasis on ensuring that access to the information was available through a variety of mediums: web-based, hard copy via U.S. Mail, email listservs; individual responses to personal emails with attachments as warranted, translation to other languages as requested, e.g. Spanish, and public verbal presentations inclusive of interpreters for participants who were deaf or hard of hearing.

Releasing the plan for comment ensured that all stakeholders were fully informed of DHHS’s plan for meeting the HCBS Final Rule (effective March 17, 2014). At the conclusion of the Listening and Chat Sessions, information was captured in an “At a Glance” format and shared with the broader stakeholder community and posted to the dedicated website. Public comments are maintained by the Department and will be posted to the website.

Listening Sessions: During the public comment period, DHHS hosted eleven (11) listening sessions. In these meetings, the Department shared information regarding the Rule (HCBS Final Rule March 17, 2014), the proposed transition plan and self-assessment tools. Feedback was obtained from a broader stakeholder base. These sessions were held in the locations, noted below, from February 2 through February 12, 2015. The Sessions, by design, were for the primary purpose of “listening” to beneficiaries and their families. To aid in the facilitation of the meetings, a PowerPoint presentation was utilized along with wall charts depicting input as it was received. In addition consumer/family friendly materials were available to assist with gleanings as much feedback as possible. All of these efforts, in turn, have helped the State finalize a plan that clearly meets intent according to the voices of its very recipients. Special consideration was given to determining the specific locales, for each of the sessions, to ensure the best possible access and participation from individuals supported through the HCBS waiver.

It has been the position of the Department that any change in policy should occur following the Listening and Chat Sessions, as the voice of our beneficiaries is paramount in not only establishing policy as it relates to the implementation of this Plan, but improving real life outcomes and system wide accountability. As voiced throughout statewide reform efforts, and now has resonated again throughout the Listening Sessions, “nothing about me, without me”.

Location of Public Sessions	Number in Attendance
Lincolnton, North Carolina	54
Raleigh, North Carolina	73
Greenville, North Carolina	43

Winston-Salem, North Carolina	62
Wilmington, North Carolina	42
Asheville, North Carolina	42

Location of Consumer and Family Sessions	Number in Attendance
Raleigh, North Carolina	9
Greenville, North Carolina	8
Winston-Salem, North Carolina	21
Wilmington, North Carolina	6
Asheville, North Carolina	18

Common themes from public comment and listening sessions included the following:

Concern/Suggestion	Frequency
1) Heightened Scrutiny of Day Services, but not elimination. The impact would be devastating and have unintentional negative consequences for many.	All Sessions
2) Education for Potential Employers relative to positive benefits, liability, and to reduce anxiety – also development of employer incentives – linkage of employers that do employ to those that do not; integrated employment.	All Sessions
3) Transportation	All Sessions
4) Service Definitions	All Public Sessions
5) Reimbursement Structure	All Public Sessions
6) System of Outcomes	All Public Sessions
7) Education/Focus on Natural Supports	All Sessions

Public Comment Analysis: THE HCBS Worksheet Analysis, inserted below, provides a synopsis of the narrative feedback received during the comment period.

HCBS Feedback Worksheet - Narrative Analysis

	Source Breakdown					Total of All
	Email	Phone	Correspondence	Fax	Session Attendees	
Grand Totals	308	0	0	6	323	637
Stakeholders	76	0	0	0	304	380
Per Cent of Source Group	24.7%	0.0%	0.0%	0.0%	94.1%	59.7%
Advocacy Groups	99	0	0	0	0	99
Per Cent of Source Group	32.1%	0.0%	0.0%	0.0%	0.0%	15.5%
Providers/Provider Organizations	40	0	0	6	19	65
Per Cent of Source Group	13.0%	0.0%	0.0%	100.0%	5.9%	10.2%
LME-MCOs/LLA	4	0	0	0	0	4
Per Cent of Source Group	1.3%	0.0%	0.0%	0.0%	0.0%	0.6%
Stakeholder Committee	89	0	0	0	0	89
Per Cent of Source Group	28.9%	0.0%	0.0%	0.0%	0.0%	14.0%
State Gov	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	Accept/Consider Breakdown		
	Accept - A	Consider - C	Total of All
Grand Totals	365	272	637
Stakeholders	235	145	380
Per Cent of Source Group	64.4%	53.3%	59.7%
Advocacy Groups	59	40	99
Per Cent of Source Group	16.2%	14.7%	15.5%
Providers/Provider Organizations	25	40	65
Per Cent of Source Group	6.8%	14.7%	10.2%
LME-MCOs/LLA	4	0	4
Per Cent of Source Group	1.1%	0.0%	0.6%
Stakeholder Committee	42	47	89
Per Cent of Source Group	11.5%	17.3%	14.0%
State Gov	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%

Note: Each point of feedback is individually counted specific to affiliation, e.g. 1 person could have 20 points and each is counted as a separate entity.

Additional data is also contained within this worksheet and is available for reference. Public comments, received through email, hand written correspondence, fax, testimony and input from the eleven (11) listening sessions, were analyzed and incorporated, as deemed necessary by DHHS staff. The plan was finalized in early March 2015.

The Department seeks to ensure wide internet-based access, therefore, dedicated web pages with the same information were posted to the Division of Medical Assistance (<http://www.ncdhhs.gov/dma/lme/Innovations.html>) and the Division of Mental Health, Developmental Disabilities and Substance Abuse Service (<http://www.ncdhhs.gov/mhddsas/providers/IDD/index.htm>) websites.

Plan Posting: The final plan, as submitted, is posted to the North Carolina DHHS website <http://www.ncdhhs.gov/hcbs/index.html>.

Moving Forward: DHHS, in conjunction with the LME-MCOs/Local Lead Agencies (Case Management Entities), will continue to solicit feedback to enhance implementation activities, to identify barriers to compliance, and to highlight areas of success in preparation for submission of future waiver amendments and/or comprehensive plans. This will occur through multiple frameworks. Feedback will have “no wrong door”, a point emphasized to stakeholders throughout the plan development phase. DHHS will furthermore ensure that anyone desiring to provide additional feedback will continue to have the same degree of access, through all established venues, as was available during the Public Comment time period. The HCBS Stakeholder Advisory Committee will continue in their role while the partnership with the NC Stakeholder Engagement Group will funnel into DHHS’s work - on-going broad-based input from the greater community of individuals receiving waiver supports.

The Transition Plan will remain posted online for the duration of the transition time period.

Assessment and Remediation

State Self-Assessment and Remediation (November 25, 2014 - March 16, 2018):

The HCBS Final Rule for Home and Community Based Services applies to three 1915(c) waivers operated by the State of North Carolina. The waivers and the services that this rule will impact are:

- NC Innovations: Residential Supports, Day Supports, and Supported Employment (Day Supports definition includes Adult Day Health)
- CAP/DA and CAP/Choice waivers: Adult Day Health
- CAP/C waiver – Currently services to children under this waiver are not affected by the rule as these services are home based.

The State conducted an initial inventory of services, and the data is reflected in the following table:

Initial Inventory of Services Data April 1, 2012 - March 31, 2013

1915(c) Waiver Services HCBS Final Rule 2014	Beneficiaries
Day Supports - Developmental Day	29
Day Supports - Group	1106
Day Supports - Individual	2559
Residential Supports	2955
Supported Employment - Group	32
Supported Employment - Individual	981
Adult Day Health	332

DHHS continues to review the current LME-MCO/Local Lead Agency contract/agreement to determine changes/modifications warranted for ensuring transition plan compliance. System alignment with the Rule (to ensure that processes, regulations, and policy fully support the Rule is the desired outcome for the State of North Carolina.

The State is strategically vetting the current State system processes and regulations that could impact or be impacted by the implementation of the transition plan. This includes a comprehensive, in-depth crosswalk of State statutes, existing administrative code, rules, waiver service definitions, provider qualifications and licensing, as well as rate structures. The review will identify areas where changes will be needed to ensure initial and on-going compliance with the Rule. This systemic crosswalk is crucial to the process of identifying specific areas that could impede implementation. A preliminary review was completed at the time of plan submission, with initial input, to date, received from the Division of Health Service Regulation, Division of Medical Assistance, and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

Although an integral component of the current waiver, DHHS is assessing its person centered planning and thinking processes concurrent with the HCBS Rule Process. In addition, specific timelines and benchmarks for achieving and ensuring full compliance with the Final Rule will occur as a fluid component of this process. The State, through the Division of Medical Assistance (DMA) will update existing waiver and policy (Clinical Coverage Policy 8-P – August 1, 2014) to include the HCBS standards specific to the characteristics, monitoring and on-going education. The process for ensuring these

standards are maintained will also be incorporated into waiver policy. The policy will be promulgated through the regular DMA policy process. The changes will be added to the next technical amendment to the waiver and submitted to CMS for review and approval.

The State, through the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), will review, revise and adopt policy relative to its vision, outcome measures, and core indicators to ensure full compliance with the rule. Any change in current policy will occur through established Departmental processes.

LME-MCO/Local Lead Agency (Case Management Entity) Self-Assessment and Remediation (February 1, 2015 – December 31, 2015):

Concurrent to the comprehensive State review, LME-MCOs/Local Lead Agencies will also conduct self-assessments. The LME-MCO/Local Lead Agency will review all policies, procedures and practices, training requirements, contracts, billing practices, person-centered planning requirements and documentation, and information systems to determine their compliance with the Community Rule. The State will provide a framework for the completion of the review to maintain consistency across all agencies. DHHS will require each LME-MCO/Local Lead Agency to submit its assessment along with evidence of compliance to the State. Each LME-MCO/Local Lead Agency will identify any modifications needed to achieve compliance with the rule. The State's review of each LME-MCO's/Local Lead Agency's assessment and evidence of compliance will ensure that all aspects of the system are aligned with CMS expectation and the State's framing of the rule. Any changes needed to achieve compliance will be incorporated in an amendment to the Transition Plan, including a specific timeline and identified milestones.

All revisions to systems/operations and materials needed to achieve compliance will be submitted to the State for review and approval. The State will conduct on-site reviews of the LME-MCOs/Local Lead Agencies as indicated by need following review of the assessment. Upon approval of the contract agencies assessment, a summary of findings will be available to interested parties.

Provider Self-Assessment and Remediation (March 17, 2015 - March 16, 2018):

The State collaborated with stakeholders to develop a provider self-assessment tool and a comprehensive companion guide for providers to evaluate compliance with HCBS Final Rule. The assessment includes identification of the type of setting and service provided, evidence supporting compliance with HCBS standards, and proposed remediation for standards that are out of compliance.

The State will conduct a pilot of the self-assessment with identified providers to establish that the tool captures all of the required waiver elements and is universally understood by families, provider networks, LME-MCOs/Local Lead Agencies, DHHS staff, and most importantly the individuals who receive waiver supports. The initial plan for the self-assessment will involve all nine of the LME-MCOs and a random sample of Local Lead Agencies. The pilot will include a defined number of participants (not to exceed 108) representative of large, medium and small providers from each of the Networks/Entities. Providers that contract or have agreements with more than one of the LME-MCOs/Local Lead Agencies will not be duplicated in the sample. The preliminary self-assessment proposal was reviewed by the LME-MCO/Local Lead Agencies prior to submission of the plan. A final strategic work plan will be completed and presented to the HCBS Stakeholder Advisory Committee by April 17th, 2015. Work is underway to provide the assessment tool in an electronic, on-line format.

The State will make modifications to the tool, as indicated by the findings of the pilot group, to confirm the tool's conformity to and compliance with HCBS Final Rule. Once the tool has been tested, it will be utilized statewide. Providers will submit completed self-assessments to their assigned LME-MCO/Local Lead Agency. The State has determined that there may be areas of vulnerability for some settings. To determine if this assumption is correct, the State will implement a staggered schedule for self-assessment as follows: Day Support and Sheltered Workshop (Work Activity Centers) Programs, Adult Day Health Programs, Residential Services where HCBS is provided, and where capacity exceeds six (6) beds; and lastly, any remaining services (e.g. residential services including all living situations of six (6) beds or less, to include Alternative Family Living).

Following the assessments, the LME-MCOs/Local Lead Agencies will complete a detailed review of the settings determined to be "at risk" with the State conducting final review and disposition. In conjunction with the State, they will also establish the process to make sure that there is continuity of care. Individuals who are in settings that cannot meet the rule's requirements will not experience any interruption in services. Similarly, in partnership with the State, LME-MCOs/Local Lead Agencies will determine which providers who could meet the standards, were they provided with technical assistance. Each LME-MCO/Local Lead Agency will submit its analysis to DHHS. The State's response, following review, may include, but is not limited to, direction that the setting requires further remediation; requests for additional documentation; or confirmation of an assessment that the setting complies with the rule.

The State, in conjunction with the LME-MCOs/Local Lead Agency), will establish a Monitoring Review Process to validate a representative sample of provider self-assessments. This review will confirm overall integrity of the self-assessment process. LME-MCO Designated Departments, Local Lead Agency) designees and DHHS/DMA/DMHDDSAS staff will validate a State determined percentage of provider self-assessments (initial assessment data in comparison to validation data). Consideration will be given to the need for an individual ("My Experience") assessment. If the development of this tool is deemed necessary, it will be utilized concurrently as part of the person-centered planning process.

In order to meet the State's intent to oversee, support, offer technical assistance and ensure full compliance with the setting requirements of the HCBS rule, North Carolina will identify subject matter experts specific to the rule and plan; comprise (possibly interface with an existing team) a diverse team to develop and oversee this process, engage in methods that promote consistent interpretation of the requirements; facilitate education and training of appropriate parties; and engage, as part of the process, a component that provides inter- and intra-rater reliability among all reviewing agents (State team members as well as LME-MCO/Local Lead Agency Team Members). The Monitoring Oversight will delineate timelines for this review, but no less often than annually. During the plan's implementation period, however, the schedule of review will be more intense, with plans to conduct three times in year one, two times in year two, and one time in year three. For on-going compliance the proposal is to include the monitoring as part of a comprehensive annualized review. As there is systemic review of the State's monitoring practices presently underway, every effort will be directed toward streamlining this process to ensure efficient and effective practices with the overall objective being compliance with the HCBS Final Rule.

DHHS will conduct statewide provider education and training sessions on completion of the self-assessment. These training sessions will be via face to face meetings, webinars and conference calls and

will be held between March 17th, 2015 and June 15th, 2015. Providers are currently in receipt of the self-assessment tool, companion guide, and instructions. The timeline for completion of the self-assessments will be provided at the conclusion of the pilot as review and analysis of that data will be essential in determining the final assessment process. Tentative dates are May 1st – 15th for the pilot and June 16th September 15th for the statewide assessments. Providers are responsible for including individuals served, family members, advocates, and other stakeholders as an integral part of this assessment process. Completed assessments will be available to any interested party throughout the implementation phase of the transition plan. In the event that an assessment contains PHI or other confidential information, it will be redacted.

Self-assessments will be submitted, along with the evidence of compliance, to the assigned LME-MCO/Local Lead Agency) on or before September 15th, 2015. The State, in concert with the LME-MCOs/Local Lead Agencies will 1) determine if individual provider assessments are compliant with the rule, 2) identify providers that need technical assistance to ensure compliance, and 3) identify providers out of compliance and assess their intent and capacity with technical assistance to comply. Additional evidence may be requested or subsequent reviews conducted, as needed, to further assess and validate compliance. Once the self-assessment is complete, DHHS will conduct a follow up survey to assess the process from a provider perspective. The survey tool will be developed by a sub-group of the State, LME-MCOs and Local Lead Agencies as this data will provide insight for future planning. This process will afford providers an opportunity to engage directly with the Department. The statewide assessment is projected to be complete by September 15th, 2015. Providers that self-report or are determined to be out of compliance by the responsible LME-MCO/Local Lead Agency will be required to submit a plan of action to achieve conformity with the rule, inclusive of time lines. Any setting that is presumed to have the characteristics of an institutional environment, will be subject to heightened scrutiny. For those particular settings, an on-site evaluation will be conducted by the State and LME-MCO/Local Lead Agency to determine if there is sufficient evidence to demonstrate that the setting is not institutional in nature; whether technical assistance can support the achievement of compliance; or whether a compliant setting will have to be identified for the provision of the service(s). Prior to final determination of the need for heightened scrutiny, a minimum of one of the following actions will occur, 1) review of self- assessment responses; 2) request for public comment on each setting in question; 3) institution of the process for administrative review by the State; 4) request for guidance from CMS. Each provider's plan will be comprehensively reviewed by the LME-MCO/Local Lead Agency and will be monitored based on approved timeframes with oversight by the State.

Providers requiring technical guidance on how to achieve compliance may request assistance from the State, LME-MCO/Local Lead Agency or another provider (of the same service type to ensure service continuity) that is in full compliance with the rule. Assistance secured from an entity other than the State will not negate the provider's inclusion in State monitoring protocols.

For providers that, following review, are deemed unable or, unwilling to comply with the HCBS Final Rule DHHS will mandate a plan of correction, with a 30 day deadline from date of issuance to conform fully. If compliance does not occur within 30 days, the provider will be prohibited from providing the service in question at that site until such time there is full compliance with the rule. The provider may be removed from the LME-MCO Network or the agreement with the Local Lead Agency may be terminated if deemed appropriate by the contractor.

In the event of this circumstance, the provider will be obligated to:

1) Create and implement a plan, detailing how individuals who utilize the provider's services at a location that is out of compliance will be transitioned to a more integrated (compliant) setting within their service capacity, only if the individual elects to continue receiving the services within the purview of the rule.

2) Facilitate the seamless transition of individuals supported to an appropriate provider of "like" service so there is no service interruption.

The State, in conjunction with the LME-MCOs/Local Lead Agencies will oversee all necessary transition processes. A minimum of 60 days' notice will be provided to all individuals required to transition to another provider (unless there is imminent need to expedite the transition process). More notice may be granted in instances where other housing options are being secured (specific to the service of residential supports only). To ensure continuity of care and as little disruption to an individual's life as realistically possible, each person will receive a detailed description/notice of the process in plain language and a comprehensive listing of providers to consider for continuation of services. Assigned LME-MCO or Local Lead Agency Staff in conjunction with DHHS staff will schedule a face-to-face visit with the beneficiary and his/her guardian(s) (with subsequent visits occurring based on the specific needs of the individual) as soon as possible, but no later than 14 days after becoming aware that a new service option needs to be pursued to discuss the transition process and ensure the individual and family has been fully informed of any applicable due process rights. The State, in partnership with the LME-MCO/Local Lead Agency, will ensure there is transitional support for the beneficiary, and their family during the transition process.

Initial Compliance and Update to Transition Plan:

Throughout the initial compliance process strategic action plans will be developed (as warranted) in concert with the Transitional Grid items so that all identified areas are addressed. The initial plan will be specific to the Self-Assessment pilot. No later than January 1, 2016, upon completion of provider network self-assessment surveys and in conjunction with the validation of the sample of assessments, the State will submit an amendment to this transition plan with specific remediation activities and milestones for achieving compliance with the HCBS Rule. Upon approval of the amendment by CMS, the State will submit Technical Amendments to its waivers to include the full transition Plan. For providers needing compliance assistance, the State proposes the following strategies from July 1, 2015 through June 30, 2018:

- Facilitate focus groups for providers that are both in and out of compliance with the Rule to encourage peer to peer support, problem solving process.
- Provide technical assistance through the development and scheduling of on-going training regarding the Community Rule compliance, changes to the broader waiver and the overall effect on services.

Ongoing Compliance:

Once overall compliance has been achieved, ongoing compliance will be ensured through:

- Regular solicitation of feedback from individuals supported through the waiver, providers, provider organizations, and LME-MCOs/Local Lead Agencies;
- Annual consumer satisfaction surveys;
- Regular review of contracts with LME-MCOs/Local Lead Agencies (Case Management Entities) to ensure on-going compliance with standards;
- Identification or development of specific quality assurance/improvement measures that ensure compliance with the rule ;
- If necessary and feasible, implement an Individual (My) Life Experience Assessment through the Person Centered Planning Process;
- Continuation of a collaborative monitoring oversight process between the LME-MCOs/Local Lead Agencies and the State;
- Consideration, in conjunction with LME-MCOs/Local Lead Agencies and the broader Stakeholder community, of the creation of a public service campaign to promote the integration of individuals served under the HCBS waivers within their communities;
- Continued technical assistance and education to individuals and their families, LME-MCOs/Local Lead Agencies, Provider Community and broader stakeholder community will be provided;
- State will explore the use of National Core Indicators and other comparable data to support ongoing compliance and monitoring efforts; and
- Continued partnership with the HCBS Stakeholder Committee and the NC Council on Developmental Disabilities Stakeholder Engagement Group for Medicaid Reform (SEG).

Conclusion:

North Carolinians who receive Medicaid waiver services and supports must have access to the same benefits of living in a community as others do. The State of North Carolina seeks an improved future in which services promote full integration into community life and enhance each person's opportunity to achieve the outcomes that matter to all of us. We affirm our dedication to working in partnership with people who use, or seek to use, home and community based waiver services, their families, allies and other valued stakeholders, to affect change.

HCBS Feedback Worksheet - Person First Data Analysis

	Source Breakdown					
	Email	Phone	Correspondence	Fax	Session Attendees	Total of All
Grand Totals	23	0	0	0	0	23
Stakeholders	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Advocacy Groups	4	0	0	0	0	4
Per Cent of Source Group	17.4%	0.0%	0.0%	0.0%	0.0%	17.4%
Providers/Provider Organizations	3	0	0	0	0	3
Per Cent of Source Group	13.0%	0.0%	0.0%	0.0%	0.0%	13.0%
LME-MCOs/LLA	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stakeholder Committee	15	0	0	0	0	15
Per Cent of Source Group	65.2%	0.0%	0.0%	0.0%	0.0%	65.2%
State Gov	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	Accept/Consider Breakdown		
	Accept - A	Consider - C	Total of All
Grand Totals	13	10	23
Stakeholders	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%
Advocacy Groups	4	0	4
Per Cent of Source Group	30.8%	0.0%	17.4%
Providers/Provider Organizations	0	3	3
Per Cent of Source Group	0.0%	30.0%	13.0%
LME-MCOs/LLA	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%
Stakeholder Committee	8	7	15
Per Cent of Source Group	61.5%	70.0%	65.2%
State Gov	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%

Note: Each point of feedback is individually counted specific to affiliation, e.g. 1 person could have 20 points and each is counted as a separate entity.

HCBS Feedback Worksheet - Person First

Feedback	Affiliation	Source	Accept - A Consider - C	Date Received	Action Plan/Disposition
Suggested changes in wording, grammar	LME-MCOs/LLA	Email	A	14-Jan-15	Additional language has been added to the transition plan.
Consider shortening as much as possible	Stakeholder Committee	Email	A	14-Jan-15	Revisions are being made in consideration of this recommendation.
Consider making a video to help explain for those who cannot read	Stakeholder Committee	Email	A	14-Jan-15	The HCBS webinar will be posted on the DHHS HCBS website (http://www.ncdhhs.gov/hcbs/). Use of additional videos/webinars are being considered.
CQL considerations	Providers/Provider Orgs	Email	C	15-Jan-15	Currently four accrediting bodies are recognized by the State. This is a larger systems issue and is being considered outside of the scope of the HCBS Transition Plan implementation.
Billing practices do not have anything to do with HCBS	Providers/Provider Orgs	Email	C	15-Jan-15	Outside of scope of HCBS Transition Plan implementation - feedback shared with appropriate Department Staff.

Feedback	Affiliation	Source	Accept - A Consider - C	Date Received	Action Plan/Disposition
"Individuals served, family members, advocates, other stakeholders involved in process" is not reasonable - self assessment will be done by provider agency staff	Providers/Provider Orgs	Email	C	15-Jan-15	The self-assessment will be completed by the provider. DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process. Individuals who need assistance in completing the survey should have that assistance provided by someone other than their staff.
"Individuals served, family members, advocates, other stakeholders involved in process" is not reasonable self assessment will be done by provider agency staff	Stakeholder Committee	Email	C	17-Jan-15	The self-assessment will be completed by the provider. DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process. Individuals who need assistance in completing the survey should have that assistance provided by someone other than their staff.
Use of a different term that better defines quality lives	Stakeholder Committee	Email	A	17-Jan-15	Additional language has been added to the transition plan.
Define Lead Agency	Stakeholder Committee	Email	A	17-Jan-15	Additional language has been added to the transition plan.
Provider Assessment availability to families	Stakeholder Committee	Email	A	17-Jan-15	Assessment is available to anyone through a variety of mediums, e.g. website, U.S. Mail, LME-MCO/Local Lead Agencies, etc.
Contracts, billing practices, and information systems. What will this tell DHHS?	Stakeholder Committee	Email	A	17-Jan-15	A comprehensive systemic review of all practices by the Department, LME-MCOs and Local Lead Agencies with regard to implementation and on-going compliance.
Advocate for performance based measurements, please consider using CQL's tools	Stakeholder Committee	Email	C	17-Jan-15	Currently four accrediting bodies are recognized by the State. This is a larger systems issue and is being considered outside of the scope of the HCBS Transition Plan implementation.
Deemed status for training if trained through National Alliance for Direct Support Professionals	Stakeholder Committee	Email	C	17-Jan-15	This is recognized as a larger systems issue and is being considered outside of the scope of the HCBS Transition Plan implementation.
Disagree with additional monitoring process	Stakeholder Committee	Email	C	17-Jan-15	DHHS is considering incorporation into the comprehensive Statewide Monitoring Process that has been recently redesigned.
MCO focus groups with individuals and families in catchment area	Stakeholder Committee	Email	A	17-Jan-15	Each LME-MCO has an individual stakeholder group.
Deemed status for CQL	Stakeholder Committee	Email	C	17-Jan-15	Currently four accrediting bodies are recognized by the State. This is a larger systems issue and is being considered outside of the scope of the HCBS Transition Plan implementation.
Disagree with MCOs having own separate plan- standardization across all	Stakeholder Committee	Email	C	17-Jan-15	DHHS is finalizing the LME-MCO/Local Lead Agency assessment process.
Stronger language and time frames for compliance and/ or transition of individuals	Stakeholder Committee	Email	A	17-Jan-15	Additional language has been added to the transition plan narrative. Timelines are included.
On-going compliance with existing system	Stakeholder Committee	Email	C	17-Jan-15	DHHS is considering incorporation into the comprehensive Statewide Monitoring Process that has been recently redesigned.

Feedback	Affiliation	Source	Accept - A Consider - C	Date Received	Action Plan/Disposition
It will still be a difficult read for many of the people receiving HCBS services whom this affects	Advocacy Groups	Email	A	20-Feb-15	A plain language version is being further revised to make this rule as understandable as possible. Visuals will also be included.
Consider producing a video to help explain this to folks who do not read	Advocacy Groups	Email	A	20-Feb-15	The HCBS webinar is posted on the DHHS HCBS website (http://www.ncdhhs.gov/hcbs/). DHHS is considering the use of additional videos/webinars.
We would ask that the State develop materials that would be accessible to individual participants and their families about the standards the rules are trying to set about community integration and engagement so that people will have a better context about what to expect.	Advocacy Groups	Email	A	20-Feb-15	DHHS will continue to develop and make available materials to help individuals and their families for better understand the rule.
Seven pages long and very text heavy	Advocacy Groups	Email	A	20-Feb-15	Revisions are being made in consideration of this recommendation.

HCBS Feedback Worksheet - Narrative Analysis

	Source Breakdown					
	Email	Phone	Correspondence	Fax	Session Attendees	Total of All
Grand Totals	308	0	0	6	323	637
Stakeholders	76	0	0	0	304	380
Per Cent of Source Group	24.7%	0.0%	0.0%	0.0%	94.1%	59.7%
Advocacy Groups	99	0	0	0	0	99
Per Cent of Source Group	32.1%	0.0%	0.0%	0.0%	0.0%	15.5%
Providers/Provider Organizations	40	0	0	6	19	65
Per Cent of Source Group	13.0%	0.0%	0.0%	100.0%	5.9%	10.2%
LME-MCOs/LLA	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stakeholder Committee	89	0	0	0	0	89
Per Cent of Source Group	28.9%	0.0%	0.0%	0.0%	0.0%	14.0%
State Gov	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	Accept/Consider Breakdown		
	Accept - A	Consider - C	Total of All
Grand Totals	365	272	637
Stakeholders	236	144	380
Per Cent of Source Group	64.7%	52.9%	59.7%
Advocacy Groups	58	41	99
Per Cent of Source Group	15.9%	15.1%	15.5%
Providers/Provider Organizations	25	40	65
Per Cent of Source Group	6.8%	14.7%	10.2%
LME-MCOs/LLA	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%
Stakeholder Committee	42	47	89
Per Cent of Source Group	11.5%	17.3%	14.0%
State Gov	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%

Note: Each point of feedback is individually counted specific to affiliation, e.g. 1 person could have 20 points and each is counted as a separate entity.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Visiting hours at any time violates rights of others	Stakeholders	Email	C	13-Jan-15	The person-centered process should be used to identify to support and services the individuals needs and wants to life his/her life. If modification to conditions in the HCBS rule are needed for an individual, the need must documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H).
Access to food at any time is dangerous	Stakeholders	Email	C	13-Jan-15	The person-centered process should be used to identify the supports and services the individuals needs and wants to live his/her life. If modification to conditions in the HCBS rule are needed for an individual, the need must documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H).
Improve the process to reach out to more consumers and families	Stakeholder Committee	Email	A	13-Jan-15	In addition to the six listening sessions throughout the state, five listening sessions where held for self-advocates and families only. The state also met with state CFAC.
Create more options for individuals to spend day in truly integrated settings	Advocacy Groups	Email	C	13-Jan-15	The Innovations Waiver has an array of services that can be used to promote inclusion.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Take a holistic approach to both residential and non-residential setting	Advocacy Groups	Email	C	13-Jan-15	The general criteria speaks to those criteria that apply to all services. Residential criteria applies to only residential settings.
Seeking competitive employment should be default presumption for the State	Advocacy Groups	Email	C	13-Jan-15	Competitive employment should be sought for individuals who have a desire to pursue work.
Medicare needs are just as concerning as Medicaid..should never be separated in this communication.	Stakeholders	Email	C	14-Jan-15	The HCBS Regulation is specific to Medicaid HCBS waiver services offered by states. Medicare is outside the scope of this rule.
Improve language to recognize the opportunity that this rule creates	LME-MCOs/LLA	Email	A	14-Jan-15	Additional language has been added to the transition plan. A plain language (person first) version of the plan is also available.
Must carefully consider every living arrangement for persons receiving waiver services	LME-MCOs/LLA	Email	A	14-Jan-15	Living arrangements should be the choice of the individual and be the best fit for their individual needs.
Grammatical and typo corrections needed	LME-MCOs/LLA	Email	A	14-Jan-15	Corrections have been made to the transition plan.
Consider language and timelines for other housing options (non-residential placement). Implies must move from one residential setting to another	LME-MCOs/LLA	Email	A	14-Jan-15	Additional language has been added to the transition plan.
Adult Day Health.. Limited options process seems completely opposite of intent	Providers/Provider Orgs	Email	C	14-Jan-15	Given the nature of the service, there may be more limits than in other HCBS services. The process of being able to outline limitations in the person centered plan allows for individual circumstances while ensuring that the limitations are actually based on health and safety needs.
State needs to design, staff, and fund a well-integrated system with payment rates, services, service definitions, funding streams, accountability measures, guidance, and meaningful stakeholder input that reflect the person and system as a whole	Stakeholder Committee	Email	C	14-Jan-15	DHHS is in the process of reviewing and making changes to the NC Innovation Wavier. A wavier amendment will be submitted in the spring of 2015.
Assessment process - Self-assessment completed by each agency gives early indication of where they stand, for provider and DHHS	Stakeholder Committee	Email	A	14-Jan-15	DHHS agrees that the self-assessment will provide the state with a clear picture of where the state stands with meeting HCBS requirements.
Assessment process - A pre-assessment done by monitoring authority to identify concrete areas of improvement	Stakeholder Committee	Email	C	14-Jan-15	The assessment process will be ongoing. Areas of concern identified at any point in the process will be addressed. A pilot of the process will occur prior to statewide implementation.
Assessment Process -Final assessment to address identified areas of improvements prior to corrective action	Stakeholder Committee	Email	C	14-Jan-15	The assessment process will be ongoing. Areas of concern identified at any point in the process will be addressed.
Plan of correction - clear guidance, training and resources needed	Stakeholder Committee	Email	A	14-Jan-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
HCBS assessment incorporated into an existing monitoring process	Stakeholder Committee	Email	C	14-Jan-15	DHHS is considering ways to incorporate the ongoing monitoring from compliance to the HCBS regulation in existing monitoring processes.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
LME-MCO and Providers need extensive training on implementation and assessment	Stakeholder Committee	Email	A	14-Jan-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Targeted training needed for guardians, family members and staff	Stakeholder Committee	Email	A	14-Jan-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
PCPs should be written by certified, experienced PCP facilitators	Stakeholder Committee	Email	C	14-Jan-15	Training in person-centered planning is expected for all PCP facilitators.
Grammar and spelling corrections	Stakeholder Committee	Email	A	14-Jan-15	Corrections have been made to the transition plan.
Ongoing compliance, annual consumer satisfaction surveys - questions and potential issues	Stakeholder Committee	Email	C	14-Jan-15	Additional questions as well as formats will be considered for surveys that will be utilized.
Consumer Satisfaction survey - suggest using CQLs Personal Outcome Measures (POM) - reinforces person centered thinking and planning	Stakeholder Committee	Email	C	14-Jan-15	At this time, not all providers are using CQL Personal Outcome Measures.
Concerns about interpretation and implementation among LME-MCOs	Stakeholder Committee	Email	A	14-Jan-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process and to ensure compliance with and understanding of the HCBS rule.
Need to find the most experienced professionals - at both the LME-MCO level and the state level - to help lead these efforts	Stakeholder Committee	Email	A	14-Jan-15	DHHS, LME-MCO, Local Lead Agencies, and other stakeholders are engaged in this process.
DHHS need to make long-term commitment for funding the operations of group homes	Stakeholder Committee	Email	C	15-Jan-15	An array of living arrangements is needed to support individuals in HCBS settings.
CQL deemed status - accepting one accreditation over another may not be fair	Stakeholder Committee	Email	C	15-Jan-15	Currently four accrediting bodies are recognized by the State. This is a larger systems issue and is being considered outside of the scope of the HCBS Transition Plan implementation.
Individuals served, families, and guardians will need to be included in the assessment process - not clear how- assessment is one per site	Stakeholder Committee	Email	C	15-Jan-15	The assessment process will be ongoing. Areas of concern identified at any point in the process will be addressed. This includes individual monitoring, planning, and plan review.
Ongoing compliance - will assessment be provided and standardized?	Stakeholder Committee	Email	C	15-Jan-15	The assessment will be standardized.
Setting selected by individuals- MCO provider contract process impedes	Providers/Provider Orgs	Email	C	15-Jan-15	Individuals have choice of provider within the parameters of the waivers. The (b) waiver allows for the closing of the provider network. MCO needs to ensure adequate choice.
Same responsibilities and protections from eviction - AFL provider concerns	Providers/Provider Orgs	Email	C	15-Jan-15	The requirement for the individual to have the same rights and protections from eviction is in the Rule. The State will work with individuals and providers concerning compliance with this requirement.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Modification 42 CFR 441.301 (c) (4) (VI) (A) through (D) - does not fit	Providers/Provider Orgs	Email	C	15-Jan-15	42 CFR 441.301 (c) (4) (VI) (A) through (D) is the section of HCBS regulation that outlines the additional conditions provider-owned or controlled residential setting must meet. If modification to these conditions is needed for an individual, the need must be documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H).
State statutes around medication work against community integration	Providers/Provider Orgs	Email	A	15-Jan-15	Review of state statutes is a part of the transition plan process.
Define or give examples - "Any setting that is presumed to have the characteristics of an institutional environment"	Providers/Provider Orgs	Email	C	15-Jan-15	Additional language has been added to the transition plan and self-assessment companion guide.
Plan focuses too heavily on how providers will ensure compliance instead of how the State will bring system into compliance	Stakeholder Committee	Email	C	15-Jan-15	Additional language has been added to the transition plan.
More comprehensive review of services and supports including Medicaid State Plan	Stakeholder Committee	Email	C	15-Jan-15	The HCBS rule speaks specifically to the 1915(c) waiver.
Review and revisit the relative funding allocations for institutional versus community settings - incentives to leave or avoid institutions	Stakeholder Committee	Email	C	15-Jan-15	This is outside of the HCBS rule and will be shared with the appropriate parties.
Robust assessment of individuals receiving services needed and earlier in the process	Stakeholder Committee	Email	C	15-Jan-15	This is a vital part of the person-centered planning process.
Some questions on the assessment should be answered by individuals not providers	Stakeholder Committee	Email	A	15-Jan-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information.
Vetting need "Individual Life Experience Assessment Tool," in Oct 2015 too little too late input directly from individuals should be central	Stakeholder Committee	Email	C	15-Jan-15	The assessment process will be ongoing. Areas of concern identified at any point in the process will be addressed. This includes individual monitoring, planning, and plan review. Care Coordinators meet regularly with the individuals they support and will follow up on any concerns expressed. We are also considering adding questions to the current consumer surveys.
Uniformity among MCOs, single questionnaire?	Stakeholder Committee	Email	A	15-Jan-15	The assessment will be standardized.
Better explanation of rights related to rule	Stakeholder Committee	Email	A	15-Jan-15	Additional language has been added to the transition plan.
Better explanation of Lead Agency	Stakeholder Committee	Email	A	15-Jan-15	Additional language has been added to the transition plan.
Monitoring formatted like CQL-focus group with individuals and families	Stakeholder Committee	Email	C	15-Jan-15	Individuals and family feedback will be vital to the process.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
LME-MCO monitoring and training consistency	Stakeholder Committee	Email	A	15-Jan-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule and to facilitate consistency of the LME-MCOs and Local Lead Agencies.
Stronger language and timeline for providers who can't/won't make changes	Stakeholder Committee	Email	A	15-Jan-15	Additional language has been added to the transition plan.
Work ongoing compliance into existing systems	Stakeholder Committee	Email	C	15-Jan-15	DHHS is considering ways to incorporate the ongoing monitoring for compliance to the HCBS regulation in existing monitoring processes.
All waiver services must follow the principle in rules	Stakeholder Committee	Email	A	15-Jan-15	All services provided under and HCBS waiver must meet the HCBS regulation.
Leans heavy on committee did a lot, but haven't	Stakeholder Committee	Email	C	15-Jan-15	The HCBS Stakeholder Committee has been and will continue to be an integral part of the process throughout development and implementation of the HCBS Transition Plan.
Monarch happy to pilot	Stakeholder Committee	Email	C	15-Jan-15	DHHS is working to identify providers to participate in the self-assessment pilot. Providers will be needed from all services and waivers identified in the transition plan.
Current elements will not determine LME-MCO/Lead Agency compliance - State sample plans for choice	Stakeholder Committee	Email	C	15-Jan-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process and ongoing to ensure compliance with the HCBS rule. The State will be involved in the review process.
Fiscal analysis should be done	Stakeholder Committee	Email	C	15-Jan-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
All waiver services must follow the principle in rules	Stakeholder Committee	Email	A	17-Jan-15	All services provided under and HCBS waiver must meet the HCBS regulation.
Members interested in piloting any part of transition plan	Stakeholder Committee	Email	C	17-Jan-15	DHHS is working identify providers to participate in the self-assessment pilot. Providers will be need from all services and waivers identified in the transition plan.
Fiscal analysis needed	Stakeholder Committee	Email	C	17-Jan-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
MCO network process impedes choice	Stakeholder Committee	Email	C	17-Jan-15	Individuals have choice of provider within the parameters of the waivers. The (b) waiver allows for the closing of the provider network. MCO needs to ensure adequate choice.
Protections from evictions - AFLs concern - when no longer providing the services, safety and liability, terminated provider	Stakeholder Committee	Email	C	17-Jan-15	Additional exploration is occurring specific to this characteristic. Companion document is available to provide guidance with respect to all the characteristics contained within the Rule.
Administrative codes, rules, waiver service definitions work against the rule	Stakeholder Committee	Email	A	17-Jan-15	Review of all applicable regulatory authority is a part of the transition plan process.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Setting presumed to have institutional characteristics - high scrutiny - Define, provide examples	Stakeholder Committee	Email	A	17-Jan-15	Additional language has been added to the transition plan and self-assessment companion document.
Plan seems to be predicated on the belief that most disabled consumers served by HCBS Waivers can be provided with enough support to be "a full part of their community - not true	Stakeholders	Email	C	20-Jan-15	The intent of the HCBS regulation is to ensure that individuals receiving HCBS waiver services have supports and services that are person-centered and support the individual to live the life he/she chooses.
Plan will not fully support Day Programs. And puts them at risk of being forced out of business.	Stakeholders	Email	C	20-Jan-15	Day supports will continue to be a service offered under the Innovations Waiver.
Consider cost of transportation for day support programs	Stakeholders	Email	C	20-Jan-15	This has been referred to the Innovations Waiver Stakeholder Group.
1:1 care for individuals in day program services are not usually authorized	Stakeholders	Email	C	20-Jan-15	Day Supports is offered as a group or individual service.
Consider cost of other services if day programs are not available	Stakeholders	Email	C	20-Jan-15	The Innovations Waiver has an array of services that can be used to promote inclusion.
Supporting Housing Development Program	Stakeholder Committee	Email	C	24-Jan-15	Conversations with appropriate agencies and other stakeholders will occur, e.g. NCHFA.
DHHS need a long-term commitment for funding the operations of group homes and crisis stabilization facilities.	Stakeholder Committee	Email	C	24-Jan-15	Conversations with appropriate agencies and other stakeholders will occur, e.g. NCHFA.
Improvement will have a cost to providers	Providers/Provider Orgs	Email	C	28-Jan-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
Deemed status for accredited organizations	Providers/Provider Orgs	Email	C	28-Jan-15	Currently four accrediting bodies are recognized by the State. This is a larger systems issue and is being considered outside of the scope of the HCBS Transition Plan implementation.
Day Supports "group" needs to be in smaller groups for community integration	Stakeholders	Session Attendees	A	02-Feb-15	Day Supports is offered as a group or individual service. Two individuals can be a 'group'.
Need individually goal oriented/tailored day programs	Stakeholders	Session Attendees	A	02-Feb-15	The intent of the HCBS regulation is to ensure that individuals receiving HCBS waiver services have supports and services that are person-centered and support the individual to live the life he/she chooses.
Need to make sure it's a meaningful day for the person (9-3? Location?)	Stakeholders	Session Attendees	A	02-Feb-15	The intent of the HCBS regulation is to ensure that individuals receiving HCBS waiver services have supports and services that are person-centered and support the individual to live the life he/she chooses.
Monitoring - DHSR - annual application. Need staff to go in field	Stakeholders	Session Attendees	A	02-Feb-15	DHHS is considering ways to incorporate the ongoing monitoring for compliance to the HCBS regulation in existing monitoring processes.
Natural supports need training too	Stakeholders	Session Attendees	A	02-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Monitoring - Physical plant is good - it's already monitored by DHSR	Stakeholders	Session Attendees	A	02-Feb-15	This could be presented as evidence of meeting the requirement for being accessible.
Need to improve roommate choice	Stakeholders	Session Attendees	C	02-Feb-15	This would be a positive improvement.
A barrier is that restrictions in a person's PCP have to be done by a psychologist	Stakeholders	Session Attendees	A	02-Feb-15	A systemic review of all regulatory authority is occurring, and this identified need will be taken under advisement.
Need job development	Stakeholders	Session Attendees	A	02-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
Focus on outcomes for person, not paperwork	Stakeholders	Session Attendees	C	02-Feb-15	DHHS is looking at ways to decrease the paper and reporting burdens on providers and LME-MCOS.
Integration should be defined by the individual	Stakeholders	Session Attendees	A	02-Feb-15	The person-centered process will be used to identify support and services the individual needs and wants in his/her life to include informed choices.
No access to jobs is a problem	Stakeholders	Session Attendees	A	02-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
Transportation is a problem	Stakeholders	Session Attendees	A	02-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
Someone needs to get employers on board	Stakeholders	Session Attendees	A	02-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
Need to build increased job capacity	Stakeholders	Session Attendees	A	02-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
It's not working that services are in the medical model (UM)	Stakeholders	Session Attendees	C	02-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
Some just need maintenance support to work (don't tie to "progress")	Stakeholders	Session Attendees	C	02-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
Consider micro-enterprise	Stakeholders	Session Attendees	A	02-Feb-15	Microenterprise is covered under the definition of Supported Employment in the current Innovations Waiver.
Be person-centered with jobs; but based on needs in that job	Stakeholders	Session Attendees	A	02-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
Cannot force requirement and leave budgetary where it is	Stakeholders	Session Attendees	A	02-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Process seems rushed believe this significantly will reduce the quality of feedback received	Advocacy Groups	Email	A	03-Feb-15	The 30 day required public comment period ended 2/20/15 for NC's Transition Plan, however, NC will continue to listen and take public feedback throughout the transition process. The HCBSTransPlan@dhs.nc.gov email account will be available for feedback submission as will other mediums as there is no wrong door.
To truly determine how well providers are meeting the HCBS mandate, the self-assessment tool should incorporate feedback from the consumers and families they serve.	Advocacy Groups	Email	C	03-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
More specification in the Transition Plan regarding the quality control and oversight of the provider self-assessment process to ensure the accuracy of these self-assessments.	Advocacy Groups	Email	A	03-Feb-15	Additional language has been added to the transition plan.
Lack of clarity regarding DHHS role in transition	Advocacy Groups	Email	A	03-Feb-15	Additional language has been added to the transition plan.
Self-assessments are "setting" based, not accounting fully for individuals' ability to be employed and make money	Advocacy Groups	Email	A	03-Feb-15	Provider must share evidence of how characteristics are met, but the person-centered process must be used to identify supports and services the individual needs and wants in his/her life.
More detail related to ongoing efforts to engage consumer and family member stakeholders throughout the duration of the 5-Year transition plan is needed.	Advocacy Groups	Email	A	03-Feb-15	Additional language has been added to the transition plan.
Is crisis intervention planning a part of this process?	Advocacy Groups	Email	C	03-Feb-15	Crisis intervention planning is part of the Person-Centered Planning Process.
How does DHHS know if HCBS requirements have been met?	Advocacy Groups	Email	C	03-Feb-15	DHHS will work collaboratively with agency partners in analyzing self-assessments to ensure compliance with the Rule. A Monitoring Oversight process will occur as well.
Is there a requirement that providers educate consumers about the self-assessment process?	Advocacy Groups	Email	C	03-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule as this is vitally important for all interested parties, but most significantly to the individuals who receive waiver supports.
How can consumers be involved in the self-assessment process?	Advocacy Groups	Email	C	03-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process and to ensure compliance with and understanding of the HCBS rule.
How broad will the self-assessments go? Will the self-assessments address waiting lists?	Advocacy Groups	Email	C	03-Feb-15	Waitlist for services is not addressed in the State's transition plan. However discussions about additional waiver changes and waitlist are part of other discussions and workgroups.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Outlining clear definitions that are not subject to personal opinion i.e. To have access at any reasonable hour to a telephone where he or she may speak privately." That statement alone is up for interpretation. Who's to say "reasonable hour" means the same to everyone	Providers/Provider Orgs	Email	A	03-Feb-15	A self-assessment companion document is available for providers to use when completing the self-assessment.
Fear is that many of these issues will be loosely defined and not uniformly practiced across providers	Providers/Provider Orgs	Email	A	03-Feb-15	A self-assessment companion document is available for providers to use when completing the self-assessment. DHHS will provide guidance, training, education and serve as a resource throughout the transition process and to ensure compliance with and understanding of the HCBS rule.
We do not have the funding to make a lot of things possible.	Providers/Provider Orgs	Email	C	03-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
Staffing ratios not enough to safely implement individualized community integration at the level proposed	Providers/Provider Orgs	Email	C	03-Feb-15	The Innovations Waiver has an array of services that can be used to promote inclusion.
View of I/DD - It is a life long disability (not medical model)	Providers/Provider Orgs	Email	C	03-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
Individuals are forced into a group setting because someone decided they needed less supports based on their goal progression	Providers/Provider Orgs	Email	A	03-Feb-15	Day Supports is offered as a group or individual service. Group size can vary depending on need. The service authorization should be based on the need for the individual as outlined in the person-centered plan.
Some [people with disabilities] want to hold jobs in the community but can't.	Providers/Provider Orgs	Session Attendees	C	03-Feb-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life.
Some people [with disabilities] choose not to be in the community	Providers/Provider Orgs	Session Attendees	C	03-Feb-15	The person-centered process should be used to identify to supports and services the individual needs and wants to live his/her life.
The state should keep a waitlist for people on the Innovations Waiver who want to live in group homes.	Providers/Provider Orgs	Session Attendees	C	03-Feb-15	If an individual with Innovations waiver funding wants to reside in a group home, this should be discussed during the person-centered planning process. If there is not an availability within the provider network, the LME-MCO should be working towards expanding that service.
The regulation that a person can only use MFP funding to move into a residential placement with 4 beds (or fewer) is a barrier	Providers/Provider Orgs	Session Attendees	C	03-Feb-15	Refer to http://www.ncdhhs.gov/dma/MoneyFollows/index.htm for additional information on MFP.
Not every person [with a disability] has to make minimum wage.	Providers/Provider Orgs	Session Attendees	C	03-Feb-15	An individual receiving HCBS services must do so in a setting that is integrated in and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings. An individual not receiving minimum wage on the job is not in competitive employment.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Not every person [with a disability] has to make minimum wage.	Stakeholders	Session Attendees	C	03-Feb-15	An individual receiving HCBS services must do so in a setting that is integrated in and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings. An individual not receiving minimum wage on the job is not in competitive employment.
Need to consider vehicle/home modifications and transportation to access community	Stakeholders	Session Attendees	C	03-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
Access to OTC medications (i.e.: Tylenol) shouldn't require a prescription	Stakeholders	Session Attendees	C	03-Feb-15	A systemic review of all regulatory authority is occurring as a part of this process.
Medicaid spend down to meet deductible negatively impacts a person's ability to participate in the community or secure housing	Stakeholders	Session Attendees	C	03-Feb-15	Spend downs are an eligibility issue that is based on Federal Rules. This is an issue outside of the scope of this transition plan.
There is a gap in the rule regarding people who have trouble expressing their own needs	Stakeholders	Session Attendees	C	03-Feb-15	The person-centered process must be used to identify the supports and services the individual needs/wants in his/her life.
In residential settings, there is a gap between parent's freedom and individual with disability's freedom	Stakeholders	Session Attendees	C	03-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Jobs need to be developed so people with disabilities have the opportunity to work in the community	Providers/Provider Orgs	Session Attendees	A	03-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
Ensure rules, regulations, and service definitions are person-centered	Providers/Provider Orgs	Session Attendees	C	03-Feb-15	A systemic review of all regulatory authority is occurring as a part of this process.
Cost reporting (from providers) should be used to set reimbursement rates	Providers/Provider Orgs	Session Attendees	C	03-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
Ensure capitation rate considers geography/cost of living	Providers/Provider Orgs	Session Attendees	C	03-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
HCBS plan should incorporate established best practices, such as for people with Autism	Providers/Provider Orgs	Session Attendees	C	03-Feb-15	DHHS understands that there is a difference in areas as well as individualized needs across the state and is considering all feedback/information in setting up the self-assessment pilot and subsequent self-assessment. However, the rule is applicable statewide.
Look at rural and urban populations	Stakeholders	Session Attendees	C	03-Feb-15	DHHS understands that there is a difference in areas as well as individualized needs across the state and is considering all feedback/information in setting up the self-assessment pilot and subsequent self-assessment. However, the rule is applicable statewide.
Need points of knowledge/community education (integrate across systems)	Stakeholders	Session Attendees	A	03-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Revise Care Coordination to be more intensive	Stakeholders	Session Attendees	C	03-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
PCP needs to get back to being person-centered	Stakeholders	Session Attendees	A	03-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
PCP needs to get back to being person-centered	Providers/Provider Orgs	Session Attendees	A	03-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Daily rates or unit rates, regulations/redundancy, "group" definitions, and too many audits/surveys decrease person centeredness	Providers/Provider Orgs	Session Attendees	C	03-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
Don't rely on reverse integration at segregated day programs	Providers/Provider Orgs	Session Attendees	A	03-Feb-15	An individual receiving HCBS services must do so in a setting that is integrated in and supports full access to the greater community.
Those served need to be part of the DSP selection	Stakeholders	Session Attendees	A	03-Feb-15	Individuals should be as involved as they can be with choosing their staff from qualified individuals.
Some people [with disabilities] need or want a more structured setting	Providers/Provider Orgs	Session Attendees	A	03-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Transportation is a barrier to community inclusion	Providers/Provider Orgs	Session Attendees	C	03-Feb-15	This is a larger systems issue, and is being considered by the Department.
DSP turnover is too high	Providers/Provider Orgs	Session Attendees	C	03-Feb-15	This is a larger systems issue, and is being considered by the Department.
Need to pay DSP's more to reduce turnover and have better qualifications for staff	Providers/Provider Orgs	Session Attendees	C	03-Feb-15	This is a larger systems issue, and is being considered by the Department.
Need to pay DSP's more to reduce turnover and have better qualifications for staff	Stakeholders	Session Attendees	C	03-Feb-15	This is a larger systems issue, and is being considered by the Department.
Community Networking increases integration	Stakeholders	Session Attendees	A	03-Feb-15	That is the intent of the Community Networking definition.
Supported Employment has too much bureaucracy tied to it	Stakeholders	Session Attendees	A	03-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
Someone who lives in a group home should be able to chose to stay home with their parents	Stakeholders	Session Attendees	A	03-Feb-15	The person -centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Day definition of "group" contradicts community integration	Providers/Provider Orgs	Session Attendees	C	03-Feb-15	Day Supports is offered as a group or individual service. Two individuals can be a 'group'.
Service definitions have too little flexibility to be person-centered	Providers/Provider Orgs	Session Attendees	C	03-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
Too many differences between LME-MCOs	Stakeholders	Session Attendees	A	03-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process and to ensure compliance with and understanding of the HCBS rule, and to facilitate consistency of the LME-MCOs and Local Lead Agencies.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Age in a group home -- can't stay in all day because of the way it is funded	Stakeholders	Session Attendees	A	03-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
Group homes aren't for everyone	Stakeholders	Session Attendees	A	03-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
HOMELIKE -- definition of "homelike" involves restrictions to some degree...anyone living with a family cannot go wherever they want whenever they want, nor can anyone in a homelike setting, so expectations should be set according to "homelike"	Stakeholders	Session Attendees	A	03-Feb-15	There are parameters around the choices we are all able to make and this should be taken into consideration.
INTERNET -- need protective layer for many people, it's a double-edged sword; need it as a way to socialize IF it is what the individual wants/needs	Stakeholders	Session Attendees	A	03-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life. If modification to conditions in the HCBS rule are needed for an individual, the need must be documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H).
EMPLOYMENT--infuse funding and access for technology and appropriate use for it	Stakeholders	Session Attendees	A	03-Feb-15	This is a larger systems issue, and is being considered by the Department.
Segregated work -some are completely independent when they are completely segregated and are quite successful; in other settings they might not be independent and successful	Stakeholders	Session Attendees	A	03-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life. The expectation is that the individual will have the most integrated setting possible.
Traditional supported employment he is not as independent; happier at segregated work as well; don't take away	Stakeholders	Session Attendees	A	03-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
May see peers as other people with disabilities, results in true reciprocal friendship, should be able to choose to be with people with disabilities; some may enjoy being with others with disabilities	Stakeholders	Session Attendees	A	03-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
COMMUNITY INTEGRATION -not just the people, but the settings; maybe people with disabilities could go to integrated settings together when they want to	Stakeholders	Session Attendees	A	03-Feb-15	Individuals should be able to access the community and spend time with people of their choosing.
Don't have LME-MCOs handle medical because they can't provide services as it is now	Stakeholders	Session Attendees	C	03-Feb-15	This is outside of the scope of the HCBS rule and will be communicated to the appropriate parties.
Plans are written to drive services and support	Stakeholders	Session Attendees	C	03-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
CHOICE with NC START	Stakeholders	Session Attendees	C	03-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
Issues getting supports out to their house; too many providers coming through (CAP-C); CNA turnover is high	Stakeholders	Session Attendees	C	03-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Nurses on quarterly basis are not really quality or useful, just a "checkmark", nothing meaningful happens, waste of service	Stakeholders	Session Attendees	A	03-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life. Specific waiver change suggestions/concerns have been sent to the appropriate waiver staff within DMA.
Why do you always have to show progress? Rather see how we support him at a decent rate to achieve what he wants and maintain the goals that were achieved?	Stakeholders	Session Attendees	C	03-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
Decrease documentation for providers	Stakeholders	Session Attendees	A	03-Feb-15	DHHS is considering ways to decrease and streamline the paperwork and reporting burdens on providers and LME-MCOs/Local Lead Agencies.
HEALTHCARE SUPPORT--transportation to appointments when independent isn't supported; under case management, a case manager could go to the appointment, none of paid support can take him to a health appointment; ensure the support integrates healthcare	Stakeholders	Session Attendees	C	03-Feb-15	Transportation is a larger systems issue, and is being considered by the Department.
People who need to administer things and support for people who have medical conditions need clinical training in the conditions	Stakeholders	Session Attendees	A	03-Feb-15	Staff should be trained in regard to the specific needs of the individual.
Can't use waiver dollars for tuition-based summer program, so can't do it and instead did leisure activities, but the program could have given him skills	Stakeholders	Session Attendees	A	03-Feb-15	Community Networking can be utilized for integrated classes and the cost of the class.
Self-direction isn't accessible for self-advocates and not really realistic for families with multiple jobs	Stakeholders	Session Attendees	C	03-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
Ensure coverage so parents can work; ensure it's full-day coverage because parents still need to work and their children still need coverage and a meaningful day; regardless of natural support; more meaningful day results in more inclusion itself	Stakeholders	Session Attendees	A	03-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
QUALITY OF DSP--paid too too little; in rural areas it is more difficult to find good staff that will stay	Stakeholders	Session Attendees	C	03-Feb-15	This is a larger systems issue, and is being considered by the Department.
There is no real, good crisis for I/DD	Stakeholders	Session Attendees	C	03-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
CAP-C -- parent is still really the case manager	Stakeholders	Session Attendees	C	03-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
Staffing is a major issue (across all waivers)	Stakeholders	Session Attendees	C	03-Feb-15	This is a larger systems issue, and is being considered by the Department.
Focus on quality and high expectations; capacity for service providers; too much turnover, lots of reasonable services aren't available	Stakeholders	Session Attendees	C	03-Feb-15	This is a larger systems issue, and is being considered by the Department.
Too process driven and miss the point of the outcome	Stakeholders	Session Attendees	A	03-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Both the plan and the action need to be person-centered	Stakeholders	Session Attendees	A	03-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
NEED TO EDUCATE AND PUBLICIZE BETTER supports that are available	Stakeholders	Session Attendees	A	03-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Improve the inclusiveness and choice in the system call one place; go-to person for any situation who knows the person and can offer options	Stakeholders	Session Attendees	C	03-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
Care Coordination pushes papers and adds nothing to consumers' lives; community guide is doing more to replace case management; have case manager work to navigate the medical services too and NEEDS to be independent of the payer	Stakeholders	Session Attendees	C	03-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
Stronger oversight of MCOs and make everyone play by the same rules; need consistency	Stakeholders	Session Attendees	C	03-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process and to ensure compliance with and understanding of the HCBS rule, and to facilitate consistency of the LME-MCOs and Local Lead Agencies.
Start VR as soon as they turn 16	Stakeholders	Session Attendees	C	03-Feb-15	This feedback will be shared with VR.
SUPPORTED EMPLOYMENT: should be available as soon as they can legally work (16)	stakeholders	Session Attendees	C	03-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
CAP/C Waiver changes	Providers/Provider Orgs	Email	C	04-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
Are there any local governments that can emphasize the goal that trying to achieve disabled people as integrated part of the community? Could this be worked toward since the rules are coming from the federal government?	Stakeholders	Email	A	05-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
CAP/C annual consumer feedback - e-mail an online survey link to consumers so that those who have access to and prefer to complete the survey online have the option to do so, as well as a better formatted paper survey	Stakeholders	Email	C	05-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
CAP-C there is no uniform requirements in terms of training or documentation for nurse/CNA services, only guidelines provided by the Board of Nursing, nor are there any forms provided by the State for either supervising nurses, case managers, etc.	Stakeholders	Email	C	05-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
CAP/C NC Board of Nursing provides sample modules on their website, but these training modules are not required.	Stakeholders	Email	C	05-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
CAP/C high rates of turn-over	Stakeholders	Email	C	05-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
CAP-C conduct a feasibility study for the capacity to have community-based service areas such as after-school programs, summer camps, etc. for school-age children outside of home and school	Stakeholders	Email	C	05-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
Please stop hurting the kids, the adults and the families who are doing their very best	Stakeholders	Email	C	09-Feb-15	The HCBS regulations were established by the Centers for Medicaid and Medicare Services (CMS) to allow individuals a choice to access services in community settings.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Provider-owned or controlled Home and Community -based residential setting - "requirements" are ludicrous. It shows a frightening lack of understanding regarding the recipients that this NC government is servicing	Stakeholders	Email	C	09-Feb-15	The Centers for Medicare & Medicaid Services (CMS) published a final rule for Medicaid Home and Community Based Services effective March 17, 2014. The state is required to submit a transition plan that outlines how the state will come into compliance with the rule.
Start Day Services (per the definition) from somewhere other than "facility"	Stakeholders	Session Attendees	A	09-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
Need medical staff available for those (PWD) who need it	Stakeholders	Session Attendees	A	09-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life and should include training needed by staff.
Staff need training (especially at ADVPs)	Stakeholders	Session Attendees	A	09-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life and should include training needed by staff.
Better staff training	Stakeholders	Session Attendees	A	09-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life and should include training needed by staff.
It's working well that CAP has RNs to help with meds, vitals, inservice, and emergencies.	Stakeholders	Session Attendees	A	09-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
Day Support helps people feel safe: they go into the community as part of their day	Stakeholders	Session Attendees	A	09-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
True integration starts in school	Stakeholders	Session Attendees	C	09-Feb-15	This is a larger systems issue being considered by the Department, but will involve other agencies such as the Department of Public Instruction.
Need support for caregivers	Stakeholders	Session Attendees	A	09-Feb-15	The Innovations Waiver has an array of services that can be used to support caregivers.
Not enough jobs in the community, so a lot of people need something to make their day/life meaningful	Stakeholders	Session Attendees	C	09-Feb-15	This is a larger systems issue, and is being considered by the Department.
Need more services for non-waiver recipients	Stakeholders	Session Attendees	C	09-Feb-15	This is a larger systems issue, and is being considered by the Department.
Meaningful day is a need	Stakeholders	Session Attendees	A	09-Feb-15	The Innovations Waiver has an array of services that can be used to promote inclusion and meaningful day.
Too few community and day opportunities	Stakeholders	Session Attendees	A	09-Feb-15	The Innovations Waiver has an array of services that can be used to promote inclusion.
Great program - Look at existing programs like the Enrichment Center in the Triad	Stakeholders	Session Attendees	C	09-Feb-15	All settings where HCBS services are provided must be in compliance with all characteristics in the Final Rule..
Get organized to find funding for programs like the Enrichment Center	Stakeholders	Session Attendees	C	09-Feb-15	All settings where HCBS services are provided must be in compliance with all characteristics in the Final Rule.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Partner with LME-MCO and community to build community facilities	Stakeholders	Session Attendees	A	09-Feb-15	Conversations with appropriate agencies and other stakeholders will occur.
Make human services participation college (or even high school) requirement to decrease stigma	Stakeholders	Session Attendees	C	09-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
Think tank about integrating what we already have	Stakeholders	Session Attendees	A	09-Feb-15	Conversations with appropriate agencies and other stakeholders will occur,
Conduct an anti-stigma campaign - literature, awareness, advocacy, marketing	Stakeholders	Session Attendees	C	09-Feb-15	This is a larger systems issue, and is being considered by the Department
Employment shortage - no jobs can lead to losing supported employment service	Stakeholders	Session Attendees	C	09-Feb-15	This is a larger systems issue, and is being considered by the Department
Educate employers on what pwd can do, why they should invest in hiring a person with a disability, reassure, decrease fear/anxiety	Stakeholders	Session Attendees	C	09-Feb-15	This is a larger systems issue, and is being considered by the Department
Create tax incentives (state) for employer	Stakeholders	Session Attendees	C	09-Feb-15	This is a larger systems issue, and is being considered by the Department
Conduct individual assessments	Stakeholders	Session Attendees	A	09-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
A person doesn't have a choice if living situation is based on diagnosis	Stakeholders	Session Attendees	A	09-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Some people choose group homes.	Stakeholders	Session Attendees	A	09-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life. This includes the living arrangement the individual chooses.
Enhance day program with choices - more programs	Stakeholders	Session Attendees	A	09-Feb-15	Day supports will continue to be a service offered under the Innovations Waiver.
Need more choices across entire continuum	Stakeholders	Session Attendees	A	09-Feb-15	The Innovations Waiver has an array of services that can be used to promote inclusion.
Services cannot be all or nothing	Stakeholders	Session Attendees	A	09-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
If [person with disability] choose to live together, they can. If they want more integration, they can live more integrated	Stakeholders	Session Attendees	C	09-Feb-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life. This includes the living arrangement the individual chooses.
Community Networking definition is a barrier to integration - don't phase out	Stakeholders	Session Attendees	A	09-Feb-15	Community Networking can be utilized for integrated classes and the cost of the class. There are no plans to remove this definition.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Help people connect with other people	Stakeholders	Session Attendees	A	09-Feb-15	The Innovations waiver has an array of services that can be used to promote inclusion.
Help with social connections	Stakeholders	Session Attendees	A	09-Feb-15	The Innovations Waiver has an array of services that can be used to promote inclusion.
Day Program - could get people more involved in the program if that's what they want (not just what's available)	Stakeholders	Session Attendees	A	09-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
People at one day program meet monthly to discuss what they want	Stakeholders	Session Attendees	C	09-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
One barrier is the community/employer is not ready to accept individuals with disabilities, so it's hard to find places that are accepting	Stakeholders	Session Attendees	A	09-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
Too much "red tape" to do the job/support people - that is a turn-off to employers	Stakeholders	Session Attendees	A	09-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
Market individuals with disabilities - develop relationships	Stakeholders	Session Attendees	A	09-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
More partnering with parks and rec departments	Stakeholders	Session Attendees	A	09-Feb-15	Conversations with appropriate agencies and other stakeholders will occur.
Turnover rate is high, quality is low; want more than glorified babysitting	Stakeholders	Session Attendees	A	09-Feb-15	This is a larger systems issue, and is being considered by the Department.
Need more sophisticated support who can help handle the behaviors	Stakeholders	Session Attendees	C	09-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
Staff often students with no experience	Stakeholders	Session Attendees	A	09-Feb-15	Staff must be trained specific to the needs of the individual.
Quality of Life: the child comes first; ensure both parent and child have good quality of life	Stakeholders	Session Attendees	A	09-Feb-15	The person-centered process should be used to identify to support and services the individual needs and wants to live his/her life.
Parents committed to raising their kids; they should be prioritized to keep the kids at home; when adult; look at the care that goes on; consider natural support structure, individual needs, parent access to community supports	Stakeholders	Session Attendees	A	09-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
In Community: activities cost too much--SSI barely buys enough food; classes cost a lot;	Stakeholders	Session Attendees	A	09-Feb-15	Community Networking can be utilized for integrated classes and the cost of the class.
Community Access - very few public handicap bathrooms can handle adults with diapers and wheelchairs	Stakeholders	Session Attendees	C	09-Feb-15	This is a larger systems issue, and outside the scope of this transition plan.
Benefit eligibility - Working a little and you make too much money for unemployment, food services	Stakeholders	Session Attendees	C	09-Feb-15	Health Care for Workers with Disabilities is a part of the Innovations Waiver.
Need stability--for some people the least disruption can be detrimental	Stakeholders	Session Attendees	A	09-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
GO TO STORES/EMPLOYERS/SCHOOLS--to provide education and training from people with disabilities	Stakeholders	Session Attendees	A	09-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
MICROENTERPRISE--allows those who cant do 40hrs per week a meaningful day/work	Stakeholders	Session Attendees	C	09-Feb-15	Microenterprise is covered under the definition of Supported Employment under the current Innovations waiver.
Community integration is expensive	Stakeholders	Session Attendees	A	09-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments
STIGMA is a barrier to community integration	Stakeholders	Session Attendees	A	09-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
DSP really need training and something that shows they know what they're doing	Stakeholders	Session Attendees	A	09-Feb-15	Staff should be trained in the specific needs of the individual.
Can't have community integration unless the community is accepting/welcoming/not rejecting.	Stakeholders	Session Attendees	A	09-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
It starts with school system--segregating into separate classrooms that aren't individualized to each person's real abilities and potentials is detrimental: makes kids higher need	Stakeholders	Session Attendees	A	09-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
Need VR transition plans earlier (age 14) but aren't getting them until after 16	Stakeholders	Session Attendees	A	09-Feb-15	This feedback will be shared with VR.
Should have the option to or not to have sheltered workshop	Stakeholders	Session Attendees	A	09-Feb-15	All settings where HCBS services are provided must be in compliance with all characteristics in the Final Rule. The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
People need an option to worship and learn, maybe we need state-supported packages for local communities to set these things up; some kind of stigma-breaking help; need more people in the community willing to help	Stakeholders	Session Attendees	A	09-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
BIG barrier to employment is unwelcoming employers	Stakeholders	Session Attendees	A	09-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
If DSP are supposed to help people get into the community, a barrier would be whether those staff are comfortable going into the community with their clients (being seen with someone, etc.)	Stakeholders	Session Attendees	A	09-Feb-15	Staff should be trained in the specific needs of the individual and are expected to assist individuals in accessing the community.
Individuals being served are worth more than \$8/hour	Stakeholders	Session Attendees	C	09-Feb-15	This is identified as a larger systems issue that is being addressed by the Department.
Need lots of affordable classes on life skills for people to live independently	Stakeholders	Session Attendees	C	09-Feb-15	This is identified as a larger systems issue that is being addressed by the Department.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Group home should be mixed ability, not all high need without the funding needed for quality	Stakeholders	Session Attendees	A	09-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life. This includes the living arrangement the individual chooses.
Need a competitive employment definition	Stakeholders	Session Attendees	A	10-Feb-15	The expectation of Supported Employment under the Innovations Waiver is that employment be competitive or microenterprise.
Need to earn a living wage	Stakeholders	Session Attendees	A	10-Feb-15	The expectation of Supported Employment under the Innovations waiver is that employment be competitive or microenterprise.
Health Care for Workers with Disabilities added to waiver with specific limits and copays needs to be improved	Stakeholders	Session Attendees	C	10-Feb-15	Health Care for Workers with Disabilities is part of the North Carolina Medicaid State Plan.
Need more open dialogue with employers	Stakeholders	Session Attendees	C	10-Feb-15	This is a larger systems issue, and is being considered by the Department.
Tax credit incentives	Stakeholders	Session Attendees	C	10-Feb-15	This is a larger systems issue, and is being considered by the Department.
UM restricts Supported Employment hours because of medical necessity	Stakeholders	Session Attendees	A	10-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
Liability for employers	Stakeholders	Session Attendees	C	10-Feb-15	This is a larger systems issue, and is being considered by the Department.
Need protections for employers	Stakeholders	Session Attendees	C	10-Feb-15	This is a larger systems issue, and is being considered by the Department.
Need MCO standardization of implementation of rule and definition	Stakeholders	Session Attendees	C	10-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule, and to facilitate consistency of the LME-MCOs and Local Lead Agencies.
Amount of money allocated is a problem	Stakeholders	Session Attendees	C	10-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
Sometimes an individual has a job opportunity, but can't get an assessment/referral from VR	Stakeholders	Session Attendees	A	10-Feb-15	This feedback will be shared with VR.
Residential providers held accountable for things outside their control	Stakeholders	Session Attendees	C	10-Feb-15	DHHS will continue to work with stakeholders around the impact of the HCBS rule as this is a collaborative process between multiple entities that provide waiver supports to individuals.
Little choice of jobs	Stakeholders	Session Attendees	C	10-Feb-15	This is a larger systems issue, and is being considered by the Department.
Look at reasonable and common sense solutions	Stakeholders	Session Attendees	A	10-Feb-15	There are parameters around the choices we are all able to make and this should be taken into consideration.
People are isolated due to lack of support	Stakeholders	Session Attendees	A	10-Feb-15	The Innovations Waiver has an array of services that can be used to promote inclusion.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Wheelchairs are a barrier to community access	Stakeholders	Session Attendees	A	10-Feb-15	ADA requires physical accessibility for all persons.
Transportation is an issue	Stakeholders	Session Attendees	A	10-Feb-15	This is a larger systems issue, and is being considered by the Department.
Community accessibility is an issue	Stakeholders	Session Attendees	A	10-Feb-15	Community Networking is a service within the waiver than can be utilized to promote community access.
Rate setting - direct and indirect costs will shift	Stakeholders	Session Attendees	C	10-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
Provider's voices are not being heard	Stakeholders	Session Attendees	A	10-Feb-15	NC will continue to listen and take public feedback throughout the transition process. The HCBSTransPlan@dhhs.nc.gov email account will be available for feedback submission as will other mediums.
Need more training for Care Coordinators on resources	Stakeholders	Session Attendees	C	10-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Getting approved as a provider is an issue	Stakeholders	Session Attendees	C	10-Feb-15	Individuals have choice of provider within the parameters of the waivers. The (b) waiver allows for the closing of the provider network. MCO needs to ensure adequate choice.
Need client-specific contracts	Stakeholders	Session Attendees	C	10-Feb-15	The person-centered process should be used to identify the supports and services the individuals needs and wants to live his/her life. If modification to conditions in the HCBS rule are needed for an individual, the need must be documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H).
Providers are having trouble building programs because MCO's are not involved in local communities	Stakeholders	Session Attendees	C	10-Feb-15	Individuals have choice of provider within the parameters of the waivers. The (b) waiver allows for the closing of the provider network. MCO needs to ensure adequate choice.
There are unintended consequences to changes	Stakeholders	Session Attendees	A	10-Feb-15	DHHS will continue to work with stakeholders around the impact of the HCBS rule.
Qualified providers are hard to find	Stakeholders	Session Attendees	A	10-Feb-15	Individuals have choice of provider within the parameters of the waivers. The (b) waiver allows for the closing of the provider network. MCO needs to ensure adequate choice.
Public needs to be educated	Stakeholders	Session Attendees	A	10-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding the HCBS rule.
Additional funding is needed	Stakeholders	Session Attendees	C	10-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
People need support to find careers, not just jobs	Stakeholders	Session Attendees	A	10-Feb-15	The person-centered process should be used to identify supports and services the individual needs and wants to live his/her life. This includes employment and career opportunities.
Fragileness of system is an issue	Stakeholders	Session Attendees	A	10-Feb-15	DHHS will continue to work collaboratively with beneficiaries/stakeholders/providers/LME-MCOs and Local Lead Agencies to address/manage issues/concerns around the implementation of the HCBS rule.
Too much change - stabilize the system	Stakeholders	Session Attendees	A	10-Feb-15	DHHS will continue to work collaboratively with beneficiaries/stakeholders/providers/LME-MCOs and Local Lead Agencies to address/manage issues/concerns around the implementation of the HCBS rule.
Need to promote informed choice	Stakeholders	Session Attendees	A	10-Feb-15	Informed choice is necessary for people to have the lives that they want.
Self-direction is important	Stakeholders	Session Attendees	A	10-Feb-15	DHHS agrees.
Transportation needs	Stakeholders	Session Attendees	A	10-Feb-15	This is a larger systems issue, and is being considered by the Department.
Expanded pay raise and education	Stakeholders	Session Attendees	A	10-Feb-15	This information has been shared with the Innovations Waiver Stakeholder Group.
Need to incentivize	Stakeholders	Session Attendees	A	10-Feb-15	Under the 1915(b) waiver, MCOs have the ability to provide incentives in service rates.
Too many changes	Stakeholders	Session Attendees	A	10-Feb-15	DHHS will continue to work collaboratively with beneficiaries/stakeholders/providers/LME-MCOs and Local Lead Agencies to address/manage issues/concerns around the implementation of the HCBS rule.
Cap C clients almost no provider lists for home health in Winston Salem	Stakeholders	Session Attendees	C	10-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
LME-MCO denial of services and opportunities for integration	Stakeholders	Email	A	11-Feb-15	The Innovations Waiver has an array of services that can be used to promote inclusion. The service authorization should be based on the need for the individual as outlined in the person-centered plan.
Provider capacity is an issue	Stakeholders	Email	C	11-Feb-15	Individuals have choice of provider within the parameters of the waivers. The (b) waiver allows for the closing of the provider network. MCO needs to ensure adequate choice.
General waiver suggestions	Stakeholders	Email	C	11-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
VR - difficulties getting full-time employment - bypass VR rule-out	Stakeholders	Session Attendees	C	11-Feb-15	The Innovations Waiver is unable to duplicate services that are the responsibility of VR per Federal Rule.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Need meaningful employment	Stakeholders	Session Attendees	A	11-Feb-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life. This includes employment and career opportunities.
Families have the right to say no to placement if not the right situation	Stakeholders	Session Attendees	A	11-Feb-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life. This includes the choice of where someone lives.
Need to avoid cookie-cutter approach	Stakeholders	Session Attendees	A	11-Feb-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life.
Need to improve quality of sheltered workshops	Stakeholders	Session Attendees	A	11-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Not all individuals are employable	Stakeholders	Session Attendees	C	11-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Limited choice - need full array to choose from	Stakeholders	Session Attendees	A	11-Feb-15	The Innovations Waiver has an array of services that can be used to promote inclusion.
Barrier to inclusion is that students graduate from self-contained classes	Stakeholders	Session Attendees	A	11-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
Need dignified options	Stakeholders	Session Attendees	A	11-Feb-15	The Innovations Waiver has an array of services that can be used to promote inclusion.
Need something in plan to expand choice	Stakeholders	Session Attendees	A	11-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Need pilot programs	Stakeholders	Session Attendees	C	11-Feb-15	It is unclear as to the nature of the program being referenced.
What are the expectations of the business community?	Stakeholders	Session Attendees	A	11-Feb-15	The business community will need to be provided with education on the benefits of Supported Employment with the desired outcome being more job opportunities for individuals receiving waiver supports.
Increase supported employment providers	Stakeholders	Session Attendees	A	11-Feb-15	Individuals have choice of provider within the parameters of the waivers. The (b) waiver allows for the closing of the provider network. MCO needs to ensure adequate choice.
Fund different activities	Stakeholders	Session Attendees	A	11-Feb-15	The Innovations Waiver has an array of services that can be used to promote inclusion.
Community Networking needs to be long term	Stakeholders	Session Attendees	C	11-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
Long term follow along is a need	Stakeholders	Session Attendees	C	11-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Transition out of high school needs more emphasis	Stakeholders	Session Attendees	A	11-Feb-15	This is a larger system issue, and is being considered by the Department. However, education around this identified need will occur specific to the plan.
Need to have realistic expectations when analyzing progress	Stakeholders	Session Attendees	A	11-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
Look at rates	Stakeholders	Session Attendees	C	11-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
Habilitative services in a rehabilitation model/approach is an issue	Stakeholders	Session Attendees	C	11-Feb-15	This information has been shared with the Innovations Waiver Stakeholder Group.
More expectations on providers with decreased resources is an issue	Stakeholders	Session Attendees	C	11-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
The State needs to provide more training to providers	Stakeholders	Session Attendees	A	11-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Day programs are essential	Stakeholders	Session Attendees	A	11-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
Day supports in a group setting creates a problem with choice (individual vs. group)	Stakeholders	Session Attendees	C	11-Feb-15	Day Supports is offered as a group or individual service. Two individuals can be a 'group'.
Herding individuals into same activities is an issue	Stakeholders	Session Attendees	C	11-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Choice needs to be reasonable	Stakeholders	Session Attendees	A	11-Feb-15	There are parameters around the choices we are all able to make and this should be taken into consideration.
Licensure rule requirements need to be looked at	Stakeholders	Session Attendees	A	11-Feb-15	A systemic review of all regulatory authority is occurring, and this identified need will be taken under advisement.
Need to align service definitions with changes	Stakeholders	Session Attendees	A	11-Feb-15	Waiver changes will be made as needed to ensure that HCBS Rule can be met.
Day supports - 1 to 4 or 1 to 5 is authorized for funding reasons when someone really needs a 1 on 1	Stakeholders	Session Attendees	A	11-Feb-15	Day Supports is offered as a group or individual service. Group size can vary depending on need.
1 on 1 not being authorized even when needed	Stakeholders	Session Attendees	A	11-Feb-15	The service authorization should be based on the need for the individual as outlined in the person centered plan.
AFL's are working	Stakeholders	Session Attendees	A	11-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life. This includes the living arrangement the individual chooses.
AFLs need respite	Stakeholders	Session Attendees	C	11-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
3 bed limit creates financial constraints	Stakeholders	Session Attendees	A	11-Feb-15	The bed limit is being reviewed.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Increase limit to 4 beds	Stakeholders	Session Attendees	A	11-Feb-15	The bed limit is being reviewed.
Health and safety comes first - help educate individuals	Stakeholders	Session Attendees	A	11-Feb-15	DHHS agrees to the importance of health and safety.
Plans need to work for the person and the provider needs to be able to implement the plan	Stakeholders	Session Attendees	A	11-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Communicate with and educate parents on options	Stakeholders	Session Attendees	A	11-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with the HCBS rule.
State should do the assessment of MCO's	Stakeholders	Session Attendees	C	11-Feb-15	DHHS is finalizing the LME-MCO assessment process.
Inconsistencies in how group homes staff 1 on 1 workers for individuals on the Innovations waiver	Stakeholders	Session Attendees	A	11-Feb-15	Staffing and support should be based on the needs of the individuals being supported, and must meet regulatory authority.
Accountability/monitoring changes led to decreased service quality	Stakeholders	Session Attendees	A	11-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Access to services is a problem	Stakeholders	Session Attendees	A	11-Feb-15	Individuals have choice of provider within the parameters of the waivers. The (b) waiver allows for the closing of the provider network. MCO needs to ensure adequate choice.
Person-centered planning is not done	Stakeholders	Session Attendees	C	11-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Essential to have options some people need some people don't.	Stakeholders	Session Attendees	A	11-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
LME-MCOs are pushing group day supports instead of individual day supports. Which seems direct in conflict with regs	Stakeholders	Session Attendees	A	11-Feb-15	Day Supports is offered as a group or individual service. Group size can vary depending on need. The service authorization should be based on the need for the individual as outlined in the person centered plan.
Qualified staff are more difficult to find at 8 or 9 dollars an hour.	Stakeholders	Session Attendees	C	11-Feb-15	This information has been shared with the Innovations Waiver Stakeholder Group.
Look at using the housing first model	Stakeholders	Session Attendees	C	11-Feb-15	DHHS agrees that housing is vital to ensuring the type of life an individual wants.
Make sure people's rights in group homes are protected	Stakeholders	Session Attendees	A	11-Feb-15	Individuals rights of privacy, dignity, respect, and freedom must be ensured.
Need enough staff in group living situations so that each person can choose their own schedule	Stakeholders	Session Attendees	A	11-Feb-15	Staffing and support should be based on the needs of the individuals being supported. Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Group home residents need protections from eviction	Stakeholders	Session Attendees	A	11-Feb-15	The HCBS rule addresses the right of individual to have protection from being evicted from their living situation. The state is seeking clarifying information specific to this characteristic.
Impartial advocates need to be involved in the individual experience surveys	Stakeholders	Session Attendees	A	11-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process. Individuals who need assistance in completing the survey should have that assistance provided by someone other than their staff.
Providers and people with disabilities need education	Stakeholders	Session Attendees	A	11-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
People need to be able to express their right to live independently (somewhere other than a group home)	Stakeholders	Session Attendees	A	11-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life. This includes the living arrangement the individual chooses.
People getting services need to know how to file a grievance/make a complaint	Stakeholders	Session Attendees	A	11-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Use the ADA and HCBS efforts to inform how money is spent for infrastructure upgrades across the state	Stakeholders	Session Attendees	C	11-Feb-15	This is a larger systems issue, and is being considered by the Department.
Transportation is a barrier	Stakeholders	Session Attendees	C	11-Feb-15	This is a larger systems issue, and is being considered by the Department.
Staff need to be educated on consumer rights	Stakeholders	Session Attendees	A	11-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Families and consumers should have the ability to rate providers, such as a star rating	Stakeholders	Session Attendees	A	11-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
Staff in group homes should only help residents with tasks when needed - not do things for them out of convenience	Stakeholders	Session Attendees	A	11-Feb-15	Support should be based on the needs of the individual.
Group home staff need better training in behavior management	Stakeholders	Session Attendees	A	11-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process and to ensure compliance with and understanding of the HCBS rule.
Additional funding may be needed to assure choice	Stakeholders	Session Attendees	C	11-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
People with disabilities need skills training to match workforce need	Stakeholders	Session Attendees	A	11-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life including the training needed to pursue the employment of their choice.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Employment - explore vendor based models	Stakeholders	Session Attendees	C	11-Feb-15	This information has been shared with the Innovations Waiver Stakeholder Group.
Explore microenterprise	Stakeholders	Session Attendees	A	11-Feb-15	Microenterprise is covered under the definition of Supported Employment under the current Innovations Waiver.
Need trained, quality job coaches	Stakeholders	Session Attendees	A	11-Feb-15	Staff should be trained in the specific needs of the individual.
Must recognize that people with disabilities have a large range of adaptive skills	Stakeholders	Session Attendees	A	11-Feb-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life as well as the unique skills and talents of each individual.
People should be able to chose to work, or not work if they are not ready	Stakeholders	Session Attendees	A	11-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life
Sheltered workshops should be closed, ensuring there are quality alternatives	Stakeholders	Session Attendees	C	11-Feb-15	Day programs will continue as part of the service array at this time, but will involve other agencies such as the Department of Public Instruction.
Need to prepare people during school years to be ready for the real world	Stakeholders	Session Attendees	A	11-Feb-15	This is a larger systems issue and is being considered by the Department, but will involve other agencies such as the Department of Public Instruction.
Need to make sure there are safe alternatives to ADVPs	Stakeholders	Session Attendees	A	11-Feb-15	The Innovations waiver has an array of services that can be used to promote inclusion.
Need to educate employers on the benefits of an I/DD worker	Stakeholders	Session Attendees	A	11-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Faith-based organizations need training to give people dignity of risk	Stakeholders	Session Attendees	A	11-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Need more housing options	Stakeholders	Session Attendees	A	11-Feb-15	This is a larger systems issue, and is being considered by the Department.
Need to educate guardians on promoting choice	Stakeholders	Session Attendees	A	11-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Providers need better ethics training	Stakeholders	Session Attendees	A	11-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process and to ensure compliance with and understanding of the HCBS rule.
People want a home, not "home-like" setting	Stakeholders	Session Attendees	A	11-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life. This includes the living arrangement the individual chooses.
Need to communicate more with local communities	Stakeholders	Session Attendees	A	11-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Discrimination against truly medically fragile	Stakeholders	Session Attendees	C	12-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life regardless of disability.
Need to remember the small segment (11 in Western, 25-30 in SMC) who have really high needs and supported employment is the least of it, PCS is really what they need	Stakeholders	Session Attendees	A	12-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Case management is critical	Stakeholders	Session Attendees	C	12-Feb-15	Care Coordination is provided by the LME-MCO. Community Guide is also a service under the Innovations Waiver that can be used to support individuals in accessing community resources. The Innovations Waiver Stakeholder Group is looking at this issue.
ISP is supposed to be PCP, but they're not	Stakeholders	Session Attendees	C	12-Feb-15	This information has been shared with the Innovations Waiver Stakeholder Group.
There is too little oversight by the state	Stakeholders	Session Attendees	A	12-Feb-15	Additional language has been added to the transition plan.
Service definition doesn't allow individual to serve someone in their home	Stakeholders	Session Attendees	C	12-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
Just don't pay enough money	Stakeholders	Session Attendees	C	12-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
Provider network capacity is an issue	Stakeholders	Session Attendees	C	12-Feb-15	Individuals have choice of provider within the parameters of the waivers. The (b) waiver allows for the closing of the provider network. LME/MCO/Local Lead Agency needs to ensure adequate choice.
It shouldn't be the responsibility of a parent to train communities and get people to get engaged with the individual receiving services	Stakeholders	Session Attendees	A	12-Feb-15	The Innovations Waiver has an array of services that can be used to promote inclusion.
Microbusiness is great for employment	Stakeholders	Session Attendees	A	12-Feb-15	Microenterprise is covered under the definition of Supported Employment under the current Innovations Waiver.
Bigger agency=less choice	Stakeholders	Session Attendees	A	12-Feb-15	Individuals have choice of provider within the parameters of the waivers. The (b) waiver allows for the closing of the provider network. LME/MCO/Local Lead Agency needs to ensure adequate choice.
AFL setting--small niche providers are good... would like to see more support for AFL	Stakeholders	Session Attendees	A	12-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life. This includes the living arrangement the individual chooses.
Very few jobs available for employment inclusion	Stakeholders	Session Attendees	C	12-Feb-15	This is a larger systems issue, and is being considered by the Department.
Day Facility - being able to stay in day facility - choice	Stakeholders	Session Attendees	A	12-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
If someone is total care, where will they go into the community	Stakeholders	Session Attendees	A	12-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Day programs are a part of our community	Stakeholders	Session Attendees	A	12-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
What's important is that it is meaningful activities	Stakeholders	Session Attendees	A	12-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Can't meet a lot of peoples' needs because of long-term supports; step-down plans are a big problem for I/DD individuals	Stakeholders	Session Attendees	C	12-Feb-15	This information has been shared with the Innovations waiver stakeholder group.
It is difficult to integrate people into the community because of stigma and discrimination	Stakeholders	Session Attendees	A	12-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
Transportation issues	Stakeholders	Session Attendees	C	12-Feb-15	This is a larger systems issue, and is being considered by the Department.
Need more education for staff working for I/DD individuals Asheville	Stakeholders	Session Attendees	A	12-Feb-15	Staff should be trained in the specific needs of the individual.
Use parents as training resources	Stakeholders	Session Attendees	A	12-Feb-15	People who know the individual best are important resources to the planning process.
Have connection in their homelife to the community and go to day supports and/or sheltered workshops for their activities that they enjoy	Stakeholders	Session Attendees	C	12-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
Some can't stand the stimulation of being in the community; it would affect their physical and mental health to go in the community	Stakeholders	Session Attendees	A	12-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver. The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Some people don't like socialization and need the time to themselves	Stakeholders	Session Attendees	A	12-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Supported Employment definition needs flexibility	Stakeholders	Session Attendees	A	12-Feb-15	This has been referred to the Innovations waiver stakeholder group.
More microenterprise and change the definition	Stakeholders	Session Attendees	A	12-Feb-15	Microenterprise is covered under the definition of Supported Employment under the current Innovations Waiver.
Supported Employment staff require 3 years of experience - barrier	Stakeholders	Session Attendees	A	12-Feb-15	It is anticipated that this requirement will be changed in the next amendment to the Innovations Waiver.
Unemployment is too high	Stakeholders	Session Attendees	A	12-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
Microenterprise allows individual talents	Stakeholders	Session Attendees	A	12-Feb-15	Microenterprise is covered under the definition of Supported Employment under the current Innovations Waiver.

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Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Allow people to work for their supported employment provider	Stakeholders	Session Attendees	A	12-Feb-15	This is allowed within the parameters outlined in the Supported Employment definition under the current Innovations Waiver. The job cannot be subsidized by the Supported Employment funds.
Some people see sheltered workshops as their meaningful, safe, engaging job	Stakeholders	Session Attendees	A	12-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life. Day Supports will continue to be a service offered under the Innovations Waiver.
Sheltered workshops and day programs are what some people choose	Stakeholders	Session Attendees	A	12-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver. The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
People feel valued at day programs	Stakeholders	Session Attendees	A	12-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
Some people need group structure	Stakeholders	Session Attendees	A	12-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
Day Program is sometimes the only integration they have:	Stakeholders	Session Attendees	A	12-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
Not possible for some to work in the community	Stakeholders	Session Attendees	A	12-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Community isn't "ready" to receive people with disabilities	Stakeholders	Session Attendees	C	12-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
Not everyone enjoys integration (on both sides)	Stakeholders	Session Attendees	C	12-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Choice is most important	Stakeholders	Session Attendees	A	12-Feb-15	Informed choice is necessary for people to have the lives that they want. The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
People with sex offenses or other deviant behavior have a very hard time getting a job	Stakeholders	Session Attendees	A	12-Feb-15	It is understood that an individual circumstances can impact the ability of an individual to be employed. The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life with consideration given to individual circumstances.
Can't evacuate someone if the door is locked	Stakeholders	Session Attendees	A	12-Feb-15	Health and safety must be ensured for the individuals receiving services.
Must be person-centered and rules don't allow for that	Stakeholders	Session Attendees	A	12-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
With a 6 to 1 ratio, group day supports can't go into the community	Stakeholders	Session Attendees	A	12-Feb-15	Day Supports is offered as a group or individual service. Group size can vary depending on need.

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Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Need to be able to pay staff	Stakeholders	Session Attendees	C	12-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
Need to standardize forms and processes	Stakeholders	Session Attendees	A	12-Feb-15	This information has been shared with the Innovations Waiver Stakeholder Group.
In Supported Employment, co-workers don't see the person as a peer, so to lose day supports is to lose connection to peers	Stakeholders	Session Attendees	A	12-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
People coming to day program from the community is the same thing as community integration	Stakeholders	Session Attendees	C	12-Feb-15	An individual receiving HCBS services must do so in a setting that is integrated in and supports full access to the greater community.
Some day programs evolve to help people develop natural supports	Stakeholders	Session Attendees	C	12-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
It all depends on the individual's desire	Stakeholders	Session Attendees	A	12-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Needs to be a continuum of services - don't remove any parts	Stakeholders	Session Attendees	A	12-Feb-15	The Innovations Waiver has an array of services that can be used to promote inclusion.
Some people participate in both competitive employment and day programs	Stakeholders	Session Attendees	A	12-Feb-15	The Innovations Waiver has an array of services that can be used to promote inclusion.
CAP-C: not enough case management	Stakeholders	Session Attendees	C	12-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
CAP-C: caregiver training/education isn't enough money	Stakeholders	Session Attendees	C	12-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
Those on ventilators with CAP-DA don't have enough support for college or community living	Stakeholders	Session Attendees	C	12-Feb-15	Specific waiver change suggestions have been sent to the appropriate waiver staff within DMA.
Service definitions need to be broader and flexible	Stakeholders	Session Attendees	C	12-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
Transportation is a barrier to getting people into their communities	Stakeholders	Session Attendees	A	12-Feb-15	This is a larger systems issue, and is being considered by the Department.
PCP should be all a person needs with 1 format, meaningful information, integrated with crisis plan, behavior plan, etc.	Stakeholders	Session Attendees	A	12-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
An Individual Support Plan should come from the Person-Centered Plan	Stakeholders	Session Attendees	A	12-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Care Coordinators are employed by the LME this is conflict	Stakeholders	Email	A	13-Feb-15	Care Coordination is provided by the LME-MCO as an administrative function. Community Guide is also a service under the Innovations waiver that can be used to support individuals in accessing community resources. The Innovations Waiver Stakeholder Group is looking at this issue.
Service definitions as they are written now, do not promote the idea of community integration	Providers/Provider Orgs	Email	A	13-Feb-15	Waiver changes will be made as needed to ensure that HCBS Rule can be met.

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Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
MCO's seem intent on pushing people from Individual Day Support to Group Day Support.	Providers/Provider Orgs	Email	A	13-Feb-15	Day Supports is offered as a group or individual service. Group size can vary depending on need. The service authorization should be based on the need for the individual as outlined in the person centered plan.
Adequately fund providers to assist individuals who want to access their communities	Providers/Provider Orgs	Email	C	13-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
State and the MCO's must take a realistic look at what it costs to do that and fund the services accordingly	Providers/Provider Orgs	Email	A	13-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
Monitoring - hope added to some other existing review	Providers/Provider Orgs	Email	A	13-Feb-15	DHHS is considering ways to incorporate the ongoing monitoring for compliance to the HCBS regulation in existing monitoring processes.
Full inclusion is wonderful for many persons with IDD, but not all of them	Stakeholders	Email	C	15-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
NC will not have truly Person-centered Planning as called for in the CMS regs until case management is restored.	Stakeholders	Email	C	16-Feb-15	Care Coordination is provided by the LME/MCO as an administrative function. Community Guide is also a service under the Innovations Waiver that can be used to support individuals in accessing community resources. The Innovations Waiver Stakeholder Group is looking at this issue.
Must ensure that individuals who have significant intellectual challenges (severe and profound) continue to have choice including the choice to attend a day program with their friends	Stakeholders	Email	A	16-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
Ensure that MCOs change their philosophy and operating procedures to meet the HCBS regs	Stakeholders	Email	C	16-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process and to ensure compliance with and understanding of the HCBS rule.
Philosophy and implementation of fading services must change, is a huge barrier to meeting the HCBS regs	Stakeholders	Email	A	16-Feb-15	The Innovations Waiver has an array of services that can be used to promote inclusion.
The intention to move more consumers from individual to group day supports is a barrier	Stakeholders	Email	A	16-Feb-15	Day Supports is offered as a group or individual service. Group size can vary depending on need. The service authorization should be based on the need for the individual as outlined in the person centered plan.
Cannot regulate acceptance of individuals with I/DD into the community	Stakeholders	Email	C	16-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
Ensure there is a continuum of options for individuals across NC so they have some choice over with whom they spend their time.	Stakeholders	Email	A	16-Feb-15	The Innovations Waiver has an array of services that can be used to promote inclusion.
Keep Day programs	Stakeholders	Email	A	17-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
Do not do away with day programs	Stakeholders	Email	A	18-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.

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Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Disabled people out into the "normal" community, it is not realistic	Stakeholders	Email	C	18-Feb-15	The Innovations Waiver has an array of services that can be used to promote inclusion. The rule requires that individuals are provided opportunities to engage in community life.
There is an entire population of people that are not able to integrate into employment, most fall in the category	Stakeholders	Email	C	18-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life including the choice to pursue employment.
This process is setting people up for life of exclusion and isolation.... behavior becoming unmanageable that they must be institutionalized	Stakeholders	Email	C	18-Feb-15	HCBS Rule is to promote inclusion, not exclusion.
Do NOT need less day programs, we need MORE quality day programs	Stakeholders	Email	C	18-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
Refusal to meet these needs served in Day Programs in other ways illustrates the states budget centered, not person centered, thinking	Stakeholders	Email	C	18-Feb-15	The Innovations waiver has an array of services that can be used to promote inclusion.
Day programs give people who can't work a structured place to go everyday	Stakeholders	Email	A	18-Feb-15	Day supports will continue to be a service offered under the Innovations waiver.
Hard to find qualified staff	Stakeholders	Email	A	19-Feb-15	This is a larger system issues, and is being considered by the Department.
Difficult to find good providers and case managers	Stakeholders	Email	C	19-Feb-15	Individuals have choice of provider within the parameters of the waivers. The (b) waiver allows for the closing of the provider network. LME-MCO/Local Lead Agency needs to ensure adequate choice.
If reimbursements rates aren't increased soon how many providers and employees will be able to survive?	Stakeholders	Email	C	19-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
Talk to people and find out what works and what doesn't work.	Stakeholders	Email	A	19-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Can't take day programs away	Stakeholders	Email	A	19-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
Hard for the average reader to understand exactly what is happening	Stakeholders	Email	A	19-Feb-15	There is a person-first version of the transition plan.
Statements in the plans sound dangerous for some of the ID community, locked doors	Stakeholders	Email	C	19-Feb-15	Health and safety must be ensured for the individuals receiving services. Individual restrictions must be outlined in the Person-Centered Plan.
I understand inclusion but it is not for everyone	Stakeholders	Email	A	19-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
No new money to accompany the new standards -when will NC raise reimbursement rates	Providers/Provider Orgs	Email	C	19-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.

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Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Day Program are important	Stakeholders	Email	A	19-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
Day Programs provide a tool for all caregivers to use for the betterment of their clients/child that would otherwise not be available to them. It would be a true crime to take this away from any of them.	Stakeholders	Email	A	19-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
Support the idea of "choice" as long as the person has the ability to also choose facility services	Providers/Provider Orgs	Fax	C	19-Feb-15	Consumers have choice of setting and services.
Integration into the community is easily accomplished when authorized individualized services. It is more complicated when the more cost-effective group services are authorized.	Providers/Provider Orgs	Fax	C	19-Feb-15	Day Supports is offered as a group or individual service. Two individuals can be a 'group'.
Flexibility is how individuals are grouped. Specification of group size in the PCP does not work.	Providers/Provider Orgs	Fax	C	19-Feb-15	Day Supports is offered as a group or individual service. Group size can vary depending on need. The service authorization should be based on the need for the individual as outlined in the person-centered plan.
Day supports services in a facility enable individuals to prepare for community integration opportunities through the developments of skills that will help the individual be successful and accepted while in the community.	Providers/Provider Orgs	Fax	C	19-Feb-15	Day supports will continue to be a service offered under the Innovations Waiver.
The rates do not cover the current requirements for providing Day Support when transportation, National Accreditation, recruitment/hiring cost, training cost are considered.	Providers/Provider Orgs	Fax	C	19-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
Transportation: Many individuals authorized for Day Supports require accessible transportation.	Providers/Provider Orgs	Fax	A	19-Feb-15	This is a larger systems issue, and is being considered by the Department.
This rule will restrict the providers in delivering the most effective care and service to our individuals	Stakeholders	Email	C	20-Feb-15	This rule states that individuals must have full access to the benefit of community living and the opportunity to receive services in the most integrated setting possible. The rule's intent is not to restrict the individual recipients or services providers.
Suggestion is that the ability for those on Innovations waiver to participate in day programs remain in place	Stakeholders	Email	A	20-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
How does the definition for Home/Community Based services/supports apply to Alternative Family Living (AFL) homes?	Providers/Provider Orgs	Email	C	20-Feb-15	The HCBS Regulation is specific to Medicaid HCBS waiver services offered by states.
LME-MCO specific comments about waiver and services	Stakeholders	Email	A	20-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
Current system is antiquated and underfunded, and now I'm required to do more with an already insufficient resource - Can we shift the discussion to updating funding, service definitions, training, and monitoring practices so that I have a chance at being successful	Advocacy Groups	Email	C	20-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.. DHHS is in the process of reviewing and making changes the NC Innovation wavier. DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.

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Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Suggest a video tool be implemented and widely distributed to increase meaningful outreach and comprehension for individuals	Advocacy Groups	Email	A	20-Feb-15	The HCBS webinar will be posted on the DHHS HCBS website (http://www.ncdhhs.gov/hcbs/). DHHS will follow-up on the use of additional technology.
To best meet the new HCBS Standards, plans should be written by certified, experienced, and skilled PCP facilitators.	Advocacy Groups	Email	A	20-Feb-15	Training in person-centered planning is expected for all PCP facilitators.
The existing conflict of interest of a single agency (LME-MCO).....will only intensify in an environment where the PCP plays an enhanced role in service identification and delivery	Advocacy Groups	Email	C	20-Feb-15	Care Coordination is provided by the LME-MCO as an administrative function. Community Guide is also a service under the Innovations waiver that can be used to support individuals in accessing community resources. The Innovations Waiver Stakeholder Group is looking at this issue.
In accordance with the regulations, the state must identify an independent entity to create meaningful, thorough PCPs that touch all aspects of a person's life.	Advocacy Groups	Email	C	20-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
State will need to put processes and training in place to ensure that any denial of rights under the new HCBS guidelines will be regularly reviewed for necessity. Oversight will be needed to monitor the creation and implementation of action plans to restore these rights	Advocacy Groups	Email	A	20-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule. Areas of concern identified at any point in the process will be addressed. A comprehensive review of all systems is occurring to ensure that changes are made that will meet the intent of the HCBS rule. A Monitoring Oversight process will be developed for the purpose of initial and on-going compliance.
Extensive training on the implementation and assessment of these regulations is needed for LME-MCOs and providers. It should be done together.	Advocacy Groups	Email	A	20-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Providers and their staff, guardians, and family members will need to receive targeted training to understand their new role(s) under the new HCBS regulations.	Advocacy Groups	Email	A	20-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process and to ensure compliance with and understanding of the HCBS rule.
Review, revision, and creation of service definitions are needed.	Advocacy Groups	Email	A	20-Feb-15	DHHS is in the process of reviewing and making changes the NC Innovation Wavier. A wavier amendment will be submitted in the spring.
Group home funding is not sufficient or sustainable. Personal Care Services and other funding streams need to be reviewed and updated to reflect the needs of individuals to meet these HCBS standards	Advocacy Groups	Email	C	20-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
The waiting list must be part of the overall system solution.	Advocacy Groups	Email	C	20-Feb-15	Waitlist for services is not addressed on the State's transition plan. However discussions about additional waiver changes and waitlist are part of other discussions and workgroups.
Provider organizations should be meaningfully involved in the development, standardization, and implementation of the self-assessment and monitoring tools for providers.	Advocacy Groups	Email	A	20-Feb-15	DHHS, MCO, and other stakeholders are engaged in this process.

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Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Concerns that LME-MCOs will interpret and implement these standards in disjointed ways with poor inter- and intra-rater reliability.	Advocacy Groups	Email	A	20-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Inconsistent implementation may be more pronounced in the CAP-DA world where LME-MCO staff have even less experience than they have with the Innovations Waiver	Advocacy Groups	Email	A	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule. LME-MCOs do not currently authorize Adult Day Health services.
State must have a plan in place to review the monitoring practices of LME-MCOs; plan must include clear appeals and resolution processes.	Advocacy Groups	Email	A	20-Feb-15	An assessment tool for review of the LME-MCOs/Local Lead Agencies is being developed which will, as indicated by need, include on-site reviews.
Find the most experienced professionals - at both the LME-MCO level and the state level - to help lead these efforts	Advocacy Groups	Email	A	20-Feb-15	DHHS, LME-MCOs, Local Lead Agencies and other stakeholders are an integral part of this process.
Providers need clear guidance, training, time, and resources to effectively meet the new HCBS standards.	Advocacy Groups	Email	A	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Cash flow should not be interrupted during an appeal process or out-of-compliance issue	Advocacy Groups	Email	A	20-Feb-15	Provider reimbursement will not be interrupted as DHHS works with providers and stakeholders to meet HCBS requirements during the transition phase. The State will work with those providers who are not willing to and cannot meet HCBS requirements to transition individuals.
If the system is going to interrupt the business and cash flow due to an out-of-compliance issue, then it must have the people-power and requirement to re-evaluate sooner than 30 days.	Advocacy Groups	Email	C	20-Feb-15	Provider reimbursement will not be interrupted as DHHS works with providers and stakeholders to meet HCBS requirements during the transition phase. The State will work with those providers who are not willing to and cannot meet HCBS requirements to transition individuals.
HCBS assessment needs to be incorporated into an existing monitoring process to reduce disruption to individuals and staff.	Advocacy Groups	Email	A	20-Feb-15	DHHS is considering ways to incorporate the ongoing monitoring for compliance to the HCBS regulation in existing monitoring processes.
DHHS needs to offer clear guidance and oversight, including independent appeals processes, to ensure consistent (inter-rater reliability) and fair monitoring efforts across LME-MCO's.	Advocacy Groups	Email	C	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule. A systemic review of all system practices is occurring to ensure compliance with the rule -- as needed, processes will be developed/modified and implemented.
The Transition Plan outlines the discussion for the remediation process for failure, but very little discussion of the necessary components to ensure the likelihood of success.	Advocacy Groups	Email	A	20-Feb-15	Additional language has been added to the plan and a companion guide for the self-assessment has been developed.

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In the event that a provider is unable or unwilling to meet HCBS standards, a "seamless transition" may be difficult in areas where limited providers exist	Advocacy Groups	Email	A	20-Feb-15	DHHS will be engaged with LME-MCOs/Local Lead Agencies to facilitate any necessary transitions. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process. The State, in partnership with the LME-MCO/Local Lead Agency will ensure there is transitional support for the beneficiary, and their family during this process.
More information is needed to help day and employment programs successfully understand and comply with new HCBS guidelines.	Advocacy Groups	Email	A	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
How will the Workforce Investment and Opportunities Act (WIOA) interface with HCBS?	Advocacy Groups	Email	C	20-Feb-15	There is no direct interface. The WIOA does contain provisions that are geared to improve access to employment for persons with disabilities. For more information on WIOA please refer to the US Department of Labor website.
Will group-funding structures for day programs be increased and updated to assist providers with successfully implementing HCBS standards and outcomes for individuals with disabilities?	Advocacy Groups	Email	C	20-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
Currently, many group homes fund a staff person to be onsite for approximately 18 hours a day, assuming that residents participate in day programming the other 6. How will funding for group homes be increased or updated to reflect that new supervision requirement?	Advocacy Groups	Email	C	20-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
"Arc" of North Carolina should be "The Arc of North Carolina."	Advocacy Groups	Email	A	20-Feb-15	Transition plan has been corrected
Annual consumer satisfaction surveys are a good idea but there are lots of questions and potential issues to consider: how many surveyed, who will conduct, reliability, non-influential, honest responses.	Advocacy Groups	Email	A	20-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
Support implementing the suggested "individual life experience assessment" because we have lost the heart of true person-centered planning and we're not doing it as a state.	Advocacy Groups	Email	A	20-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
Care Coordinators don't engage in true person-centered planning.	Advocacy Groups	Email	C	20-Feb-15	Training in person-centered planning is expected for all PCP facilitators. DHHS will provide guidance, training, education, and serve as a resource throughout the transition to ensure compliance with and understanding of the HCBS rule.
Individual life experience assessment" suggest using CQLs Personal Outcome Measures (POM) as this type of complimentary assessment tool that reinforces person-centered thinking and planning.	Advocacy Groups	Email	C	20-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
Stakeholders should be informed of suggested changes/modifications related to inventory of services and review of the current LME-MCO contract agreement.	Providers/Provider Orgs	Email	A	20-Feb-15	DHHS, LME-MCOs, Local Lead Agencies and other stakeholders will continue to be an integral part of this process. DHHS will continue to provide information through a variety of mediums regarding this process.

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Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Strategically vetting the current State system processes and regulations that could impact or be impacted by...process should include stakeholder input	Providers/Provider Orgs	Email	A	20-Feb-15	DHHS, LME-MCOs, Local Lead Agencies and other stakeholders are an integral part of this process
Providers should not be held accountable, or required to assess, those mandates that are beyond their scope of service provision/out of their control.	Providers/Provider Orgs	Email	C	20-Feb-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life. The person-centered planning process is a collaborative process, and is not the responsibility of one person/entity.
The pilot should include providers of all types of Waiver services (periodic, day services, 3 size group homes, AFL providers, community based services, etc.)	Providers/Provider Orgs	Email	A	20-Feb-15	The pilot self-assessment random sample will include providers of all the services and waivers affected by this rule.
Pilot should assess compliance efforts of other stakeholders directly responsible for implementation of certain parts (for example, the role of the Care Coordinator)	Providers/Provider Orgs	Email	A	20-Feb-15	All elements of the self-assessment will be carefully evaluated in the pilot.
Completed self-assessment could prove useful to DMH and DMA to assess conformance with the federal rule and use the data to initiate further system changes as needed.	Providers/Provider Orgs	Email	A	20-Feb-15	DHHS agrees that the self-assessment will provide the state with a clear picture of where the state is specific to compliance with the HCBS requirements.
Designated staff...determine those providers who meet or do not meet the rule requirements... These staff need to be well trained in what constitutes conformance in order to eliminate subjectivity.	Providers/Provider Orgs	Email	A	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process and to ensure compliance with and understanding of the HCBS rule. DHHS as part of the process will engage a component of monitoring that provides for inter- and intra- rater reliability among all reviewing agents.
Monitoring - Build into existing processes rather than create an additional monitoring that requires additional resources at the state, MCO, and provider level.	Providers/Provider Orgs	Email	C	20-Feb-15	DHHS is considering ways to incorporate the ongoing monitoring for compliance to the HCBS regulation in existing monitoring processes.
Individual Assessment- should be built into the person-centered planning process, be assessed every year, and be the responsibility of a trained Care Coordinator.	Providers/Provider Orgs	Email	A	20-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
LME-MCO/Local Lead Agency Self-Assessment and Remediation - should be encouraged to engage providers in this assessment	Providers/Provider Orgs	Email	C	20-Feb-15	An assessment tool for review of the LME-MCOs/Local Lead Agencies is being developed which will, as indicated by need, include on-site reviews. Engagement of providers in this process will be taken under advisement.
Assessment process - Acceptable examples of compliance should be defined to avoid the requirement of meeting compliance interpretations of multiple MCOs.	Providers/Provider Orgs	Email	A	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule. The assessment process will be ongoing. Areas of concern identified at any point in the process will be addressed. A companion document has been developed and is available.
Providers should be given guidance on what the plan of action needs to include and not a standard form.	Providers/Provider Orgs	Email	A	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.

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Providers should not be asked to write a plan of action for a conformance item that is not part of service delivery (for example, choice of home setting should be offered by the Care Coordinator in order to direct the individual to a provider that can offer services in that type of setting).	Providers/Provider Orgs	Email	C	20-Feb-15	Individuals have choice of provider within the parameters of the waivers. The (b) waiver allows for the closing of the provider network. LME-MCO/Local Lead Agency needs to ensure adequate choice. Providers have the responsibility to share when services are available to allow for the person's consideration. This is a collaborative process.
Life Experience Assessment -encourage the state to develop this assessment for use by Care Coordinators.	Providers/Provider Orgs	Email	C	20-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information.
Must have all the same benefits of living in a community as others do... need a qualifier "others with similar means do"	Providers/Provider Orgs	Email	A	20-Feb-15	A companion document has been developed and is available.
Transportation - some service definitions may need to include a corresponding rate of reimbursement so the individual can pay for transportation or the provider can secure a vehicle and hire staff to provide transportation.	Providers/Provider Orgs	Email	C	20-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
Day Programs - We plead that these facilities to continue in existence because service recipients have the opportunity to learn and apply their skills when they are in their homes as well as the community.	Providers/Provider Orgs	Email	A	20-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
New rules take quality of life away.	Stakeholders	Email	C	20-Feb-15	The intent of the HCBS regulation is to ensure that individuals receiving HCBS waiver services have supports and services that are person-centered and support the individual to live the life he/she chooses.
Day Programs - go out into the community and the program also brings the community to in with their speakers and guests.	Stakeholders	Email	A	20-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
We remind the State that although Medicaid funding can be used for institutional settings, increasing the number of institutional settings in response to these rule changes is not what CMS intended, nor does that response adhere to the Olmstead mandate	Advocacy Groups	Email	C	20-Feb-15	The State is aware of its obligations under the Olmstead decision.
Although we recognize that these rules technically only apply to North Carolina's 1915(c) waiver programs, the rules represent standards that should apply to all people with disabilities in North Carolina.	Advocacy Groups	Email	A	20-Feb-15	The HCBS rule speaks specifically to the 1915(c) waiver.
The time and resources spent examining and changing our system to comply with the HCBS rule should include consideration of the needs of people who do not currently have access to our waivers.	Advocacy Groups	Email	C	20-Feb-15	Discussions about additional waiver changes and waitlist are part of other discussions and workgroups.
We urge the State to continue on this path of focusing on what individuals and advocates are saying as opposed to the interests of those with a financial interest in the outcome of how the rules are implemented.	Advocacy Groups	Email	A	20-Feb-15	The State has and will continue to work with all groups to ensure that the rules are implemented as required.
Lack of representation of physical disability and aging populations, such as the Centers for Independent Living (CILs), AAAS, AARP or others, and we believe their involvement is critically important.	Advocacy Groups	Email	A	20-Feb-15	The Workgroup Composition has been fluid in the process and will continue to change as indicated by need. DHHS, LME-MCOs, Local Lead Agencies and other stakeholders are and integral part of this process.

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We ask that the State ensure that there is participant and advocacy involvement in all subcommittees and any review of policies, procedures, or training materials.	Advocacy Groups	Email	C	20-Feb-15	DHHS, LME-MCOs, Local Lead Agencies and other stakeholders will continue to be an integral part of this process.
Reliance on web-based information severely limits outreach to participants and their families.	Advocacy Groups	Email	A	20-Feb-15	DHHS will continue to work with its partners to identify the best medium to reach as many stakeholders as possible.
Use the methods available to the State, including LME-MCO and Local Lead agency as contact mechanisms, which may use case managers and care coordinators, to spread and collect information.	Advocacy Groups	Email	A	20-Feb-15	DHHS will continue to work with its partners to identify the best ways to reach as many stakeholders as possible.
A strong, effective communication plan that provides information, as well as asks for information in return, is critical to the level of stakeholder input that the rules require	Advocacy Groups	Email	A	20-Feb-15	The State has developed ongoing communication plans designed to maximize input from all stakeholders.
The plan must include continued outreach, training and education, including training so that individuals and families will understand what changes they can expect to see and what will affect their services.	Advocacy Groups	Email	A	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Trainings should be planned in such a way as to ensure statewide participation (including for those with limited technology access) and could serve as an opportunity for the State to receive feedback about the transition process.	Advocacy Groups	Email	A	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule. DHHS will continue to work with its partners to identify the best ways to reach as many stakeholders as possible.
Clear milestones, particularly with expected dates, will help stakeholders know when to expect changes and facilitate meaningful comment on these steps.	Advocacy Groups	Email	A	20-Feb-15	Milestones and target dates are reflected in the HCBS transition plan grid, and updates to that information will be on-going throughout the process.
Milestones should include realistic timelines for bringing settings into compliance; building provider capacity; public input for changes to policies, rules, and standards; and public education.	Advocacy Groups	Email	A	20-Feb-15	Milestones and target dates are reflected in the HCBS transition plan grid. DHHS, LME/MCOs, Local Lead Agencies and other stakeholders will continue to be engaged in this process. Updates, as warranted, will be provided throughout the process.
Education and technical assistance - Each LME-MCO and Lead Agency should have a designated individual who is clearly identified as a resource for individuals and their families.	Advocacy Groups	Email	C	20-Feb-15	The Department will work with its partners to determine the resources required.
Understanding the role that case managers and care coordinators will play in this process, there needs to be an additional level of expertise that can be accessed for individuals to ask more advanced questions or to validate information provided by a case manager/care coordinator or a provider.	Advocacy Groups	Email	A	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
An individual at the state level should be identified as a point of contact.	Advocacy Groups	Email	A	20-Feb-15	Primary points of contact will be available from DMH/DD/SAS and DMA.
If the State becomes overly focused on provider compliance, it will miss the forest for the trees.	Advocacy Groups	Email	C	20-Feb-15	The State understands the requirements and purpose of the rule.
We strongly urge the State to continue to focus on system reform and compliance, as that is what will bring the providers into compliance and will ensure ongoing compliance.	Advocacy Groups	Email	A	20-Feb-15	The State continues its ongoing efforts to improve its systems of care and services.

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Focusing on individual providers will not be the most efficient mechanism for overall plan implementation.	Advocacy Groups	Email	A	20-Feb-15	DHHS is looking at facility and setting types, not just individual providers. DHHS is also considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
Assessment process - Use objective measures to help identify problems and indicate overall assessment inaccuracy, such as GIS mapping and NCI data; use non-biased, educated, accessible participant assessments; to have statistically significant validation procedures.	Advocacy Groups	Email	C	20-Feb-15	The assessment process will be ongoing. Areas of concern identified at any point will be addressed. This will be carefully evaluated in the pilot phase of the plan process.
Have a high degree of transparency in the assessment process so that the community can alert the State to issues.	Advocacy Groups	Email	A	20-Feb-15	The assessment process will be ongoing. Areas of concern identified at any point will be addressed. This will be carefully evaluated in the pilot phase of the plan process. Completed assessments will be available to any interested party throughout the implementation phase. Any PHI or other confidential information will be redacted.
An assessment tool for individuals to use during the person-centered planning process is not only critical to a good assessment process but also to an ongoing compliance mechanism.	Advocacy Groups	Email	A	20-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
Important that the validation of the assessments is done in an unbiased way that ensures that the participants are informed of what they should expect, not simply whether they "like it" or "get to have choice in what they do"	Advocacy Groups	Email	A	20-Feb-15	DHHS will work collaboratively with agency partners in analyzing self-assessments to ensure compliance with the Rule. A Monitoring Oversight process will occur as well.
Validation process is not clear - how? Who will be involved?	Advocacy Groups	Email	A	20-Feb-15	DHHS will work collaboratively with agency partners in analyzing self-assessments to ensure compliance with the Rule. A Monitoring Oversight process will occur as well.
State Monitoring Review Process - critical that it has sufficient oversight and controls to make sure that the different LME-MCOs/Local Lead Agencies are applying assessments consistently and using the same definitions of what is sufficiently community based.	Advocacy Groups	Email	A	20-Feb-15	DHHS is considering ways to incorporate the ongoing monitoring for compliance to the HCBS regulation in existing monitoring processes. DHHS will work collaboratively with agency partners in analyzing self-assessments to ensure compliance with the Rule. A Monitoring Oversight process will occur as well.
As the single state agency, the State is ultimately responsible for compliance with Medicaid regulations. We encourage the State to maintain control of the State Monitoring Review Process.	Advocacy Groups	Email	A	20-Feb-15	The State is aware of its responsibilities as the single state Medicaid Agency.
It is unclear if the LME-MCO's/Local Lead Agency's assessment process plans will be public and open for comment. Lack of transparency in assessment process.	Advocacy Groups	Email	C	20-Feb-15	DHHS is finalizing the LME-MCO/Local Lead Agency assessment process. Assessments will be available to the public.
As part of the validation process, agency remediation plans, and provider remediation training, there should be both a posting of this information to the web-portal and an opportunity for public feedback.	Advocacy Groups	Email	C	20-Feb-15	DHHS is committed to making this process as transparent as possible, and will continue to provide information, as warranted, through a host of mediums.

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If assessment process is all done behind closed doors, the State is turning its back on valuable information from participants and advocates.	Advocacy Groups	Email	C	20-Feb-15	There is no intent for the assessment process to be done "behind closed doors" Completed assessments will be available to any interested party throughout the implementation phase. Any PHI or other confidential information will be redacted.
Assessments of an individual's experience are necessary.	Advocacy Groups	Email	A	20-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
There must be ongoing compliance mechanisms that are focused on the experience of the individuals.	Advocacy Groups	Email	A	20-Feb-15	DHHS is considering ways to incorporate the ongoing monitoring for compliance to the HCBS regulation in existing monitoring processes. On-going compliance measures are an integral part of the plan.
Assessments of an individual's experience should be done without the current provider being present so as to ensure the participant is free to be honest about their experience in that setting.	Advocacy Groups	Email	A	20-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process. Individuals who need assistance in completing the survey should have that assistance provided by someone other than their staff.
Information from individual experience assessment can be passed along to provider retention and be used as part of the provider's next evaluation before licensure renewal to determine if they are in compliance.	Advocacy Groups	Email	C	20-Feb-15	DHHS will work collaboratively with agency partners to ensure compliance with the HCBS regulations and licensure rules.
Transition plan should identify the types of providers currently receiving HCBS funding, the services provided, sites at which services are provided, and the number of individuals served by this type of provider should also be publicly available.	Advocacy Groups	Email	A	20-Feb-15	An inventory of services will be available.
Settings not be clustered together/effect of isolating participants - Plan should include objective criteria, such as the use of geographic analysis or other indicators (e.g., placement in industrial zones or proximity to other institutions), to flag potential problem settings.	Advocacy Groups	Email	C	20-Feb-15	This setting will be assessed in accordance with the requirements of the rule.
Transition plan should tier provider compliance and begin compliance early so there will be sufficient time to identify the needs and to develop new providers.	Advocacy Groups	Email	A	20-Feb-15	The transition plan includes starting the process of assessment and categorization early to provide time to transition individuals as needed.
Many individuals and families are unaware of the current array of services that may be available, so the State must improve its information delivery in this area as well as assess the array available, including whether there are available placements.	Advocacy Groups	Email	C	20-Feb-15	DHHS will continue to work with its partners to provide information of available services.
The plan does not indicate an evaluation of the array of settings.	Advocacy Groups	Email	A	20-Feb-15	This transition plan provides for the assessment of the array of settings that provide HCBS services.

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The State must evaluate its current capacity of non-disability specific settings and develop a plan to increase capacity as needed to fulfill this requirement.	Advocacy Groups	Email	A	20-Feb-15	DHHS, the LME/MCO and Lead Agencies will access housing resources as needed for individuals who need to transition out of settings that do not meet the requirements of the rule.
Although not the case in our current system, day services have the potential to be powerful agents for community integration.	Advocacy Groups	Email	A	20-Feb-15	Day Supports will continue to be a service offered under the Innovations Waiver.
We must make a commitment as a State to the concepts of a "meaningful day" and "employment first."	Advocacy Groups	Email	A	20-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Caution against reverse integration as a solution. There is no real progress toward integration and use of "reverse integration" does not meet the intent of the rules or the mandates of Olmstead.	Advocacy Groups	Email	C	20-Feb-15	An individual receiving HCBS services must do so in a setting that is integrated in and supports full access to the greater community.
North Carolina should be like other states that are moving away from sheltered work.	Advocacy Groups	Email	C	20-Feb-15	An individual receiving HCBS services must do so in a setting that is integrated in and supports full access to the greater community.
Transition - at least 90 days is needed as part of this plan to ensure that sufficient time is provided to identify a new setting.	Advocacy Groups	Email	A	20-Feb-15	Language has been added to the plan - a minimum of 60 days with more notice in instances where other housing options are being secured - specific to residential supports only.
Transition - 60 days is insufficient, especially given the potential for system instability during this time.	Advocacy Groups	Email	A	20-Feb-15	Language has been added to the plan - a minimum of 60 days with more notice in instances where other housing options are being secured - specific to residential supports only.
Role of care coordinator should expand to include more robust participation in efforts to match a participant with an appropriate, available provider so that individuals/families are not bearing the burden.	Advocacy Groups	Email	C	20-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
Individuals who have been identified as possibly needing to switch providers should have individual transition plans created as soon as possible.	Advocacy Groups	Email	A	20-Feb-15	Language has been added to the plan.
State should begin actively planning for those individuals currently in the large homes that have been "grandfathered in", they need to be closely examined for compliance with the rules.	Advocacy Groups	Email	C	20-Feb-15	An individual receiving HCBS services must do so in a setting that is integrated in and supports full access to the greater community. Evaluation will occur during the self-assessment.
"Grandfathered in" - individuals currently residing in these facilities should undergo a person centered review process that is not influenced by the current provider and be provided a transition plan if necessary.	Advocacy Groups	Email	C	20-Feb-15	The transition plan provides for the assessment of settings and a process to assess the individual's needs.
No mention of a complaint process available to participants - develop a process for participants to complain or raise concerns about the community nature of a setting, or lack thereof, including those settings the State presumes to be compliant with the rule.	Advocacy Groups	Email	C	20-Feb-15	The assessment process is a transparent one. Anyone with a concern about the results of an assessment can contact the DHHS, their LME-MCO or Lead Agency.
Person-centered process: urge the State to fully evaluate whether the current process, is truly serving the needs of individuals and if it is really encouraging community integration.	Advocacy Groups	Email	C	20-Feb-15	As stated in the Vision Statement, DHHS is committed to providing services in the most integrated community settings, based on what is clinically appropriate as defined by the individual's person-centered planning process.

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Use of the person-centered planning process to perform an individual assessment by participants, as well as encourage the State to continue this process through the validation period and ongoing monitoring.	Advocacy Groups	Email	A	20-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
Ask that as part of this review the State look closely at the effectiveness of care coordination in helping an individual access his or her community.	Advocacy Groups	Email	C	20-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
What kind of training and technical support will be provided to be in compliance?	Providers/Provider Orgs	Email	A	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
The individual perspectives are critical outcomes to be evaluated in conjunction with the provider practices.	Stakeholder Committee	Email	A	20-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. The person's perspective is vital to the process.
Life Experience Assessment Tool - We hope the Department will give this particular plan component its full consideration and exploration.	Stakeholder Committee	Email	A	20-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
Need to determine if existing processes may be used to understand the viewpoint of individuals (e.g. CQL Personal Outcome Measures Assessment) rather than adding new layers of processes.	Stakeholder Committee	Email	C	20-Feb-15	Streamlining and consistency of processes is recognized as a need. DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
Offer the evidence-based and consumer-driven resources of our Council as DHHS works to implement this and other components of the proposed HCBS State Plan in the upcoming months.	Stakeholder Committee	Email	A	20-Feb-15	DHHS will work collaboratively with agency partners in to implement and maintain compliance with the HCBS rule.
We hope the intent of the Department is to move and make the same commitment to all people with IDD receiving services, despite the funding source.	Stakeholder Committee	Email	C	20-Feb-15	DHHS supports serving individuals with disabilities in the least restrictive and most integrated settings possible, based on what is clinically appropriate as defined by the individual's person-centered planning process.
Person-centered planning process - Absent of independent facilitator, we would recommend intensive training and ongoing monitoring/coaching from an independent body to ensure Care Coordination indeed carries this out in partnership with the team.	Stakeholder Committee	Email	C	20-Feb-15	Training in person-centered planning is expected for all PCP facilitators. This has been referred to the Innovations Waiver Stakeholder group. DHHS is assessing its person-centered planning and thinking processes concurrent with the HCBS Rule.
A meaningful and quality person-centered planning process, incorporates the assessment of HCBS standards, and others, such as life goals (POM), physical and mental health, guardianship assessments (needed? What level? Why?), crisis prevention and health and safety as well.	Stakeholder Committee	Email	A	20-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life. Although an integral component of the current waiver, DHHS is assessing its person-centered planning and thinking processes concurrent with the HCBS Rule.
Hope the speed of the project is realistic and sustainable.	Stakeholder Committee	Email	A	20-Feb-15	Milestones and target dates are reflected in the HCBS transition plan grid and updates to that information will be on-going throughout the process. DHHS, in conjunction with its partners, will be evaluating the milestones/targets on an on-going basis.

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We worry over limitations in service definitions, both real and perceived.	Stakeholder Committee	Email	A	20-Feb-15	Waiver changes will be made as needed to ensure that HCBS Rule can be met.
We are concerned about the ability and capacity of monitoring of psychotropic drugs, particularly for those individuals who do not reside in 24 hour programs.	Stakeholder Committee	Email	C	20-Feb-15	The person-centered plan is a blue print specific to an individual's life and contains pertinent information about medical concerns, medications use, etc. The Day Supports provider has an obligation to observe and share any changes the person is experiencing that could be related to medication use to the appropriate source, e.g. Care Coordinator/Family/Case Manager/Residential Provider, etc.).
We welcome the opportunity to share in further education that isolation does not equal safety.	Stakeholder Committee	Email	A	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process and to ensure compliance with and understanding of the HCBS rule. DHHS welcomes collaborative with our community partners.
We must champion the dignity of risk and be a real citizen in the community, not sequestered away.	Stakeholder Committee	Email	C	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
We are concerned that several definitions in the current Innovations waiver (i.e. Supported Employment) already would uphold the HCBS standards, yet are aware that service continues to be authorized in inappropriate ways.	Stakeholder Committee	Email	C	20-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group. DHHS is in the process of reviewing and making changes the NC Innovations Wavier. A wavier amendment will be submitted in the spring.
Often individuals with autism do often require a higher level of staff, and more 1:1 services to be successful in integration. We hope that is not lost in this discussion.	Stakeholder Committee	Email	C	20-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
Rates do not support the training and ability to maintain professional level staff as a whole in this industry, and is often further complicated for individuals with an ASD diagnosis.	Stakeholder Committee	Email	C	20-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
We trust adequate transitional time will be given and common sense is not foregone.	Stakeholder Committee	Email	A	20-Feb-15	DHHS will be engaged with LME-MCOs/Local Lead Agencies, providers and stakeholders to ensure there is compliance with the rule without the disruption of people's lives. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
We also trust further legal guidance around tenant law will be explored.	Stakeholder Committee	Email	A	20-Feb-15	Additional exploration is occurring specific to this characteristic. Companion documents available to provide guidance with respect to all the characteristics contained within the Rule.
We hope there is some sort of appeal or reconsideration from an individual allowed, and are curious how that would be approached.	Stakeholder Committee	Email	A	20-Feb-15	Individuals will maintain any applicable appeal rights during this process.

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The POM should be a bedrock of system outcomes and measures in the PCP process, so we as a system can support individuals to reach their life goals and measure their success for the system.	Stakeholder Committee	Email	A	20-Feb-15	Personal outcome measures are an integral component of person centered measures.
Please ensure that the Transition Plan requires reviewers with experience and skill-sets for the population they are evaluating.	Stakeholders	Email	C	20-Feb-15	DHHS will work collaboratively with agency partners in analyzing self-assessments to ensure compliance with the Rule. A Monitoring Oversight process will occur as well.
Continue actively engaging stakeholders in the process	Stakeholder Committee	Email	A	20-Feb-15	DHHS, LME- MCOs, Local Lead Agencies, and other stakeholders will continue to be an integral part of this process.
LME-MCO contract agreement for changes/modifications: Stakeholders should be informed of proposed changes/modifications, given opportunity for input, and assured 60 day notice prior to implementation.	Stakeholder Committee	Email	C	20-Feb-15	An assessment tool for review of the LME-MCOs/Local Lead Agencies is being developed.
Provider must be included in the specifics of decisions that impact to them directly.	Stakeholder Committee	Email	A	20-Feb-15	DHHS, LME- MCOs, Local Lead Agencies and other stakeholders, which includes providers and provider organizations are an integral part of this process.
Pilot: should include providers of all types of Waiver services (periodic, day services, less than three and greater than three-bed size group homes, AFL providers, community based services, etc.).	Stakeholder Committee	Email	A	20-Feb-15	DHHS is working to identify providers to participate in the self-assessment pilot. Providers will be needed from all services and waivers identified in the transition plan.
Pilot should assess other stakeholders for compliance with items that providers are not directly responsible for.	Stakeholder Committee	Email	C	20-Feb-15	DHHS is working identify providers to participate in the self-assessment pilot. Providers will be needed from all services and waivers identified in the transition plan.
Assessment: Providers should not be held accountable, or required to assess, those things out of their control.	Stakeholder Committee	Email	C	20-Feb-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life. The person-centered planning process is a collaborative process, and is not the responsibility of one person/entity.
Assessment: DMH and DMA should collect data too, use the data to assess conformance with the federal rule, and use the data to initiate further system changes as needed.	Stakeholder Committee	Email	A	20-Feb-15	DHHS will work collaboratively with agency partners in analyzing self-assessments to ensure compliance with the Rule. A Monitoring Oversight process will occur as well.
Conformance would be a great idea for provider outcomes provided the entity being evaluated is being evaluated for those things under their control only.	Stakeholder Committee	Email	C	20-Feb-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life. The person-centered planning process is a collaborative process, and is not the responsibility of one person/entity. Providers must comply with the characteristics as applicable to the service that is being provided in a given setting.
Designated staff need to be well trained in what constitutes compliance in order to eliminate subjectivity and improve consistent implementation.	Stakeholder Committee	Email	A	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process and ongoing to ensure compliance with the HCBS rule.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Monitoring: Build into existing processes rather than create an additional monitoring that requires additional resources at the state, MCO, and provider level.	Stakeholder Committee	Email	A	20-Feb-15	DHHS is considering ways to incorporate the ongoing monitoring for compliance to the HCBS regulation in existing monitoring processes.
Individual assessments should be built into the person-centered planning process, be assessed every year, and be the responsibility of a trained Care Coordinator.	Stakeholder Committee	Email	A	20-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
MCOs should be encouraged to engage providers in the MCO's assessment since providers will be responsible for on the ground implementation.	Stakeholder Committee	Email	A	20-Feb-15	DHHS is finalizing the LME-MCO/Local Lead Agency assessment tool/process.
MCO assessment should not involve an additional on site visit to providers; but, aggregate data from provider self-assessments might help identify areas needing improvement.	Stakeholder Committee	Email	C	20-Feb-15	DHHS is finalizing the LME-MCO/Local Lead Agency assessment tool/process.
State should provide a MCO self-assessment tool to ensure each MCO is assessing for similar requirements.	Stakeholder Committee	Email	A	20-Feb-15	DHHS is finalizing the LME-MCO/Local Lead Agency assessment tool/process.
Acceptable examples of compliance should be defined to avoid the requirement of meeting multiple MCO requirements on what constitutes compliance.	Stakeholder Committee	Email	A	20-Feb-15	A self-assessment companion document is available for providers to use when completing the self-assessment.
Providers should be given guidance on what the plan of action needs to include and not a standard form.	Stakeholder Committee	Email	A	20-Feb-15	A self-assessment companion document is available for providers to use when completing the self-assessment.
Providers should not be asked to write a plan of action for a conformance item that is not part of service delivery.	Stakeholder Committee	Email	A	20-Feb-15	Service delivery is a collaborative process, and the designated entity provides a plan of action only related to the characteristic as it applies to the service that is being delivered.
Life Experience Assessment: Encourage the state to develop this assessment for use by Care Coordinators.	Stakeholder Committee	Email	A	20-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
Same benefits of living in a community as others do: qualifier to this is "others with similar means do".	Stakeholder Committee	Email	C	20-Feb-15	This plan includes the provision that a person's financial means is part of the considerations.
Many agencies support individuals receiving varying services from multiple funding streams , will the HCBS waiver allow for Innovations services to originate from a facility that also provides services utilizing dollars from various funding streams?	Stakeholder Committee	Email	C	20-Feb-15	The HCBS Rule applies to 1915(c) waiver services.
If one person in a setting receives HCBS, and others in the same setting do not, does this mean that the setting must meet HCBS Community Characteristics; and how will this be evaluated/assessed?	Stakeholder Committee	Email	C	20-Feb-15	An individual receiving HCBS services must do so in a setting that is integrated in and supports full access to the greater community. The intent of the rule must be met if an individual is to receive HCBS services in that setting.
Will there be an increase in the Medicaid rates to cover the increased cost of transportation?	Stakeholder Committee	Email	C	20-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Does the State intend to issue a statement or policy supporting that all residential options (<3, 3, 4, 5, 6, beds, etc..) that meet the home and community based characteristics be considered as viable options/choices for individuals?	Stakeholder Committee	Email	C	20-Feb-15	The residential setting must meet the HCBS Rule as well as the requirements of the Innovations waiver.
As approved by CMS, is DHHS going to pursue funding commensurate with the expected cost increases of implementing the HCBS changes?	Stakeholder Committee	Email	C	20-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
Survey: individuals should not be forced out of the home when they want to stay home	Stakeholders	Email	A	20-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Survey: "home like" should be the personal home	Stakeholders	Email	A	20-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life. This includes the living arrangement the individual chooses.
Survey: Respondents felt the current system did an adequate job of getting people into the community.	Stakeholders	Email	A	20-Feb-15	An individual receiving HCBS services must do so in a setting that is integrated in and supports full access to the greater community.
Survey: Respondents reported not having enough resources to meet their daily needs.	Stakeholders	Email	A	20-Feb-15	This is identified as a larger systems issue that is being addressed by the Department.
Survey: Respondents felt the providers did not do a great job getting people to the community for employment.	Stakeholders	Email	A	20-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
Survey: Respondents evenly split about whether the person directed plan accurately assessed their needs and preferences.	Stakeholders	Email	A	20-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life. Although an integral component of the current waiver, DHHS is assessing its person centered planning and thinking processes concurrent with the HCBS Rule.
Survey: Respondents say they would feel more comfortable receiving education or talking with a care coordinator, or a per or independent person from the community.	Stakeholders	Email	A	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process and to ensure compliance with and understanding of the HCBS rule.
Lack of information being provided to the parents	Stakeholders	Email	A	20-Feb-15	DHHS will continue to work with its partners to identify the best ways to reach as many stakeholders as possible. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Lack of access to socialization opportunities for our children.	Stakeholders	Email	A	20-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
HCBS standards look great, but how will funding and services be affected if implemented?	Stakeholders	Email	C	20-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Parent educations and training: Who is getting paid to provide this information?	Stakeholders	Email	A	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Suggest that the Division support information brokers.	Stakeholders	Email	C	20-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
LME-MCO check in with families more often to see if they are receiving the care they expected.	Stakeholders	Email	A	20-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
Streamline all service rates	Stakeholders	Email	C	20-Feb-15	Fiscal analysis will be a part of the process, however this is a larger systems issues and will be appropriately referred to Department staff.
Direct support professionals receiving pay increases will increase continuity of care.	Stakeholders	Email	C	20-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
Need a continuum of care model, all public programs need some knowledge about each others services in order to direct families in the right direction.	Stakeholders	Email	A	20-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
More funding for services.	Stakeholders	Email	A	20-Feb-15	Fiscal analysis will be a part of the process, but will not occur until after completion and analysis of the self-assessments.
Survey: Individuals should not be forced out of the home when they want to stay home. -Ind/Fam survey	Stakeholders	Email	A	20-Feb-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life, including how the individual would like to spend his/her day.
Survey: Should be able to buy the food they want, instead of what the group home gives him.	Stakeholders	Email	C	20-Feb-15	The rule states individuals must have choices in their lives. If an individual has the resources to purchase food, then the plan would need to indicate why they are not able to.
Survey: Respondent support the changes in the HCBS standard	Stakeholders	Email	A	20-Feb-15	The Department supports the HCBS rule.
Survey: Current system did not do a sufficient job of getting people into the community.	Stakeholders	Email	C	20-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
Survey: Majority of respondents did not feel the current system did a good job of getting people to work in integrated employment.	Stakeholders	Email	C	20-Feb-15	This is identified as a larger systems issue that is being addressed by the Department. However, education around this identified need will occur specific to the plan.
Survey: Respondents were split when asked if the Person Directed Plan assessed their need and preferences	Stakeholders	Email	C	20-Feb-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life.
Survey: Respondents feel most comfortable receiving education or talking with a care coordinator or a peer self advocate or family member.	Stakeholders	Email	C	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.

HCBS Feedback Worksheet - Narrative

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition

HCBS Feedback Worksheet - Transition Plan Grid Analysis

	Source Breakdown					
	Email	Phone	Correspondence	Fax	Session Attendees	Total of All
Grand Totals	13	0	0	0	0	13
Stakeholders	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Advocacy Groups	6	0	0	0	0	6
Per Cent of Source Group	46.2%	0.0%	0.0%	0.0%	0.0%	46.2%
Providers/Provider Organizations	1	0	0	0	0	1
Per Cent of Source Group	7.7%	0.0%	0.0%	0.0%	0.0%	7.7%
LME-MCOs/LLA	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stakeholder Committee	6	0	0	0	0	6
Per Cent of Source Group	46.2%	0.0%	0.0%	0.0%	0.0%	46.2%
State Gov	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	Accept/Consider Breakdown		
	Accept - A	Consider - C	Total of All
Grand Totals	11	2	13
Stakeholders	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%
Advocacy Groups	6	0	6
Per Cent of Source Group	54.5%	0.0%	46.2%
Providers/Provider Organizations	0	1	1
Per Cent of Source Group	0.0%	50.0%	7.7%
LME-MCOs/LLA	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%
Stakeholder Committee	5	1	6
Per Cent of Source Group	45.5%	50.0%	46.2%
State Gov	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%

Note: Each point of feedback is individually counted specific to affiliation, e.g. 1 person could have 20 points and each is counted as a separate entity.

HCBS Feedback Worksheet - Transition Plan Grid

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Discover, define, and implement the needed rule changes much quicker	Stakeholder Committee	Email	A	14-Jan-15	Additional detail for review has been added to the timeline.
Concerns training for providers and LME-MCOs for assessment tool not included	Stakeholder Committee	Email	A	14-Jan-15	Additional information has been added. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with the HCBS rule.
Need to include training for individual, families, and guardians on assessment, they are important part of process	Stakeholder Committee	Email	A	14-Jan-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with the HCBS rule.
Graduated timeline with policy development and implementation happening all along the timeline would promote more success. Smaller changes in policy all along	Stakeholder Committee	Email	A	14-Jan-15	Additional detail for review has been added to the timeline.
Remediation falling on the providers, state has a obligation	Stakeholder Committee	Email	A	14-Jan-15	DHHS, LME-MCOs/Local Lead Agencies, providers and other stakeholders will be engaged in the process to ensure compliance with the HCBS rule. The State does have the ultimate responsibility of ensuring compliance. Additional language can be found in the transition plan.

HCBS Feedback Worksheet - Transition Plan Grid

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Vet life experience assessment tool - use Person Outcome Measures and SIS	Providers/Provider Orgs	Email	C	15-Jan-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Currently four accrediting bodies are recognized by the State. This is recognized as a larger systems issue and is being considered outside of the scope of the HCBS Transition Plan implementation.
Mandate and use CQL Personal Outcome Measures and SIS	Stakeholder Committee	Email	C	17-Jan-15	SIS is being implemented Statewide. Currently four accrediting bodies are recognized by the State. This is recognized as a larger systems issue and is being considered outside of the scope of the HCBS Transition Plan implementation.
We are concerned that the state's timeline to assess the need for rule and regulation changes is over the next 3 years. We need to discover, define, and implement the needed rule changes much quicker to help providers prepare for, come into and maintain compliance	Advocacy Groups	Email	A	20-Feb-15	Additional detail for review has been included in the process and timeline.
Lack of a line item on training for both providers and LME-MCOs on the assessment tool.	Advocacy Groups	Email	A	20-Feb-15	Additional detail has been included in the process and timeline.
Need for training for individuals being supported, their families and guardians, as they are an important part of the assessment process as well.	Advocacy Groups	Email	A	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with the HCBS rule.
Concern about the timeline for developing policy. Perhaps a graduated timeline with policy development and implementation happening all along the timeline would promote more success.	Advocacy Groups	Email	A	20-Feb-15	Additional detail has been included in the process and timeline.
Smaller changes in policy all along could help providers adjust and steadily come into alignment with the intent and the new HCBS rules	Advocacy Groups	Email	A	20-Feb-15	Additional detail has been included in the process and timeline.
Concerned that the remediation is all falling on the providers when the state has a significant obligation not only to review policy, but to make changes to rates, service definitions etc...	Advocacy Groups	Email	A	20-Feb-15	DHHS, LME-MCOs/Local Lead Agencies, providers and other stakeholders will be engaged in the process to ensure compliance with the HCBS rule. The state does have the ultimate responsibility of ensuring compliance. Additional language can be found in the transition plan.

HCBS Feedback Worksheet - Timeline Analysis

	Source Breakdown					
	Email	Phone	Correspondence	Fax	Session Attendees	Total of All
Grand Totals	8	0	0	0	0	8
Stakeholders	1	0	0	0	0	1
Per Cent of Source Group	12.5%	0.0%	0.0%	0.0%	0.0%	12.5%
Advocacy Groups	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Providers/Provider Organizations	1	0	0	0	0	1
Per Cent of Source Group	12.5%	0.0%	0.0%	0.0%	0.0%	12.5%
LME-MCOs/LLA	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stakeholder Committee	6	0	0	0	0	6
Per Cent of Source Group	75.0%	0.0%	0.0%	0.0%	0.0%	75.0%
State Gov	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	Accept/Consider Breakdown		
	Accept - A	Consider - C	Total of All
Grand Totals	7	1	8
Stakeholders	0	1	1
Per Cent of Source Group	0.0%	100.0%	12.5%
Advocacy Groups	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%
Providers/Provider Organizations	1	0	1
Per Cent of Source Group	14.3%	0.0%	12.5%
LME-MCOs/LLA	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%
Stakeholder Committee	6	0	6
Per Cent of Source Group	85.7%	0.0%	75.0%
State Gov	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%

Note: Each point of feedback is individually counted specific to affiliation, e.g. 1 person could have 20 points and each is counted as a separate entity.

HCBS Feedback Worksheet - Timeline

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Include timeline to phase out isolating setting, sheltered workshops	Stakeholders	Email	C	13-Jan-15	The timeline is a fluid document that will be updated throughout the process to include additional action items inclusive of any substantive changes. It is not the intention of North Carolina to eliminate or remove access to services and supports.
Too short of timeframe for completing assessment	Providers/Provider Orgs	Email	A	15-Jan-15	The self-assessment timeframe has been extended to September 15, 2015. The assessment process must be completed within six (6) months of the submission of the State's transition plan.
Responsibility of 30 day public comment, listening session, information blitz, information session?	Stakeholder Committee	Email	A	15-Jan-15	This was the responsibility of DHHS. DHHS worked with LME/MCOs/Local Lead Agencies, Provider Organizations and Advocacy groups to ensure information was widely disseminated.

HCBS Feedback Worksheet - Timeline

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Who provides training for "Final Role and Implementation Plan 2/1-6/1?"	Stakeholder Committee	Email	A	15-Jan-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with the HCBS rule. This will occur in conjunction with our LME-MCO/Local Lead Agency partners.
Timeline for completing assessment difficult to meet for large provider	Stakeholder Committee	Email	A	15-Jan-15	The self-assessment timeframe has been extended to September 15, 2015. The assessment process must be completed within six (6) months of the submission of the State's transition plan.
Extend the assessment period	Stakeholder Committee	Email	A	17-Jan-15	The self-assessment timeframe has been extended to September 15, 2015. The assessment process must be completed within six (6) months of the submission of the State's transitions plan.
Sample large organization, not 100%	Stakeholder Committee	Email	A	17-Jan-15	DHHS is finalizing, in conjunction with the LME-MCOs/Local Lead Agencies, the rollout of the pilot self-assessment. In the actual self-assessment the sample size for residential, day supports, and adult day health providers will be 100%. For providers of supported employment the proposed sample is one per corporate site and a minimum of 10 assessments or 10% whichever is greater.
The timeline is ambitious given the coordination needed with all MCOs and providers on a pilot.	Stakeholder Committee	Email	A	20-Feb-15	The self-assessment timeframe has been extended to September 15, 2015. The assessment process must be completed within six (6) months of the submission of the State's transition plan.

HCBS Feedback Worksheet - Self-Assessment Analysis

	Source Breakdown					
	Email	Phone	Correspondence	Fax	Session Attendees	Total of All
Grand Totals	186	0	0	0	1	187
Stakeholders	3	0	0	0	1	4
Per Cent of Source Group	1.6%	0.0%	0.0%	0.0%	100.0%	2.1%
Advocacy Groups	12	0	0	0	0	12
Per Cent of Source Group	6.5%	0.0%	0.0%	0.0%	0.0%	6.4%
Providers/Provider Organizations	63	0	0	0	0	63
Per Cent of Source Group	33.9%	0.0%	0.0%	0.0%	0.0%	33.7%
LME-MCOs/LLA	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stakeholder Committee	104	0	0	0	0	104
Per Cent of Source Group	55.9%	0.0%	0.0%	0.0%	0.0%	55.6%
State Gov	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	Accept/Consider Breakdown		
	Accept - A	Consider - C	Total of All
Grand Totals	98	89	187
Stakeholders	2	2	4
Per Cent of Source Group	2.0%	2.2%	2.1%
Advocacy Groups	10	2	12
Per Cent of Source Group	10.2%	2.2%	6.4%
Providers/Provider Organizations	24	39	63
Per Cent of Source Group	24.5%	43.8%	33.7%
LME-MCOs/LLA	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%
Stakeholder Committee	60	44	104
Per Cent of Source Group	61.2%	49.4%	55.6%
State Gov	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%

Note: Each point of feedback is individually counted specific to affiliation, e.g. 1 person could have 20 points and each is counted as a separate entity.

HCBS Feedback Worksheet - Self-Assessment

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Deemed status for CQL providers	Stakeholder Committee	Email	C	14-Jan-15	Currently four accrediting bodies are recognized by the State. This is a larger systems issue and is being considered outside of the scope of the HCBS Transition Plan implementation.
Define key terms/words	Stakeholder Committee	Email	A	14-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure on-going compliance with the HCBS rule.
SE by definition is community based why is it being questioned? Clarify in definition. No self assessment. If no, concerns questions will not ensure compliance.	Stakeholder Committee	Email	A	14-Jan-15	An individual receiving HCBS services must do so in a setting that is integrated in and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings. An individual not receiving minimum wage on the job is not in competitive employment. DHHS must access Support Employment setting to ensure they are in compliance with the HCBS rule.

HCBS Feedback Worksheet - Self-Assessment

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
How SE services will complete the self-assessment needs to be determine. Staggering numbers.	Stakeholder Committee	Email	A	14-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure on-going compliance with the HCBS rule.
Cannot allow accreditation standards of any kind to grant deemed status. Foundation not the ceiling.	LME-MCOs/LLA	Email	C	14-Jan-15	Currently four accrediting bodies are recognized by the State. This is a larger systems issue and is being considered outside of the scope of the HCBS Transition Plan implementation.
Will there be interviews with residents and/or guardians? Look at P&P? - not clear	LME-MCOs/LLA	Email	A	14-Jan-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process. A self-assessment companion document is available for providers to use when completing the self-assessment.
Some people live in 131D homes and receive Day Supports and Community Networking - check all that apply for services.	LME-MCOs/LLA	Email	C	14-Jan-15	By definition Community Networking is provided in an integrated setting thus is not a part of the March, 2014 Final Rule. However, Day Supports does fall under the preview of the Rule, and is one of the services under review. Any residential setting providing residential supports will also have to complete a self-assessment.
Deemed Status for CQL providers, determine if there are any items that would appropriately be removed from the Self-Assessment of those providers no full deemed status.	Stakeholder Committee	Email	C	14-Jan-15	Currently four accrediting bodies are recognized by the State. This is a larger systems issue and is being considered outside of the scope of the HCBS Transition Plan implementation.
Adult Day Services leasing building on grounds of public institution should not be penalized.	Stakeholder Committee	Email	C	14-Jan-15	Any setting that does not meet the definition of home and community based as defined by HCBS Final Rule March, 2014 will require approval of the US HHS Secretary.
Adult Day Services part of continuum of care organization and on campus/grounds of institution should not be presumed to be institutional.	Stakeholder Committee	Email	C	14-Jan-15	Any setting that does not meet the definition of home and community based as defined by HCBS Final Rule March, 2014 will require approval of the US HHS Secretary.
General disconnect of assessment questions to adult day center services.	Stakeholder Committee	Email	A	14-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure on-going compliance with the HCBS rule. Assessment is reflective of all characteristics in the HCBS Final Rule.
CAP/DA who does the assessment? Lead Agency?	Stakeholder Committee	Email	A	14-Jan-15	The provider agency delivering the service will assume primary responsibility for completing the self-assessment.

HCBS Feedback Worksheet - Self-Assessment

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Adult Day - Co-location being institutional	Stakeholder Committee	Email	A	14-Jan-15	Any setting that does not meet the definition of home and community based as defined by HCBS Final Rule March, 2014 will require approval of the US HHS Secretary.
Adult Day -Need to define terms, i.e. public institution	Stakeholder Committee	Email	A	14-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure on-going compliance with the HCBS rule. Assessment is reflective of all characteristics in the HCBS Final Rule.
Adult Day - Those with dementia seeking employment. Crazy	Stakeholder Committee	Email	C	14-Jan-15	The person-centered process will be used to identify the specific support and services the individual needs and wants in life his/her life. Health and safety are paramount.
Adult day - required to provided transportation or just have it available?	Stakeholder Committee	Email	C	14-Jan-15	This is part of the definition for Adult Day Health and Day Support.
Adult Day - We are not reimbursed enough to offer transportation.	Stakeholder Committee	Email	C	14-Jan-15	This is part of the definition for Adult Day Health and Day Support.
Adult Day - are volunteer opportunities and field trips enough (access to community)?	Stakeholder Committee	Email	C	14-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure on-going compliance with the HCBS rule.
Adult Day - what does it mean in a group setting for people to have a place and opportunity to be by themselves?	Stakeholder Committee	Email	A	14-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure on-going compliance with the HCBS rule.
Exercising rights - Want to be person-centered, but some with Dementia can make some choices, but depends on where they are in the disease.	Stakeholder Committee	Email	A	14-Jan-15	The person-centered process will be used to identify the supports and services the individuals needs and wants to live his/her life. Health and safety are paramount.
Meals/snacks time and place of choosing - not realistic in adult day center, esp. for those with dementia.	Stakeholder Committee	Email	C	14-Jan-15	The person-centered process will be used to identify the supports and services the individuals needs and wants to live his/her life. Health and safety are paramount.
Need clearer instructions.	Stakeholder Committee	Email	A	14-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure on-going compliance with the HCBS rule.
Local Lead Agency and Case Management may cause confusion for I/DD providers.	Stakeholder Committee	Email	A	14-Jan-15	Within the self-assessment companion document efforts to clearly denote, through instruction, the differences in the services have been made.
Add line for the provider/organization name and signature of person completing on the last page.	Stakeholder Committee	Email	A	14-Jan-15	This has been added to the Self-Assessment document.

HCBS Feedback Worksheet - Self-Assessment

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Language -"remedial measures/plan of correction adversarial	Stakeholder Committee	Email	A	14-Jan-15	Language has been changed to Plan of Action.
Defining terms, better descriptions of terms.	Stakeholder Committee	Email	A	14-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment.
Changes of assessment layout.	Stakeholder Committee	Email	A	14-Jan-15	DHHS is making every effort to ensure the self-assessment is as user-friendly as possible.
What is the interpretation of regularly?	Stakeholder Committee	Email	A	15-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment.
Public institution, term to broad.	Stakeholder Committee	Email	A	15-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment.
Assessment does not really address employment.	Stakeholder Committee	Email	A	15-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment.
Individuals working for an agency that employs individuals with and without disabilities paid at or above minimum wage should be noted as competitively employed.	Stakeholder Committee	Email	A	15-Jan-15	Requirements for agencies providing supported employment to individuals that they employee are in the definition.
Visitors - HIPAA and safety concerns	Stakeholder Committee	Email	A	15-Jan-15	The person-centered process will be used to identify the supports and services the individuals needs and wants to live his/her life. If modification to conditions in the HCBS rule are needed for an individual, the need must documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H).
Employment- negotiate their hours-like everyone else.	Stakeholder Committee	Email	A	15-Jan-15	This could be presented as evidence of meeting the requirement for full access to the greater community, including opportunities to seek employment and work in competitive integrated setting.
Ask for samples of how organization meets the standard not just check yes or no.	Stakeholder Committee	Email	A	15-Jan-15	Provider agencies must provide evidence of how they are meeting the HCBS characteristics. A self-assessment companion document is available for providers to use when completing the self-assessment.
Responsible for demonstrating choice? Care coordinator should be responsible.	Stakeholder Committee	Email	C	15-Jan-15	Evidence provided will support choice. Can be plan, provider choice statement, etc. Please see companion document.
MCO and oversight agencies must respect dignity of risk.	Providers/Provider Orgs	Email	A	15-Jan-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure on-going compliance with the HCBS rule.
Accept Personal Outcome Measures interviews as evidence.	Providers/Provider Orgs	Email	A	15-Jan-15	This could be presented as evidence of meeting the requirement for being accessible.
Say bedroom not unit.	Providers/Provider Orgs	Email	C	15-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment. This language is contained in the rule.

HCBS Feedback Worksheet - Self-Assessment

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Choice may be limited due to safety issues.	Providers/Provider Orgs	Email	A	15-Jan-15	Health and safety must be ensured for the individuals receiving services. The process of being able to outline limitations in the person-centered plan allows for individual circumstances while ensuring that the limitations are actually based on health and safety needs.
Individual who is own guardian should not have to qualify for unsupervised time.	Providers/Provider Orgs	Email	A	15-Jan-15	Review of state statutes is a part of the transition plan process.
Safety concerns around food intake and tenant responsibilities.	Providers/Provider Orgs	Email	A	15-Jan-15	Health and safety must be ensured for the individuals receiving services. The process of being able to outline limitations in the person-centered plan allows for individual circumstances while ensuring that the limitations are actually based on health and safety needs.
Final decision to have someone move in is up to the AFL staff and agency .	Providers/Provider Orgs	Email	C	15-Jan-15	It remains the discretion of all providers to offer or not offer services, but ultimately it is the choice of the individual to accept or decline the offered services.
ISP vs PCP - We get an ISP	Providers/Provider Orgs	Email	C	15-Jan-15	The Rule requires person centered plans and defines what those are.
Extensive documentation for protective measures may result in agency discharges.	Providers/Provider Orgs	Email	C	15-Jan-15	The person-centered process should be used to identify the support and services the individuals needs and wants to live his/her life. If modification to conditions in the HCBS rule are needed for an individual, the need must documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H).
Most agencies... Rights restrictions consent and human rights committee	Providers/Provider Orgs	Email	C	15-Jan-15	The person-centered process will be used to identify the supports and services the individuals needs and wants to live his/her life. If modification to conditions in the HCBS rule are needed for an individual, the need must documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H). This could be presented as evidence of meeting requirements for modification. Review of the State Statutes is part of the transition plan process.
Rights restrictions - collection and review of data not necessary- appropriate for some not all.	Providers/Provider Orgs	Email	C	15-Jan-15	The person-centered process should be used to identify the supports and services the individuals needs and wants to live his/her life. If modification to conditions in the HCBS rule are needed for an individual, the need must documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H). This could be presented as evidence of meeting requirements for modification. Review of the State Statutes is part of the transition plan process.

HCBS Feedback Worksheet - Self-Assessment

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Provider agencies do not have authority to include information in the PCP.	Providers/Provider Orgs	Email	C	15-Jan-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life. The person-centered planning process is a collaborative process, and is not the responsibility of one person/entity.
Transportation- is the van that picks up Day Support enrolled individuals considered "similar to those used by the community at large"?	Providers/Provider Orgs	Email	C	15-Jan-15	It is similar to the transportation provided to other Medicaid beneficiaries.
Day Support group how will this work to integrate with non paid staff.	Providers/Provider Orgs	Email	C	15-Jan-15	The service must continue to meet the service definition.
MCO closed networks limit choice of setting.	Providers/Provider Orgs	Email	C	15-Jan-15	Individuals have choice of provider within the parameters of the waivers. The (b) waiver allows for the closing of the provider network. MCO needs to ensure adequate choice.
Day supports group services limits privacy requirement.	Providers/Provider Orgs	Email	C	15-Jan-15	Day Supports is offered as a group or individual service. Group size can vary depending on need. The service authorization should be based on the need for the individual as outlined in the person-centered plan
Unsupervised time is noted in ISP.	Providers/Provider Orgs	Email	C	15-Jan-15	The person-centered process will be used to identify the supports and services the individuals needs and wants to live his/her life. If modification to conditions in the HCBS rule are needed for an individual, the need must documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H).
Level of autonomy and independence depends on guardian and balance of maintaining LME contracts.	Providers/Provider Orgs	Email	C	15-Jan-15	The person-centered process will be used to identify the supports and services the individual needs and wants to live his/her life. The DHHS is finalizing the LME-MCO/Local Lead Agency assessment process. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Meals at time place of choosing - do AFLs have to do this?	Providers/Provider Orgs	Email	C	15-Jan-15	The person-centered process will be used to identify the supports and services the individuals needs and wants to live his/her life. If modification to conditions in the HCBS rule are needed for an individual, the need must documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H).
Snacks at any time is not reasonable for day support providers.	Providers/Provider Orgs	Email	C	15-Jan-15	The person -centered process will be used to identify to support and services the individuals needs and wants to life his/her life. If modification to conditions in the HCBS rule are needed for an individual, the need must documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H).
Facilitates choice should be asked at the LME level not agency.	Providers/Provider Orgs	Email	C	15-Jan-15	Individuals have choice of provider within the parameters of the waivers. The (b) waiver allows for the closing of the provider network. MCO needs to ensure adequate choice.

HCBS Feedback Worksheet - Self-Assessment

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Setting physically accessible - home modification cannot be made in AFL setting and be billed.. Should say reasonable instead of maximum.	Providers/Provider Orgs	Email	C	15-Jan-15	Please see companion document. While home modifications may not be authorized through the Innovations waiver program for a home that is not owned/rented by the individual/family, the setting must be appropriate to the individual.
Locked bedrooms - safety concerns in emergency	Providers/Provider Orgs	Email	C	15-Jan-15	Health and safety must be ensured for the individuals receiving services. The process of being able to outline limitations in the person-centered plan allows for individual circumstances while ensuring that the limitations are actually based on health and safety needs.
Keys to entrance doors - safety concerns	Providers/Provider Orgs	Email	C	15-Jan-15	Health and safety must be ensured for the individuals receiving services. The process of being able to outline limitations in the person centered plan allows for individual circumstances while ensuring that the limitations are actually based on health and safety needs.
Individuals free to furnish - AFL homes are usually already furnished.	Providers/Provider Orgs	Email	C	15-Jan-15	The rule requires that individuals should be able to display their own items and/or choose their own decorations.
Visitors - Natural supports are required to be listed in the ISP	Providers/Provider Orgs	Email	C	15-Jan-15	The rule requires that the individual must be able to have visitors unless it is restricted in their plan.
Does subcontractor mean MCO providers?	Stakeholder Committee	Email	A	15-Jan-15	Language has been removed from the Self-Assessment.
Assessment availability to families?	Stakeholder Committee	Email	A	15-Jan-15	Assessment is available to anyone through a variety of mediums, e.g. website, U.S. Mail, LME-MCO/Local Lead Agencies, etc.
Deemed Status for CQL	Stakeholder Committee	Email	C	15-Jan-15	Currently four accrediting bodies are recognized by the State. This is a larger systems issue and is being considered outside of the scope of the HCBS Transition Plan implementation.
Self-assessment sampling rather have 100% for providers.	Stakeholder Committee	Email	A	15-Jan-15	Residential and Adult Day Health providers will complete a self-assessment per physical site. Supported Employment providers will complete an assessment for the corporate site and a minimum of 10 assessments or 10%, whichever is greater.
Extend the assessment period.	Stakeholder Committee	Email	A	15-Jan-15	The self-assessment timeframe has been extended to September 15, 2015. The assessment process must be submitted within 6 months of the submission of the State's transitions plan.
No questions for day support	Stakeholder Committee	Email	A	15-Jan-15	Day Supports must meet the general HCBS criteria outlined in Section II of the self-assessment.
Sites that don't have waiver recipients... complete?	Stakeholder Committee	Email	C	15-Jan-15	The HCBS Regulation is specific to Medicaid HCBS waiver services offered by states.

HCBS Feedback Worksheet - Self-Assessment

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Licensure language	Stakeholder Committee	Email	A	15-Jan-15	Additional language has been included in the Companion Document. A review of the licensure rules are also occurring concurrently to determine the need for changes.
Setting that has the effect of isolating individuals - Define	Stakeholder Committee	Email	A	15-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process and to ensure compliance with the HCBS rule.
Setting is integrated: probing questions not sufficient some need examples	Stakeholder Committee	Email	A	15-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment.
Setting Selected- get room/bed available - answering yes is not the truth, how do I answer?	Stakeholder Committee	Email	A	15-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment.
Legal guardians - understanding roles and rights they have	Stakeholder Committee	Email	A	15-Jan-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process and to ensure compliance with the HCBS rule.
How to answer questions given current service environment?	Stakeholder Committee	Email	A	15-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment.
Family role in assessment?	Stakeholder Committee	Email	A	15-Jan-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
Understanding is CMS expectation that everyone has a lease, assessment does not say this.	Stakeholder Committee	Email	A	15-Jan-15	Additional exploration is occurring specific to this characteristic. Companion documents available to provide guidance with respect to all the characteristics contained within the Rule.
MCO funding to age and die in place	Stakeholder Committee	Email	A	15-Jan-15	This is a larger systems issue, and has been referred to appropriate Department staff for consideration.
State's plan to address people just taking vacant beds?	Stakeholder Committee	Email	A	15-Jan-15	This is a larger system issue, and is being considered by the Department. The person-centered process should be used to identify the supports and services the individual needs and wants in his/her life. This includes the living arrangement the individual chooses.
Documentation State requiring - planning meeting will last hours - CMS does not require this level of documentation.	Stakeholder Committee	Email	A	15-Jan-15	If modification to conditions in the HCBS rule are needed for an individual, the need must be documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H). This could be presented as evidence of meeting requirements for modification. The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life. The person-centered process does not happen in just one planning meeting.

HCBS Feedback Worksheet - Self-Assessment

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Funding for staffing needs to meet rule.	Stakeholder Committee	Email	A	15-Jan-15	Once the plan is finalized and the self-assessments are complete, a fiscal analysis/considerations will occur.
MCOs and other oversight must respect dignity of risk.	Stakeholder Committee	Email	A	17-Jan-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process and to ensure compliance with the HCBS rule.
CQL Personal Outcome Measures interviews should be accepted as evidence when applicable.	Stakeholder Committee	Email	A	17-Jan-15	This could be presented as evidence of meeting the requirement for being accessible.
Guideline for evidence required?	Stakeholder Committee	Email	A	17-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment.
DHSR licensure rules - barriers	Stakeholder Committee	Email	A	17-Jan-15	Review of state licensure rules is part of the transition plan process.
Private unit? If bedroom state clearly.	Stakeholder Committee	Email	A	17-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment.
Define key terms/words (Generic setting)	Stakeholder Committee	Email	A	17-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process and ongoing to ensure compliance with the HCBS rule.
Van to day support program , similar to those in community at large?	Stakeholder Committee	Email	C	17-Jan-15	It is similar to the transportation provided to other Medicaid beneficiaries.
Community interaction in a Day program.. How does that look?	Stakeholder Committee	Email	C	17-Jan-15	The person-centered process should be used to identify supports and services the individual needs and wants in live his/her life. This includes how the individual chooses to spend his/her day. Day Supports is offered as a group or individual service. Group size can vary depending on need.
Setting selected by individual not sure if possible for Day supports.	Stakeholder Committee	Email	C	17-Jan-15	Individuals have choice of provider within the parameters of the waivers.
Closed networks. Barrier of choice. Individuals go where there is an open bed.	Stakeholder Committee	Email	C	17-Jan-15	Individuals have choice of provider within the parameters of the waivers. The (b) waiver allows for the closing of the provider network. MCO needs to ensure adequate choice.
Rights of privacy - day support group and PCP approval of unsupervised time are barriers.	Stakeholder Committee	Email	C	17-Jan-15	The person-centered process should be used to identify the supports and services the individual needs and wants in live his/her life. This includes how the individual chooses to spend his/her day. Day Supports is offered as a group or individual service. Group size can vary depending on need.
Psychiatric medication - day supports program has no input on medications.	Stakeholder Committee	Email	C	17-Jan-15	The person-centered plan is a blue print specific to an individual's life and contains pertinent information about medical concerns, medications use, etc. The Day Supports provider has an obligation to observe and share any changes the person is experiencing that could be related to medication use to the appropriate source, e.g. Care Coordinator/Family/Case Manager/Residential Provider, etc.).

HCBS Feedback Worksheet - Self-Assessment

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Care Coordinator is responsible for what is put in ISP.	Stakeholder Committee	Email	C	17-Jan-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life. The person-centered planning process is a collaborative process, and is not the responsibility of one person/entity.
Choice, consequences for providers if negative result of choice?	Stakeholder Committee	Email	C	17-Jan-15	The person-centered process will be used to identify the supports and services the individuals needs and wants to live his/her life. Health and safety are paramount. In planning with the individual dignity of risk must be considered, but placing the person "at risk" is not the intent of the rule.
Use trained unpaid volunteers to help with increased access to community.	Stakeholder Committee	Email	A	17-Jan-15	This and other ideas will be considered as we implement the transition plan.
Consistency across LME/MCOs	Stakeholder Committee	Email	A	17-Jan-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with the HCBS rule.
Effect of Rule on AFL?	Stakeholder Committee	Email	A	17-Jan-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process and ongoing to ensure compliance with the HCBS rule.
Snacks at any time is not reasonable for day support providers.	Stakeholder Committee	Email	C	17-Jan-15	The person-centered process will be used to identify to support and services the individuals needs and wants to life his/her life. If modification to conditions in the HCBS rule are needed for an individual, the need must documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H).
Facilitates choice of setting should be asked at the LME level not agency.	Stakeholder Committee	Email	C	17-Jan-15	This is a collaborative process that involves the person, LME-MCO/Local Lead Agency and the provider any time a considering choice of service either initially or when a change is being requested.
Privacy, locked rooms and safety	Stakeholder Committee	Email	C	17-Jan-15	Health and safety must be ensured for the individuals receiving services. The process of being able to outline limitations in the person-centered plan allows for individual circumstances while ensuring that the limitations are actually based on health and safety needs.
AFL and eviction	Stakeholder Committee	Email	C	17-Jan-15	Additional exploration is occurring specific to this characteristic. Companion document is available to provide guidance with respect to all the characteristics contained within the Rule.
ISP modification process creates barriers (visitors, needed for modifications).	Stakeholder Committee	Email	C	17-Jan-15	This has been referred to the Innovations Waiver Stakeholder Group.
Roommate: shared room, housemate or both?	Stakeholder Committee	Email	A	17-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment.

HCBS Feedback Worksheet - Self-Assessment

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Criteria outlined in self-assessment may result in agencies discharging individuals.	Stakeholder Committee	Email	C	17-Jan-15	All settings where HCBS services are provided must be in compliance with all characteristics in the Final Rule.
Provider agencies have rights restrictive intervention consents and use human rights committee.	Stakeholder Committee	Email	C	17-Jan-15	This could be presented as evidence of meeting the requirement
Regular collection and review for some restrictions is not necessary.	Stakeholder Committee	Email	C	17-Jan-15	If modification to conditions in the HCBS rule are needed for an individual, the need must documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H). This could be presented as evidence of meeting requirements for modification. The person-centered process should be used to identify the support and services the individuals needs and wants to live his/her life. The person-centered process does not happen in just one planning meeting.
What goes in the ISP/PCP is the responsibility of the care Coordinator not the service provider.	Stakeholder Committee	Email	C	17-Jan-15	The person-centered process should be used to identify to supports and services the individual needs and wants to live his/her life. The person-centered planning process is a collaborative process, and is not the responsibility of one person/entity.
Define setting that has the effort of isolation.	Stakeholder Committee	Email	A	17-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Probe questions need examples.	Stakeholder Committee	Email	A	17-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Legal guardians - understanding roles and rights they have	Stakeholder Committee	Email	A	17-Jan-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Documentation requirements CMS does not require.	Stakeholder Committee	Email	C	17-Jan-15	If modification to conditions in the HCBS rule are needed for an individual, the need must documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H). This could be presented as evidence of meeting requirements for modification. The person-centered process should be used to identify the supports and services the individuals needs and wants to live his/her life. The person-centered process does not happen in just one planning meeting.
Accreditation should count for something alleviate a lot of anxiety regarding the cost of the new proposed policy.	Stakeholder Committee	Email	C	19-Jan-15	Currently four accrediting bodies are recognized by the State. This is a larger systems issue and is being considered outside of the scope of the HCBS Transition Plan implementation.

HCBS Feedback Worksheet - Self-Assessment

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Public institution, term to broad- Define.	Stakeholder Committee	Email	C	24-Jan-15	A self-assessment companion document is available for providers to use when completing the self-assessment. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process and to ensure compliance with and understanding of the HCBS rule.
To truly determine how well providers are meeting the HCBS mandate, the self-assessment tool should incorporate feedback from the consumers and families they serve.	Advocacy Groups	Email	A	03-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
Create an assessment tool for consumers and families to use that provides the opportunity to assess their providers' compliance with HCBS Rules.	Advocacy Groups	Email	A	03-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
What is DHHS comparing the provider self-assessment feedback against to ensure quality?	Advocacy Groups	Email	A	03-Feb-15	Providers must submit evidence to demonstrate that they are in compliance with the HCBS rule. DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information as well. Feedback from individuals and families will be vital to the process.
Are the provider self-assessment results going to be provided to the consumers of the providers?	Advocacy Groups	Email	A	03-Feb-15	Completed assessments will be made available to any interested party to ensure transparency. Any assessment containing PHI information will be redacted.
When is the companion document for provider self-assessment anticipated for further support in completion?	Providers/Provider Orgs	Email	A	04-Feb-15	The companion document is now posted. It can be found at http://www.ncdhhs.gov/hcbs
What is the criteria for determining what providers will be in the pilot program noted yesterday?	Providers/Provider Orgs	Email	A	04-Feb-15	DHHS is working identify providers to participate in the self-assessment pilot. A strategic work group is being developed to assist in identifying the sample.
Consumers/families need to be involved in MCO and provider assessments.	Stakeholders	Session Attendees	A	11-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
Consider additional language (Comp doc).	LME-MCOs/LLA	Email	A	16-Feb-15	A self-assessment companion document is available for providers to use when completing the self-assessment. Continued evaluation, including need for revisions, of the companion document will occur during the pilot phase.
State should develop separate tools for each service impacted.	Stakeholders	Email	C	16-Feb-15	There will be one assessment used for all providers. The general HCBS requirements are the same for all services.
Question 2 and part of question 6 should be for MCO not provider.	Stakeholders	Email	C	16-Feb-15	This is a collaborative process that involves the person, LME-MCO/Local Lead Agency and the provider any time a considering choice of service either initially or when a change is being requested.
Questions very broad for yes/no answers; better to break the questions into sections.	Stakeholders	Email	A	16-Feb-15	A self-assessment companion document is available for providers to use when completing the self-assessment.

HCBS Feedback Worksheet - Self-Assessment

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
"privacy in their unit including lockable doors - this rule has the increased potential to jeopardize the health and safety of the consumer and an increased liability to the responsible care-giver.	Providers/Provider Orgs	Email	A	17-Feb-15	Health and safety must be ensured for the individuals receiving services. The process of being able to outline limitations in the person-centered plan allows for individual circumstances while ensuring that the limitations are actually based on health and safety needs.
Courts have determined, through evidence, are not capable to make many decisions by themselves and due to this vulnerability, their self-guardianship has been terminated.	Providers/Provider Orgs	Email	C	17-Feb-15	If the individuals has a guardian, the person-centered process should still be used to identify the supports and services the individual needs and wants to live his/her life. Guardians should allow individuals input into those decisions to the extent practical. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
All agencies are required to obtain approvals from their Human Rights Committees.	Providers/Provider Orgs	Email	A	17-Feb-15	This could be presented as evidence of meeting the requirement for modifications.
Where is the companion Document for comment?	Providers/Provider Orgs	Email	A	19-Feb-15	The companion document is now posted. It can be found at http://www.ncdhhs.gov/hcbs . This document was not part of the 30 day public comment period.
Define the difference between unit and bedroom.	Providers/Provider Orgs	Email	C	19-Feb-15	A self-assessment companion document is available for providers to use when completing the self-assessment. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
Do the individuals have meals at the times and places of their choosing. Please clarify.	Providers/Provider Orgs	Email	C	19-Feb-15	A self-assessment companion document is available for providers to use when completing the self-assessment. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.
When you operate a home with 5 different individuals it's impossible to meet everyone's individual desires all of the time. Do you mean all of the time or some of the time?	Providers/Provider Orgs	Email	C	19-Feb-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life. This includes how the individual chooses to spend his/her day. Consideration should be given to the individual's financial means.
What do you mean by generic setting?	Providers/Provider Orgs	Email	C	19-Feb-15	A self-assessment companion document is available for providers to use when completing the self-assessment.
Group homes and customers are currently monitored by their MCO, DHSR, and Health/Fire department. Please do not introduce any additional redundancies.	Providers/Provider Orgs	Email	A	19-Feb-15	DHHS is considering ways to incorporate the ongoing monitoring for compliance to the HCBS regulation in existing monitoring processes.
In monitoring these homes/facilities will this be done person by person or by the home in its entirety?	Providers/Provider Orgs	Email	A	19-Feb-15	DHHS is considering ways to incorporate the ongoing monitoring for compliance to the HCBS regulation in existing monitoring processes.
If compliance monitoring is done person by person, how does a guardian fit into the picture.	Providers/Provider Orgs	Email	A	19-Feb-15	DHHS is considering ways to incorporate the ongoing monitoring for compliance to the HCBS regulation in existing monitoring processes.

HCBS Feedback Worksheet - Self-Assessment

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Can the customers in a home agree to their own rules by placing them in the lease (i.e. limiting visitors) or does every restriction of the HCBS standards need to be placed in a person's PCP?	Providers/Provider Orgs	Email	C	19-Feb-15	Restrictions must be noted in the individuals' person-centered plan.
Can the drafters of the Innovations waiver please change their language of an ISP to a PCP?	Providers/Provider Orgs	Email	A	19-Feb-15	This has been referred to the Innovations Waiver Stakeholder Group.
Ability to have visitors 24/7 could infringe on the rights of others. How is this to be addressed?	Providers/Provider Orgs	Email	A	19-Feb-15	The person-centered process should be used to identify the supports and services the individuals needs and wants to live his/her life. If modification to conditions in the HCBS rule are needed for an individual, the need must be documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H).
How will DHSR's rules be taken into consideration versus the preferences of a individual?	Providers/Provider Orgs	Email	A	19-Feb-15	Review of state licensure rules is a part of the transition plan process.
How are AFL homes to be considered within the self-assessment?	Providers/Provider Orgs	Email	A	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule. NC views AFLs as integrated setting, but in accordance with the Federal Rule a self-assessment will be required.
Companion Guide - when available?	Providers/Provider Orgs	Email	A	20-Feb-15	The companion document is now posted. It can be found at http://www.ncdhhs.gov/hcbs .
"Individuals served, family members, advocates, and other stakeholders must be an integral part of this assessment process."	Advocacy Groups	Email	A	20-Feb-15	DHHS is considering an individual experience profile and adding questions to consumer surveys to obtain this information. Feedback from individuals and families will be vital to the process.
Clarification is needed on what party completes this tool.	Advocacy Groups	Email	A	20-Feb-15	The provider agency of the service will be responsible for completing the self-assessment.
Local Lead Agency and Case Management Entity, while used for CAP/DA may cause confusion for IDD providers and should be clarified in this and other documents.	Advocacy Groups	Email	A	20-Feb-15	Clarification has been made in the self-assessment companion document.
Suggest also adding a line for the provider/organization name on the last page with the signature of the person completing the form.	Advocacy Groups	Email	A	20-Feb-15	Tool has been revised to include this information.
"Remedial measures/plan of correction" implies an adversarial process where the provider is to be punished for doing something wrong. Since some of the solutionsoutside the provider's control, it might be better to ask for possible solutions instead of "plan of correction."	Advocacy Groups	Email	A	20-Feb-15	Language in the tool has been revised.
We recommend using a different term, or putting "Institution for Mental Disease" in parentheses if you absolutely must use it.	Advocacy Groups	Email	C	20-Feb-15	Institution for Mental Diseases is defined in the self-assessment companion document. The self-assessment companion document is available for providers to use when completing the self-assessment. This term is contained in the Federal Rule.
A setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS" could prove to be a very subjective description. Find a more reliable, less subjective description.	Advocacy Groups	Email	C	20-Feb-15	A self-assessment companion document is available for providers to use when completing the self-assessment. This term is denoted in the rule.

HCBS Feedback Worksheet - Self-Assessment

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Page 3 - 1st block, single bullet from last section - We recommend moving this to the bottom of the previous page. Folks will miss this as they are "grading" themselves with "yes" or "no" on the previous page.	Advocacy Groups	Email	A	20-Feb-15	Self-assessment has been reformatted.
Recommend the MCO be the MCO where the physical site is located and the number of persons served is those served at the physical site.	Providers/Provider Orgs	Email	A	20-Feb-15	The LME-MCO documented should be the designated LME-MCO where the physical site is located. The self-assessment companion document is available for providers to use when completing the self-assessment.
A setting that has the effect of isolation individuals ...needs more clarification as it is subject to interpretation.	Providers/Provider Orgs	Email	A	20-Feb-15	The self-assessment companion document is available for providers to use when completing the self-assessment.
Evidence of support- This needs more clarification as it is subject to interpretation.	Providers/Provider Orgs	Email	A	20-Feb-15	The self-assessment companion document is available for providers to use when completing the self-assessment.
Setting selection - A Care Coordinator function should not be assessed by the provider. MCO should be responsible for a plan of action on this compliance item since they control the choice of providers within their networks.	Providers/Provider Orgs	Email	C	20-Feb-15	This is a collaborative process that involves the person, LME-MCO/Local Lead Agency and the provider any time a considering choice of service either initially or when a change is being requested. Individuals have choice of provider within the parameters of the waivers. The (b) waiver allows for the closing of the provider network. MCO needs to ensure adequate choice.
Independent initiative, autonomy - driven by the Person-Centered Plan/ISP and are the responsibility of the Care Coordinator to capture.	Providers/Provider Orgs	Email	C	20-Feb-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life. The person-centered planning process is a collaborative process, and is not the responsibility of one person/entity.
Providers can assess implementation of the PCP/ISP; but, should not be held accountable for the development of the PCP/ISP.	Providers/Provider Orgs	Email	C	20-Feb-15	Providers are not held accountable for the development of the PCP as it is a collaborative process, and is not the responsibility of one person/entity.
Access to food at all times should be based on the budget of the home and what is available to eat or the person's ability to purchase food.	Providers/Provider Orgs	Email	C	20-Feb-15	While consideration should be given to the individual's financial means, the individual should not be denied access to food unless it is restricted in the person-centered plan.
Choice...Section II, Item 6- driven by the Person-Centered Plan/ISP and are the responsibility of the Care Coordinator to capture.	Providers/Provider Orgs	Email	C	20-Feb-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life. The person-centered planning process is a collaborative process, and is not the responsibility of one person/entity.
Choice...Section II, Item 6-based on the resources available to the individual.	Providers/Provider Orgs	Email	A	20-Feb-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life. Consideration should be given to the individual's financial means.
Physical site modifications should be a Medicaid benefit for individuals.	Providers/Provider Orgs	Email	C	20-Feb-15	Home modifications are an Innovations waiver service for individuals. It is not currently available to individuals receiving Residential Supports. This comment will be referred to clinical policy.

HCBS Feedback Worksheet - Self-Assessment

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Physically accessible - Care Coordinator should address alternatives in the PCP/ISP in the event that Medicaid does not fund a modification and is the responsibility of the Care Coordinator to capture.	Providers/Provider Orgs	Email	C	20-Feb-15	This is a collaborative process that involves the person, LME-MCO/Local Lead Agency, and the provider. any time a choice of services is considered, either initially or when a change is being requested for any reason inclusive of environmental modifications. Home modifications are an Innovations waiver service for individuals. It is not available to individuals receiving Residential Supports.
Furnish and decorate...should not presume service providers are required to pay for furnishings and decorations unless noted in rule, regulation, or service definition and covered in the service rate.	Providers/Provider Orgs	Email	A	20-Feb-15	This is not a presumption. Financial resources of the person must be taken into consideration.
Visitors at "any time" – any variation to the requirement to maintain peace should be included in housing agreements when multiple people live together.	Providers/Provider Orgs	Email	C	20-Feb-15	The person-centered process should be used to identify the supports and services the individuals needs and wants to live his/her life. If modification to conditions in the HCBS rule are needed for an individual, the need must documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H).
What is the definition of housemate, roommate and unit?	Providers/Provider Orgs	Email	C	20-Feb-15	The self-assessment companion document is available for providers to use when completing the self-assessment.
In regards to decision making, how does this apply when there is a guardian?	Providers/Provider Orgs	Email	C	20-Feb-15	If the individual has a guardian, the person-centered process should still be used to identify the supports and services the individual needs and wants to live his/her life. Guardians should allow individuals input into those decisions to the extent practical. DHHS will provide guidance, training, education, and serve as a resource throughout the transition process and ongoing to ensure compliance with the HCBS rule.
What evidence is required of a "personal preference assessment"?	Providers/Provider Orgs	Email	C	20-Feb-15	The person-centered process should be used to identify the supports and services the individuals needs and wants to live his/her life as well as their preferences.
How is a person's "choosing" evidenced? This is a moving target.	Providers/Provider Orgs	Email	C	20-Feb-15	The self-assessment companion document is available for providers to use when completing the self-assessment.
How is 'satisfaction' evidenced? This is a moving target.	Providers/Provider Orgs	Email	A	20-Feb-15	DHHS is considering an individual profile and adding questions to consumer surveys to obtain this information. Measures for satisfaction would need to be developed in this process.
Provider should enter the MCO where the physical site is located.	Stakeholder Committee	Email	C	20-Feb-15	The LME-MCO documented should be the designated LME-MCO where the physical site is located. The self-assessment companion document is available for providers to use when completing the self-assessment.
Number of persons served should reflect the number served at the physical site.	Stakeholder Committee	Email	A	20-Feb-15	The self-assessment will be completed per site. The self-assessment companion document is available for providers to use when completing the self-assessment.

HCBS Feedback Worksheet - Self-Assessment

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Setting that has the effect of isolation individuals: needs more clarification as it is subject to interpretation.	Stakeholder Committee	Email	A	20-Feb-15	The self-assessment companion document is available for providers to use when completing the self-assessment.
Evidence of support: needs more clarification as it is subject to interpretation.	Stakeholder Committee	Email	A	20-Feb-15	The self-assessment companion document is available for providers to use when completing the self-assessment.
In order to access the community, some service definitions may need to include a corresponding rate of reimbursement so the individual can pay for transportation or the provider can secure a vehicle and hire staff to provide transportation.	Stakeholder Committee	Email	A	20-Feb-15	Once the plan is finalized, fiscal analysis will occur. This recommendation has been referred to the Innovations Stakeholder Work Group.
Setting selection: This is a Care Coordinator function that should not be assessed by the provider.	Stakeholder Committee	Email	C	20-Feb-15	This is a collaborative process that involves the person, LME-MCO/Local Lead Agency, and the provider any time there is a choice of service either initially or when a change is being requested. It is not the responsibility of one person/entity. Individuals have choice of provider within the parameters of the waivers. The (b) waiver allows for the closing of the provider network. MCO needs to ensure adequate choice.
Life choices: driven by the Person Centered Plan/ISP and is the responsibility of the Care Coordinator to capture.	Stakeholder Committee	Email	C	20-Feb-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life. The person-centered planning process is a collaborative process, and is not the responsibility of one person/entity.
Life choices: many things are based on the resources available to the individual.	Stakeholder Committee	Email	A	20-Feb-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life. Individuals financial mean should be considered.
Choice of activities – This can easily be accomplished in a model where all individuals are receiving one-on-one services, but many of the individuals receiving day supports under the Innovations Waiver are authorized for group services.	Stakeholder Committee	Email	C	20-Feb-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life. Individual may not be able to do everything that they want at all times, but choice should be evidenced. Both individual and group services can be utilized to access the community.
Access to food at all times must be based on the budget of the home and what is available to eat or the person's ability to purchase food.	Stakeholder Committee	Email	C	20-Feb-15	The person-centered process should be used to identify the support and services the individual needs and wants to live his/her life. An Individual's financial resources must be considered.
Day Supports: individuals bring their own meals/snacks; and though they have access to their food at any time, snacks are limited.	Stakeholder Committee	Email	A	20-Feb-15	This could be presented as evidence of meeting the requirement for being accessible.
Choice of Services and Supports: driven by the Person Centered Plan/ISP and is the responsibility of the Care Coordinator to capture.	Stakeholder Committee	Email	C	20-Feb-15	The person-centered process should be used to identify the supports and services the individual needs and wants to live his/her life. The person-centered planning process is a collaborative process, and is not the responsibility of one person/entity.
Many things are based on the resources available to the individual.	Stakeholder Committee	Email	A	20-Feb-15	An individual's financial resources must be considered. The rule does not say people get exactly what they want, when they want it. It does say that people must be provided choices.

HCBS Feedback Worksheet - Self-Assessment

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Physical site modifications should be a Medicaid benefit for individuals. Care Coordinator should address alternatives in the PCP/ISP in the event that Medicaid does not fund a modification.	Stakeholder Committee	Email	C	20-Feb-15	This is a collaborative process that involves the person, LME-MCO/Local Lead Agency, and the provider any time there is a choice of service either initially or when a change is being requested for any reason inclusive of environmental modifications. Home modifications are an Innovations waiver service for individuals. It is not currently available to individuals receiving Residential Supports.
Physically Accessible Settings: driven by the Person Centered Plan/ISP and is the responsibility of the Care Coordinator to capture.	Stakeholder Committee	Email	C	20-Feb-15	This is a collaborative process that involves the person, LME-MCO/Local Lead Agency, and the provider any time there is a choice of service either initially or when a change is being requested for any reason inclusive of environmental modifications. MCO needs to ensure adequate choice.
Choice of Roommates: individuals living in the home and individuals trying to move in to the home make this choice prior to admission.	Stakeholder Committee	Email	C	20-Feb-15	This is a collaborative process that involves the person, LME-MCO/Local Lead Agency, and the provider. The individual should have a choice from available options.
Furnishing and Decorating: This should not presume service providers are required to pay for furnishings and decorations, other than licensure requirements.	Stakeholder Committee	Email	A	20-Feb-15	This is not a presumption. Financial resources of the person must be taken into consideration.
Visitors "at any time" – any variation to the requirement should be included in housing agreements when multiple people live together settings and require being considerate to others living in the home.	Stakeholder Committee	Email	C	20-Feb-15	The person-centered process should be used to identify the supports and services the individuals needs and wants to live his/her life. If modification to conditions in the HCBS rule are needed for an individual, the need must documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H).
AFL settings the residential setting is a family home. Often times, children live in these homes along with the individual supported. Having visitors during the late night hours may not be suitable for all families. This provision may deter some families from providing AFL services.	Stakeholder Committee	Email	C	20-Feb-15	The person-centered process should be used to identify the supports and services the individuals needs and wants to live his/her life. If modification to conditions in the HCBS rule are needed for an individual, the need must documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through (H).
How will informed choice be provided?	Stakeholder Committee	Email	C	20-Feb-15	This is a collaborative process that involves the person, LME-MCO/Local Lead Agency and the provider. The individual should have a choice from available options. This will be documented in the person-centered plan.

HCBS Feedback Worksheet - Website Analysis

	Source Breakdown					
	Email	Phone	Correspondence	Fax	Session Attendees	Total of All
Grand Totals	3	0	0	0	1	4
Stakeholders	1	0	0	0	1	2
Per Cent of Source Group	33.3%	0.0%	0.0%	0.0%	100.0%	50.0%
Advocacy Groups	2	0	0	0	0	2
Per Cent of Source Group	66.7%	0.0%	0.0%	0.0%	0.0%	50.0%
Providers/Provider Organizations	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
LME-MCOs	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stakeholder Committee	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
State Gov	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	Accept/Consider Breakdown		
	Accept - A	Consider - C	Total of All
Grand Totals	4	0	4
Stakeholders	2	0	2
Per Cent of Source Group	50.0%	0.0%	50.0%
Advocacy Groups	2	0	2
Per Cent of Source Group	50.0%	0.0%	50.0%
Providers/Provider Organizations	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%
LME-MCOs	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%
Stakeholder Committee	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%
State Gov	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%

Note: Each point of feedback is individually counted specific to affiliation, e.g. 1 person could have 20 points and each is counted as a separate entity.

HCBS Feedback Worksheet - Website

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Difficulty finding HCBS documents.	Stakeholders	Email	A	16-Jan-15	The link to the DHHS HCBS website has been made available through multiple mediums. Information is identical on all sites within the Department, and are linked. Individual response provided.
Phone number to give HCBS transition plan feedback should be on the website.	Stakeholders	Session Attendees	A	03-Feb-15	The phone number was an included part of the website from the outset.
Specific change that needs to be made is that there is no link to this website from NC DHHS's website under "For Beneficiaries" on Medicaid for Long-Term Care or on the link regarding CAP-DA.	Advocacy Groups	Email	A	20-Feb-15	Appropriate links are available on website, and efforts are on-going to improve the site and ensure that it is user friendly for all visitors.
The HCBS website needs to be easily located by individuals and their families for all affected service programs.	Advocacy Groups	Email	A	20-Feb-15	There are on-going efforts to improve the site and ensure that it is user friendly for all visitors.

HCBS Feedback Worksheet - Listening Tours Analysis

	Source Breakdown					
	Email	Phone	Correspondence	Fax	Session Attendees	Total of All
Grand Totals	20	0	0	0	3	23
Stakeholders	5	0	0	0	2	7
Per Cent of Source Group	25.0%	0.0%	0.0%	0.0%	66.7%	30.4%
Advocacy Groups	14	0	0	0	1	15
Per Cent of Source Group	70.0%	0.0%	0.0%	0.0%	33.3%	65.2%
Providers/Provider Organizations	1	0	0	0	0	1
Per Cent of Source Group	5.0%	0.0%	0.0%	0.0%	0.0%	4.3%
LME-MCOs/LLA	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stakeholder Committee	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
State Gov	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	Accept/Consider Breakdown		
	Accept - A	Consider - C	Total of All
Grand Totals	19	4	23
Stakeholders	7	0	7
Per Cent of Source Group	36.8%	0.0%	30.4%
Advocacy Groups	11	4	15
Per Cent of Source Group	57.9%	100.0%	65.2%
Providers/Provider Organizations	1	0	1
Per Cent of Source Group	5.3%	0.0%	4.3%
LME-MCOs/LLA	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%
Stakeholder Committee	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%
State Gov	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%

Note: Each point of feedback is individually counted specific to affiliation, e.g. 1 person could have 20 points and each is counted as a separate entity.

HCBS Feedback Worksheet - Listening Tours

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Will these sessions be available/accessible via web log-in for remote attendance?	Stakeholders	Email	A	20-Jan-15	A webinar was held on 2/19/15 for stakeholders who were not able to attend the public listening sessions in person. The listening sessions webinar can be found here: http://www.ncdhhs.gov/hcbs/listening.html .
Location closer to Charlotte.	Stakeholders	Email	A	26-Jan-15	DHHS held six (6) listening sessions across the state. A webinar was held on 2/19/15 for stakeholders who were not able to attend listening sessions in person. The listening session webinar can be found here: http://www.ncdhhs.gov/hcbs/listening.html . Special consideration was given to determining the specific locales to ensure the best possible access and participation from individuals across all the waivers.

HCBS Feedback Worksheet - Listening Tours

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
No opportunities locally (Cardinal area).	Stakeholders	Email	A	27-Jan-15	DHHS held six (6) listening sessions across the state. A webinar was held on 2/19/15 for stakeholders who were not able to attend listening sessions in person. The listening session webinar can be found here: http://www.ncdhhs.gov/hcbs/listening.html . Special consideration was given to determining the specific locales to ensure the best possible access and participation from individuals across all the waivers.
Clarification needed for registration and attendee limits.	Providers/Provider Orgs	Email	A	29-Jan-15	Registration was not required for any of the listening session held across the state. Points of contact were available to all interested persons to provide clarification regarding all of the sessions, inclusive of the additional five sessions organized by the SEG.
Should take a more efficient, systematic, cohesive approach to gathering stakeholder feedback.	Advocacy Groups	Email	A	03-Feb-15	DHHS will continue to work with the LME/MCOs-Local Lead Agencies, Provider Associations and Advocacy groups to reach and engage as many individuals and families as possible. In addition, NC will continue to listen and take public feedback throughout the transition process. The HCBSTransPlan@dhhs.nc.gov email account will continue to be available for feedback submission. Additional approaches to gather feedback will be considered and implemented throughout this process.
Listening sessions of various kinds would be more effective if the information from each were compiled and shared among efforts.	Advocacy Groups	Email	A	03-Feb-15	An "At a Glance" document has been created for the listening sessions held across the state. This information can be found here: http://www.ncdhhs.gov/hcbs/listening.html . Additional documents are posted specific to the Community Chats and SCFAC feedback and can be found at the same site noted above.
Structure information to be reviewed and feedback requests in a way that is not overwhelming to consumers and family members. Many consumers and families need a better understanding of where NC is in the process and how these rules apply to their lives.	Advocacy Groups	Email	A	03-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with the HCBS rule. NC will continue to listen and take public feedback throughout the transition process. The HCBSTransPlan@dhhs.nc.gov email account will be available for feedback submission. Efforts to provide user friendly materials, such as the plain language version of the plan, is a priority of DHHS.
Advertised widely with enough lead time to allow participants to adjust their schedules and secure respite / back-up care when needed.	Advocacy Groups	Email	A	03-Feb-15	DHHS is continuing to work with the LME-MCOs/Lead Agencies, Provider Associations and Advocacy groups to reach and engage as many individuals and families as possible who otherwise may have been unable to attend a listening session. A webinar was held on 2/19/15 for stakeholders who were not able to attend the public listening sessions in person. The listening sessions webinar can be found at: http://www.ncdhhs.gov/hcbs/listening.html .

HCBS Feedback Worksheet - Listening Tours

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
Input is needed from more than just those who receive the Innovations / CAP waivers and traditional respondents.	Advocacy Groups	Email	A	03-Feb-15	Anyone can provide feedback. All HCBS consumers/families, LME-MCOs, Local Lead Agencies, providers, provider organizations, and other valued stakeholder are encouraged to provide feedback and comments specific to North Carolina's Statewide Transition Plan.
Need to be held where/when consumers can get to the meeting.	Advocacy Groups	Email	A	03-Feb-15	DHHS is will continue to work with the LME/MCOs/Local Lead Agencies, Provider Associations and Advocacy groups to reach and engage as many individuals and families as possible. A recorded webinar is available for those who could not attend in person. It can be accessed at: http://www.ncdhhs.gov/hcbs/listening.html .
Lack of access to transportation to attend.	Advocacy Groups	Email	A	03-Feb-15	A webinar was held on 2/19/15 for stakeholders who were not able to attend listening session in person. The listening sessions webinar can be found here: http://www.ncdhhs.gov/hcbs/listening.html .
Discussions are more robust when done privately or in consumer groups, verbally.	Advocacy Groups	Email	A	03-Feb-15	Five self-advocate and family listening sessions were held in conjunction with the public listening sessions held across the state.
Many individuals have a fear of retribution and are scared to write things down or speak negatively about providers, especially in front of the provider.	Advocacy Groups	Email	A	03-Feb-15	Five self-advocate and family listening sessions were held in conjunction with the public listening sessions held across the state.
See about coming to existing events, webinars, etc.	Advocacy Groups	Session Attendees	A	03-Feb-15	DHHS is will continue to work with the LME-MCOs/Local Lead Agencies, Provider Associations and Advocacy groups to reach and engage as many individuals and families as possible. DHHS is considering the use of existing events and webinars to provide guidance, training, education throughout the transition process. DHHS welcomes these opportunities.
Would it be possible to host community-based focus groups with all stakeholders - service providers, clients, program administrators and consultants present at the same time? If the various stakeholders were able to discuss the program together in real-time, then it might be more feasible to develop solutions that addresses all concerns or at least do not negatively impact some while positively impacting others.	Stakeholders	Email	A	05-Feb-15	The listening sessions hosted by DHHS are open to all stakeholders. The listening sessions held February 2nd - 12th included individuals who receive services, family members, providers and LME-MCOs/Local Lead Agencies.
COMMUNICATION: Found by accident; need more advertisement (TV, email, DHHS website is not a good way, newsletters are good, ask opinions.	Stakeholders	Session Attendees	A	09-Feb-15	DHHS will continue to work with the LME-MCOs/Local Lead Agencies, Provider Associations and Advocacy Groups to reach and engage as many individuals and families through as many mediums as possible.
Have meetings in Asheville more often.	Stakeholders	Session Attendees	A	12-Feb-15	DHHS is committed to conducting meetings in many areas (e.g. urban, rural) across the state. Special consideration was given to determining the specific locales to ensure the best possible access and participation from individuals across all the waivers.
Did not hear about the listening session until day of.	Stakeholders	Email	A	19-Feb-15	DHHS is will continue to work with the LME/MCOs/ Local Lead Agencies, Provider Associations and Advocacy groups to reach and engage as many individuals and families as possible.

HCBS Feedback Worksheet - Listening Tours

Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
We would also recommend that any future meetings be accessible by phone and the Internet to allow access by those who cannot physically attend a meeting.	Advocacy Groups	Email	A	20-Feb-15	DHHS is will continue to work with the LME-MCOs/ Local Lead Agencies, Provider Associations and Advocacy groups to reach and engage as many individuals and families as possible. A webinar was held on 2/19/15 for stakeholders who were not able to attend listening sessions in person. The listening session webinar can be found here: http://www.ncdhhs.gov/hcbs/listening.html . DHHS will continue to utilize technology to provide guidance, training, and education throughout the transition process. Materials are also available in hard copy.
There was not a large turnout based on the city size (e.g., Raleigh-have seen two to three times the number of attendees).	Advocacy Groups	Email	C	20-Feb-15	DHHS is will continue to work with the LME-MCOs/Local Lead Agencies, Provider Associations and Advocacy groups to reach and engage as many individuals and families as possible. A webinar was held on 2/19/15 for stakeholders who were not able to attend listening sessions in person. The listening session webinar can be found here: http://www.ncdhhs.gov/hcbs/listening.html .
Many people were confused as to what the meeting was about.	Advocacy Groups	Email	C	20-Feb-15	DHHS will provide guidance, training, education, and serve as a resource throughout the transition process to ensure compliance with understanding of the HCBS rule.
Short notice and short duration of the two-weeks of listening sessions cannot be expected to produce thorough or sufficient feedback.	Advocacy Groups	Email	C	20-Feb-15	NC will continue to listen and receive feedback throughout the transition process. The HCBSTransPlan@dhhs.nc.gov email account will be available for feedback submission as well as other mediums. There is no "wrong door" for feedback. DHHS will continue to work with the LME-MCOs/ Local Lead Agencies, Provider Associations and Advocacy groups to reach and engage as many individuals and families as possible.
Brief overview, did not help individuals understand the standards set by the rule as to the community nature of a service setting.	Advocacy Groups	Email	C	20-Feb-15	DHHS will provide guidance, training, education and serve as a resource throughout the transition process to ensure compliance with and understanding of the HCBS rule.

HCBS Feedback Worksheet - Positive Feedback

	Source Breakdown					
	Email	Phone	Correspondence	Fax	Session Attendees	Total of All
Grand Totals	29	0	0	0	1	30
Stakeholders	3	0	0	0	1	4
Per Cent of Source Group	10.3%	0.0%	0.0%	0.0%	100.0%	13.3%
Advocacy Groups	14	0	0	0	0	14
Per Cent of Source Group	48.3%	0.0%	0.0%	0.0%	0.0%	46.7%
Providers/Provider Organizations	6	0	0	0	0	6
Per Cent of Source Group	20.7%	0.0%	0.0%	0.0%	0.0%	20.0%
LME-MCOs/LLA	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stakeholder Committee	5	0	0	0	0	5
Per Cent of Source Group	17.2%	0.0%	0.0%	0.0%	0.0%	16.7%
State Gov	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Note: Each point of feedback is individually counted specific to affiliation, e.g. 1 person could have 20 points and each is counted as a separate entity.

HCBS Feedback Worksheet - Positive Feedback

Feedback	Affiliation	Source	Date Received
Very impressive process has been created.	LME-MCOs/LLA	Email	14-Jan-15
HCBS Timeline - Helpful layout.	Stakeholder Committee	Email	14-Jan-15
Person First - thank you for developing. Real language is refreshing.	Stakeholder Committee	Email	14-Jan-15
Moving toward HCBS accountability is much appreciated.	Providers/Provider Orgs	Email	15-Jan-15
Like one tool for each setting.	Stakeholder Committee	Email	15-Jan-15
Person First - plan well laid out, sound structure and information.	Providers/Provider Orgs	Email	17-Jan-15
Appreciate the opportunity for the general public to provide public feedback, and DHHS' participation in our NC Stakeholder Engagement Group meeting to solicit feedback from us directly.	Advocacy Groups	Email	3-Feb-15
Appreciate that the HCBS Taskforce Team wants family members and consumers input and participation in this process.	Advocacy Groups	Email	3-Feb-15
CAP/C: thank you for continuing to look for ways to improve this vital program.	Stakeholders	Email	5-Feb-15

HCBS Feedback Worksheet - Positive Feedback

Feedback	Affiliation	Source	Date Received
Listen, thank you for listening.	Stakeholders	Session Attendees	10-Feb-15
The pilot group with multiple providers of all sizes is excellent! As a wise parent said to me 'bottom up' feedback is always best in that it allows for the Service Recipient/Consumer to have the most feedback along with the family and staff, providers, etc.	Providers/Provider Orgs	Email	10-Feb-15
Overall, the efforts of CMS should be applauded.	Providers/Provider Orgs	Email	19-Feb-15
Thank you for taking comments on proposed changes in Innovations Waiver from the public.	Stakeholders	Email	20-Feb-15
Thank you for developing this person first/person friendly version. It's a much easier read for all of us!	Advocacy Groups	Email	20-Feb-15
We are encouraged that the State's vision for this plan is that North Carolinians with disabilities should be "in the least restrictive and most integrated settings possible" and that they "should have the opportunity to live in community settings that reflect community values and standards."	Advocacy Groups	Email	20-Feb-15
We commend the State for an approach that appears to be seizing this opportunity to move community integration forward.	Advocacy Groups	Email	20-Feb-15
We also appreciate that the State is using this process to evaluate its systems and policies.	Advocacy Groups	Email	20-Feb-15
The plan to closely examine current rules, policies, provider qualifications, and rate structures as they relate to the vision, outcome measures, and core compliance indicators is very encouraging.	Advocacy Groups	Email	20-Feb-15
The State's approach to outreach and engagement appears to be a solid plan to engage stakeholders. We particularly appreciate the State's efforts to involve stakeholders early in the process with the HCBS Stakeholder Committee and its welcoming of input from all sources.	Advocacy Groups	Email	20-Feb-15
Important aspect of the Committee is that it is a good balance of participants, advocacy groups, and providers.	Advocacy Groups	Email	20-Feb-15
We applaud the fact that the State added some recipient/guardian/family-only meetings on the days of the larger listening sessions in some cities.	Advocacy Groups	Email	20-Feb-15
State is to be commended for creating a person-first version of the transition plan.	Advocacy Groups	Email	20-Feb-15
We applaud the plan's recognition that the waivers and the plan itself will need to continue to evolve, include greater specificity, and continue to require public comment.	Advocacy Groups	Email	20-Feb-15
The clarity that all waiver participants will be provided a minimum of 60 days notice if they need to change to another provider, with more notice granted in instances where residential services are being secured, is a positive aspect of this plan.	Advocacy Groups	Email	20-Feb-15
Person-centered planning: positive that the State plans to continue to evaluate how that process can be improved.	Advocacy Groups	Email	20-Feb-15
I also applaud the identified intention to work collaboratively with providers and not create a "gotcha" setting.	Providers/Provider Orgs	Email	20-Feb-15
We recognize and appreciate the many attempts and methods made for meaningful stakeholder feedback, particularly the focus groups and listening sessions had over the past few weeks.	Stakeholder Committee	Email	20-Feb-15

HCBS Feedback Worksheet - Positive Feedback

Feedback	Affiliation	Source	Date Received
Thank you for this opportunity to give input from consumers and families across the state about the Home and Community Based Standards and services!	Stakeholder Committee	Email	20-Feb-15
The members of the State and Local Consumer and Family Advisory Committee (CFAC) would like to express its gratitude for having the opportunity to provide the North Carolina Department of Health and Human Services (DHHS) with input on the NC Home and Community Based Standards (HCBS) State Plan.	Stakeholders	Email	20-Feb-15
The pilot group with multiple providers of all sizes is excellent! As a wise parent said to me 'bottom up' feedback is always best in that it allows for the Service Recipient/Consumer to have the most feedback along with the family and staff, providers, etc.	Providers/Provider Orgs	Email	10-Feb-15

HCBS Feedback Worksheet - Training Opportunities

	Source Breakdown					
	Email	Phone	Correspondence	Fax	Session Attendees	Total of All
Grand Totals	7	0	0	0	11	18
Stakeholders	2	0	0	0	11	13
Per Cent of Source Group	28.6%	0.0%	0.0%	0.0%	100.0%	72.2%
Advocacy Groups	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Providers/Provider Organizations	2	0	0	0	0	2
Per Cent of Source Group	28.6%	0.0%	0.0%	0.0%	0.0%	11.1%
LME-MCOs/LLA	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stakeholder Committee	3	0	0	0	0	3
Per Cent of Source Group	42.9%	0.0%	0.0%	0.0%	0.0%	16.7%
State Gov	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Note: Each point of feedback is individually counted specific to affiliation, e.g. 1 person could have 20 points and each is counted as a separate entity.

HCBS Feedback Worksheet - Training Opportunities

Feedback	Affiliation	Source	Date Received
Clarification of HCBS transition plan on licensed AFL providers based comments.	Providers/Provider Orgs	Email	15-Jan-15
Legal guardians - role, rights, responsibility.	Stakeholder Committee	Email	15-Jan-15
Clarification of modifications to the rule 42 CFR 441.301 (c) (4) (VI)(A) through (d).	Stakeholder Committee	Email	17-Jan-15
Effect of rule on AFL home.	Stakeholder Committee	Email	17-Jan-15
Role of person centered planning, health and safety.	Stakeholders	Email	9-Feb-15
HCBS Rule Provider-owned or controlled Home and Community -based residential setting - "requirements" are ludicrous. It shows a frightening lack of understanding regarding the recipients that this NC government is servicing.	Stakeholders	Email	9-Feb-15
What is the criteria for supported employment?	Stakeholders	Session Attendees	10-Feb-15
Need more community education.	Stakeholders	Session Attendees	10-Feb-15
What about Innovations waiting list, resource allocation, b(3) services, and individual budgets?	Stakeholders	Session Attendees	10-Feb-15

HCBS Feedback Worksheet - Training Opportunities

Feedback	Affiliation	Source	Date Received
How does the SIS play into these changes?	Stakeholders	Session Attendees	10-Feb-15
Public school system supposed to provide aids?	Stakeholders	Session Attendees	10-Feb-15
Need education around job development.	Stakeholders	Session Attendees	11-Feb-15
Need community education of employers about value of I/DD employees.	Stakeholders	Session Attendees	11-Feb-15
Educate employers on tax benefits.	Stakeholders	Session Attendees	11-Feb-15
Existing businesses need to educate other businesses on the benefits of hiring I/DD workers.	Stakeholders	Session Attendees	11-Feb-15
Need to educate guardians on promoting choice.	Stakeholders	Session Attendees	11-Feb-15
Providers need better ethics training.	Stakeholders	Session Attendees	11-Feb-15
Please provide training workshops to guardians regarding the new standards.	Providers/Provider Orgs	Email	19-Feb-15

HCBS Feedback Worksheet - Feedback Clarification

	Source Breakdown					
	Email	Phone	Correspondence	Fax	Session Attendees	Total of All
Grand Totals	0	0	0	0	0	0
Stakeholders	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Advocacy Groups	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Providers/Provider Organizations	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
LME-MCOs/LLA	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stakeholder Committee	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
State Gov	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Note: Each point of feedback is individually counted specific to affiliation, e.g. 1 person could have 20 points and each is counted as a separate entity.

HCBS Feedback Worksheet - Feedback Clarification

Feedback	Affiliation	Source	Date Received	DMA / DMH Follow-up

NC DHHS HCBS Transition Plan Listening Tour At-A-Glance 2015

Date/Time	Location	Attendees	Session Feedback
February 2, 2015 6pm - 8pm	1136 East Main St. Lincolnton, NC	Self-Advocates/Family: 12 Providers: 22 LME-MCOs: 13 State Government: 7 Total: 54	<p>Employment:</p> <ul style="list-style-type: none"> - Transportation is significant barrier; - Job Development is need; - Education for Employers. <p>Residential:</p> <ul style="list-style-type: none"> - Consolidation of staff qualifications/competency; - Natural Supports is a concept not a reality - focus to develop/educate; - Better understanding of Dignity of Risk. <p>Day Services/Adult Day Health:</p> <ul style="list-style-type: none"> - Definition of terms such as "meaningful day"; - Definitions of services may be barrier to accomplishment, e.g. group versus day; - Align State and Innovations definitions.
February 3, 2015 6pm - 8pm	6001 Creedmoor Rd. Raleigh, NC	Self-Advocates/Family: 30 Providers: 27 LME-MCOs: 3 State Government: 13 Total: 73	<p>Employment:</p> <ul style="list-style-type: none"> - Job Development to achieve integrated employment; - Need to focus on choice - what does the person want to do; - Continuum of Services to include Adult Day Vocational Programs and Sheltered Services. <p>Residential:</p> <ul style="list-style-type: none"> - Plans may be good on paper, but are not always reality specific to integration; - Direct Support Professional turnover is a barrier; - Flexibility within service definition(s) to ensure choice of a quality life within a rate that "makes sense". <p>Day Services/Adult Day Health:</p> <ul style="list-style-type: none"> - More emphasis on person centeredness; - Reimbursement structure can be a barrier to integration; - Reverse integration does not need to be an option.
February 9, 2015 6pm - 8pm	1717 W 5th Street Greenville, NC	Self-Advocates/Family: 18 Providers: 10 LME-MCOs: 8 State Government: 7 Total: 43	<p>Employment:</p> <ul style="list-style-type: none"> - Need for integrated employment, however employers must be educated; - Need a marketing option to highlight strengths and reduce fear/anxiety of potential employers; - Need to develop incentives for employers. <p>Residential:</p> <ul style="list-style-type: none"> - People need more options; - Choices of housing need to be respected if it is true choice; - Need to provide family support/education. <p>Day Services/Adult Day Health:</p> <ul style="list-style-type: none"> - Recognize "meaningful day" is different for each individual; - Service origin such as starting at a licensed site can be a barrier; - Need to evaluate what is working in other parts of the state and replicate.
February 10, 2015 6pm - 8pm	4025 University Parkway Winston Salem, NC	Self-Advocates/Family: 27 Providers: 24 LME-MCOs: 4 State Government: 7 Total: 62	<p>Employment:</p> <ul style="list-style-type: none"> - Need for integrated employment, however employers must be educated -- "information hill" is very steep; - Need for long term follow along without disruption and without need to demonstrate medical necessity; - Vocational Rehabilitation is often a barrier - other options need to be considered. <p>Residential:</p> <ul style="list-style-type: none"> - Need more of a continuum of residential/housing options; - Concern regarding accountability for areas "outside" of scope; - Evaluation of person's satisfaction from day to day specific to meeting intent of rule. <p>Day Services/Adult Day Health:</p> <ul style="list-style-type: none"> - Waiting lists for services are too long which in turn affords no quality of life; - Quality providers that understand integration are difficult to identify; - Settings that isolate are an issue.
February 11, 2015 6pm - 8pm	3809 Shipyard Blvd Wilmington, NC	Self-Advocates/Family: 26 Providers: 7 LME-MCOs: 2 State Government: 7 Total: 42	<p>Employment:</p> <ul style="list-style-type: none"> - Vocational Rehab process is a barrier; - Need to connect/link employers who hire people with disabilities with the broader employer network; - Meaningful, individualized employment of choice is a need; Need to develop employment matrix. <p>Residential:</p> <ul style="list-style-type: none"> - Establish system of outcomes to help meet rule intent; - Three (3) bed limit creates financial constraints to meeting intent of rule; - Natural supports is often a "myth" - need more focus in this area if it is to be a reality. <p>Day Services/Adult Day Health:</p> <ul style="list-style-type: none"> - Group Day Supports is a barrier to integration/meeting rule intent; - Need to align service definitions to facilitate meeting intent of rule; - Licensure requirements need to be revised; Transportation is barrier.
February 12, 2015 6pm-8pm	8 Barbeta Drive Asheville, NC	Self-Advocates/Family: 13 Providers: 19 LME-MCOs: 5 State Government: 5 Total: 42	<p>Employment:</p> <ul style="list-style-type: none"> - Need more flexibility in service definitions; - Securing supported employment services is very difficult - need to streamline access; - Employment options must be individualized. <p>Residential:</p> <ul style="list-style-type: none"> - More living options are needed; - Natural supports are positive when present, but cannot replicate or replace paid supports; - Need increased accountability in licensed supervised living homes. <p>Day Services/Adult Day Health:</p> <ul style="list-style-type: none"> - Should be person's choice where they spend their day (they may have relationships with people at day program); - Day programs should increase activity options that promote community inclusion; - Transitioning away from group day supports should emphasize alternative meaningful activities.
Total Attendees: 316			

NC DHHS HCBS Transition Plan Chat Sessions Listening Tour At-A-Glance 2015

Date/Time	Location	Attendees	Session Feedback
February 3, 2015 2pm-3:30pm	343 E. Six Forks Rd. Suite 320 Raleigh, NC	Self-Advocate: 1 Family: 6 State Government: 2	<p>Employment:</p> <ul style="list-style-type: none"> - Increase access to Vocational Rehabilitation much earlier; - Increase employment options/develop job market; - Supported Employment made available at the legal working age (16). <p>Residential:</p> <ul style="list-style-type: none"> - "Homelike" must be reasonable (guidance is important); - Group homes should not be "default" option; - Improved transition planning for people moving out of parent's home or group home. <p>Day Services/Adult Day Health:</p> <ul style="list-style-type: none"> - My "peers" may be others with disabilities, this may be my choice; - Increased staff availability/pool so parents can work - critical shortage also skill level is an issue; - Transition from segregated to integrated settings should be gradual, not immediate.
February 9, 2015 6pm - 8pm	205 C-D Plaza Dr. Greenville, NC	Self-Advocates: 3 Family: 3 State Government: 2	<p>Employment:</p> <ul style="list-style-type: none"> - Educate employers on benefits of I/DD employees (include people with I/DD in the process); - Need Vocational Rehabilitation to be involved earlier in the person's life; - Need to promote work for everyone, not just the "highest functioning". <p>Residential:</p> <ul style="list-style-type: none"> - If a person chooses a group home, the housemates should have a variety of abilities (not grouped by disability); - Need affordable education opportunities to teach people to successfully live independently; - Need staff trained on inclusion/integration. <p>Day Services/Adult Day Health:</p> <ul style="list-style-type: none"> - Integration should start when children are young so they know their communities, and their communities know them; - Options need to be individualized for real person-centeredness; - Stigma and unwelcoming communities are a barrier to community inclusion.
February 10, 2015 6pm - 8pm	1006 S Marshall St. Winston-Salem, NC	Self-Advocates: 4 Family: 16 State Government: 1	<p>Employment:</p> <ul style="list-style-type: none"> - Emphasize employment outcomes; - Transportation is an issue to obtaining and maintaining employment; - Need to improve workforce to provide better supports. <p>Residential:</p> <ul style="list-style-type: none"> - Change in parent as provider requirements is a barrier; - Need a variety of housing options and emphasis on future planning; - Need more emphasis on roommate/housemate choice. <p>Day Services/Adult Day Health:</p> <ul style="list-style-type: none"> - Improve provider network to include more Adult Day Health providers; - Lack of available psychologist is a barrier to inclusion (people are unable to transition out of institutions without an evaluation); - Need a better variety of day settings.
February 11, 2015 2pm-3:30pm	5041 New Centre Dr. Suite 100 Wilmington, NC	Self-Advocates: 2 Family: 3 State Government: 1	<p>Employment:</p> <ul style="list-style-type: none"> - Need better training for job coaches; - Vocational Rehabilitation can be a barrier to employment (short staffed, no long term follow along); - Lack of jobs in the community is a barrier. <p>Residential:</p> <ul style="list-style-type: none"> - Essential to have a variety of options; - Community Networking is working well; - Need to improve true person-centered planning process. <p>Day Services/Adult Day Health:</p> <ul style="list-style-type: none"> - Need more options for people to choose from; - LME-MCOs are pushing group day supports - counterproductive to person-centeredness; - Need workforce development to improve staff competencies.
February 12, 2015 6pm-8pm	306 Summit St. Asheville, NC	Self-Advocate: 1 Family: 15 State Government: 2	<p>Employment:</p> <ul style="list-style-type: none"> - Need streamlined access to services, especially when a job becomes available; - Need to promote a variety of employment options such as microenterprise; - Vocational Rehabilitation can be a barrier to continued employment - step down plans can occur too quickly. <p>Residential:</p> <ul style="list-style-type: none"> - Alternative Family Living settings can be a good alternative to group homes; - System should not rely on natural supports as a substitute for services; - High staff turnover rate is a barrier to inclusion and person-centered supports. <p>Day Services/Adult Day Health:</p> <ul style="list-style-type: none"> - Day programs should be available if the person chooses that setting; - Need options for meaningful day based on the person's interests; - Need more education and training for staff.
		Total Attendees: 62	

NC DHHS HCBS State Consumer and Family Advisory Committee Feedback 2015

<p style="text-align: center;"><i>How can we better support you to be more involved in your community?</i></p>	<p style="text-align: center;"><i>What do we need to look at first, for example vocational programs, residential services/home, workshops, job opportunities, etc.? What should we look at first, second, third?</i></p>
<ul style="list-style-type: none"> • Improve transportation resources/availability; • Continue periodic listening sessions to keep the public informed to ensure people have a voice; • Increase awareness of various natural/community supports, general disability awareness, and awareness of barriers to community access; • Increased funding of adaptive equipment to increase physical capacity to access the community; • Identify volunteers/natural supports to read mail, explain email and information to people with I/DD; • Help facilitate connecting people to their peers based on common interests; • Promote collaboration across supporting agencies; • Develop a “go to” resource page for people including a person’s rights and how to report a rights violation; • Supported Employment including skills training and educating employers, and maintain other community-based services; • Online and telephone support services; • Community support group meetings; • Updates on Facebook page; • Recovery helpline that connects someone to a live person with a small caseload who can respond quickly; • Increased asset development to afford things like transportation, activity costs, etc.; • Quality training for providers/better pay rates for Direct Support Professionals. 	<ul style="list-style-type: none"> • Safe and affordable residential options; • Meaningful employment, including access to job skills training and education; • Accessible and affordable transportation; • Stronger provider networks with adequate reimbursement and quality assurance; • Widespread communication and education about the new Home and Community Based Services rule; • Identify and address specific barriers to community inclusion; • Promote independent living education; • Train staff to understand community inclusion.
<p style="text-align: center;"><i>With what you have been told, plus what you already know, what worries you about the new [CMS] rule?</i></p>	<p style="text-align: center;"><i>How can we hear from as many people as possible?</i></p>
<ul style="list-style-type: none"> • No training for self-advocates and families with materials in simple language; • Policies need to be flexible to encompass the broad spectrum of people being served; • Who might fall through the cracks with more change? • How are provider agencies going to be assessed? • How proactive will the system be in responding to the families/consumers? • The many bumps that occur during transitions; • Providers will not buy in to the new rules; • When consumers exercise their rights, concerned that there will be retaliation; • Decrease in the availability of group homes; • Consumer fear which will lead to complacency; • Emphasizing the good ideas in the rule in such a way that it will actually happen; • Adequate transition time needs to be given to make the new rule happen successfully; • It must be guaranteed that people have their own right to choice and self-determination in the person-centered planning process; • The new rule will provide too much freedom to individuals with challenges that think they are capable of making appropriate decisions, but in reality need more structure; • New mandates without means to measure accountability or funding to make them a reality; • Adequate funding to ensure the standards in the new rule can be meaningfully implemented without overburdening providers. 	<ul style="list-style-type: none"> • Meet with groups focused on the aging population; • Engage peer support specialists and people with disabilities to take information back to their communities and solicit feedback; • Active outreach to military/veteran population; • Survey individuals in large residential settings and day programs; • Utilize provider association networks such as Benchmarks and the NC Providers Council; • Use social media, newspaper ads, and mass mailings to spread information; • Post information in libraries using simple language; • Meet with self-advocate groups or other support groups to talk to people; • Forums with well-informed panelists in all the LME/MCO regions; • Use teleconferences, live webinars, and make phone calls; • Radio announcements; • Conduct ongoing listening sessions; • Public hearings; • Reach out to faith communities; • Ensure local government participation.

PUBLIC FORUM (Limited) – January 16, 2015 – HCBS Final Rule March, 2014 – HCBS Transition Plan – Open for Public Expression and Assembly

PART I NCCDD Stakeholders’ Engagement Group (SEG) Discussion on the HCBS Rule 1.16.15 – (Janet Breeding’s Notes)

A very brief overview of the rule was provided by Barb Brent, NASDDDS and Kelly Bohlander Friedman as the segway to the introduction of Rachel Noel, DMH/DD/SAS, Deb Goda, DMA and Janet Breeding, DMH/DD/SAS.

Emphasis was placed on the need to formulate a response to the draft documents that will be available for public comment on January 20th, 2015.

Significant discussion occurred specific to “spreading the word” so that as much feedback as possible from individuals and their families could be obtained.

Power Point Presentation that will be posted to the dedicated HCBS Transition Plan website was utilized for the presentation to the SEG membership.

Deb Goda: I and K waiver are not slot based – there are neither of these in NC

Question: Roughly how many individuals are affected – *Answer:* Roughly 12,000 Innovations – 10,000 – CAP-DA; and CAP-C – is not affected – look at cascade – look at how it changes for all – many will be touched by changes to HCBS rule.

Question: What is essential: first reaction – what about folks with Prader Willi – *Answer:* have to stop and say wait – this must be given consideration – if cannot do something – go through it thoughtfully – carefully note . . .how do you want us to keep people safe and do this . . . – need to talk about individual people and do things that make sense . . . do not remove things . . .because it affects someone else.

NASDDDS Representative Barb Brent commented – NC is in “good hands”. The Department is really listening – passionate and committed about people supported and their families. Was a bit surprised – at that kind of feedback – how deep into the specifics - need to assess individually, but what is our broad brush – what are the systemic changes that are needed.

Question: How close can homes be – same plot of land – problem– density if not typical within the community? *Answer:* CMS has not indicated a definitive size, or space with certain exceptions that are clearly identified in the rule (referenced specifics).

Question: Doe the Able Act affect this: *Answer:* Does not appear to from initial read, more information to be gathered.

Matt – SEG Member – commented – . . . on paper, this is a thumbs up – *Question:* but is the letter of the law going to be followed? *Answer:* In the plan, we have to note how we are

PART I NCCDD Stakeholders' Engagement Group (SEG) Discussion on the HCBS Rule 1.16.15 – (Janet Breeding's Notes)

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going to get there and how we are going to follow and maintain it – it is the State's obligation.

SEG Member – Many attendees are large provider and lobbyists – this could be a problem.

SEG Member – providers are going to have to learn about dignity of risk.

Eric – SEG Member – in winter in cold – when with grandmother – had personal heater – now residentially I cannot – was not the issue – it was more – if I lived by myself I could have my heater – really valued –and what can we do . .

Janet Breeding - Again, it is look at all the systems, rules, etc.-

Deb Goda: Give us feedback, this is the most important link to this process.

SEG Member – Question: what do you recommend in terms of feedback . . . is it on plan, or on general outcomes. . – *Answer*: –Need detailed feedback from stakeholders on all the documents that are available . . . tell us work works, what does not work . . . and what have we missed.

Barb Brent, NASDDDS Representative commented – only 7 plans have gone in so far – a lot of waiver specific plans – about 500 in the country – if put it new waiver –made an amendment for people to work – 20,000 cross disability – small amount of stakeholder engagement – is one of reasons CMS is asking for more, and not accepting on the first submission.

Rob, SEG Member – commented - liability of providers versus choice of individuals . . . are there provisions regarding limited liability of providers – offer as feedback – e.g. Mike – set of knives – cannot have, but can Matt have access – regulations need to be relaxed in some way regarding liability.

Curtis – SEG member – 185 Oxford Houses in NC – Serving as part of NC SA Federation – affiliated through State CFAC . . . good to be part of robust and full bodied meeting.

Barb Brent, NASDDDS Representative commented – Partners from the Department want to be involved with individuals and their families . . . Socrates – the secret of change is to focus all of your energy, not on fighting the old, but building on the new.

Barb Brent, NASDDDS Representative commented: CMS has been working on this for 3 years – a lot of public comment – wildly varied – this is a big rule.

PART I NCCDD Stakeholders' Engagement Group (SEG) Discussion on the HCBS Rule 1.16.15 - (Janet Breeding's Notes)

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Barb Brent continued: Referenced preamble – things around inclusion and integration – part of that spirit – not there to align all regulations – struggle between Medicaid and DOJ – this rule talking about the spirit of creating better lives . . . very determined to have the most inclusive communities possible . . . actually went out again to re-think it – some academics – conflict free case management, PCP, etc . . .

PCP is not a new day . . . CMS thinks States are there . . . PCP is not a 5 year plan – but need to talk about work . . . it may not be perfectly in place . . .

The rule was written to enhance a person's life – rule written to show exceptions – not written to opt out.

CMS was not super clear or prescriptive – e.g. size, sheltered workshop versus no sheltered workshop . . .

Due to lack of specifics difficult for States to determine what meets muster – some States taking hard line – no more than 3 beds, same with segregated work settings, CMS has set a floor . . . regs say what it is not – does not state what is . . . State's struggling as are stakeholders . . . even with floor, you can go as high as you want . . . some States have done . . . others have not, etc.

Some say heightened scrutiny for any larger than 4, service definitions that focus only on groups, work to see what we can change – decide what are lines in the sand . . . no hard criteria – so we are doing our best assumption . . .

Deb Goda commented: Contractual relationships with LME-MCOs, things in policy, then on-going how are we going to monitor – need metrics . . . looking at service definitions and where we are.

We are not starting with AFL's – starting with homes that have been grandfathered in and are bigger – we will self-assess and analyze.

Satisfaction, assessment data, and input – tells us where we are . . .

SEG Member Question: How is public comment statement different? *Answer* – documents have to be posted – people have to have access. We must get feedback, address- keep track, whether accepted, considered, and why.

SEG Member comment: With feedback – beloved providers and MCOs – better oiled machines.

PART I NCCDD Stakeholders’ Engagement Group (SEG) Discussion on the HCBS Rule 1.16.15 – (Janet Breeding’s Notes)

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Janet Breeding: The Department is very interested in the feedback Stakeholders have and what you can share . . . we are listening.

Barb Brent, NASDDDS Representative shared: If there are 20 comments about not watching TV – trend – overall what is this – lack of choice in the home – what can we do in rule to make this change.

Barb Brent commented: This rule is not just where you live, but other parts of your life.

What are the themes and how do we roll into systemic ideas . . .

Political appointees - CMS head - - by all accounts it will not be reversed . . . not sure how many staff there will be to enforce it.

Mike Mayer, NAMI Chair, commented: Bi-partisan conversation – very positive; Holly – Olmstead/ADA comes to life . . .

Mike Mayer comment: – more concerned about design of Medicaid and does it remain under DMA – or most recent proposal of 8 member panel . . .

Barb Brent, NASDDDS Representative, commented: – ADA signed by Republican President – rule is not high enough on radar to work on as is immigration . . . not where people will spend energy – at State level it gets a bit confused . . . no matter structure – what you want is what you want . . . Federally – what is the really big picture . . .

Matt, SEG Member – comment: never underestimate politics to place blame on those least responsible. Medicaid recipients are viewed as “takers” . . .

Matt continues: Federally SSI is getting attention . . .

Anna – SEG Member – capture – component -- % increase of people needing services and wait times . . . shared personal experience.

Matt, SEG Member – never attribute to malice what is simple stupidity – what legislators do not know. Balance of giving the benefit of doubt or them doing something that will have a negative impact.

Barb Brent, NASDDDS Representative: There are other priorities to work on, but the Transition Plan is an opportunity now.

Outcomes of SEG are germane now . . .

PART I NCCDD Stakeholders' Engagement Group (SEG) Discussion on the HCBS Rule 1.16.15 – (Janet Breeding's Notes)

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Deb Goda – Self Assessment – provides a look at where providers are in relationship to rule and how to

Barb commented - Think about comments on the Self-Assessment – what are the kinds of questions you would ask?

SEG Member comment – need to ask consumers first.

Anna, SEG Member, commented - Self assessment – fact finding – better framework . . everyone - more cohesive . . .

Anna, SEG Member, commented – members HCBS task force team that are attending and being a part and documenting that . . . huge increase in needs and wait times in MD offices – micro cosmos . . listening to consumers and family at every level - - - documenting feedback . . . more to be done on reaching persons everywhere . .

Pat, SEG Member, commented – need more supports – people to attend CFACs – Boone area . . consumers are interested, but need support – make it worth someone's efforts – need more solutions and efforts to get folks to table (not part of rule feedback – parking lot) – not directly related to Transition Plan, but still matters.

Barb Brent commented – The fact that this will count as public forum is huge . . .

DRNC Represented commented – focus is misplaced – essentially – unfunded mandate to providers, nothing about how to get impact of people supported, - draft – that does not talk about single state agencies – Single state agency (DHHS) define its roll and explain how it will do what it needs to (better explanation needed).

Tony, SEG Member – what can be done better – consumer that receives services over time – real time by experience . . .

DRNC representative commented – if require a true PCP – this plan should be one entity on how they will comply with the requirements . . . this is not DHHS's person centered plan – if it is not developing services.

Kurtis, SEG Member – need to get a snapshot, and then start . . . have to start gathering data – *DRNC commented* – in effect, the person doing service is being asked if they are doing good job . . .

Barb Brent commented – DRNC- role is to create an itch – SEG tries to create a little sand in moss, but more what is positive and possible – purpose – is to get feedback and walk the narrow line.

PART I NCCDD Stakeholders' Engagement Group (SEG) Discussion on the HCBS Rule 1.16.15 – (Janet Breeding's Notes)

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Rob, SEG Member – Theme – will not only the providers receive, but consumers receive as well – need to ensure focus . . . line up another survey – other consumers – for independent assessment – of what a statewide assessment really looks like . . .

SEG Member commented – assessment is for provider agencies . . . how to stop – need two pieces of input: how will the tool be valid – and providers say hunky dory, and it really is not . . .

Jean, SEG Member commented – need a way to assess . . . for people on waiting list;

Holly Riddle, DMH/DD/SAS commented – a group of people working on communications part of community rule – talking about other ways to reach people.

Matt, SEG Member commented – take feedback – one thing important- make sure person drives the assessment, not the other way around . . . assessment will shape what services they do or do not get – assessment is valuable part of process.

Kelly Bohlander Friedlander, Disability Policy Consultant – SEG commented – this is a tool of compliance with the rule . . .

Barb Brent suggested that – people with disabilities and families should be assessing compliance with the rule . . . not about my plan, but my life . . . based on assessment questions drafted here.

Ron, SEG Member commented – want to get consumer voice – type in same way – within provider or system wide – put in first person language . . . do you choose . . . same questions – consumers to answer would be very helpful . . .

PART II NCCDD Stakeholders' Engagement Group (SEG) Discussion on the HCBS Community Rule 1.16.15 – Holly Riddle, DMH/DD/SAS – begins here and continues through page 9.

Part II NCCDD Stakeholders' Engagement Group (SEG) Discussion on the HCBS Community Rule 1.16.15 – Holly Riddle's Notes

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These notes begin where Janet Breeding's notes from the same meeting end.

Who will make sure that the provider self-assessment is accurate and true? The DHHS will monitor LME-MCOs/providers. First, DHHS will test the tool, then it will roll it on a larger scale.

Comment: Make sure that the person is driving the assessment, not the other way around. People are afraid that "assessments" shape what services they get. The assessment tool we are talking about now is the provider self-assessment and compliance with the HCBS Rule. People need to know what this is all about. What is being assessed and why?

Suggestion on provider self-assessment: The value of the individual's voice is best seen in the comparison of their perception with that of the provider—and with that of the state. This would create a "gap analysis." It would tell providers and the state where best to invest their time and energies in the years to come.

I am concerned that the plan development process isn't bastardized to get it done within a certain time frame.

The exploratory questions that I [a parent member of the NCCDD] developed went out weeks ago, says Anna Cunningham. I initially got only two, detailed responses and they were from traditional respondents. When I *revised* my questions, I got many more responses. For the HCBS Community Rule Transition Plan, we need a new standard for the way we do things. There is a large group of people who don't see themselves in this initiative yet. We need input from more than just those who receive the waiver and traditional respondents. This is a matter of interest for all North Carolinians.

NAMI Chair Mike Mayer, who led the NCCDD's Advocacy Ambassadors Initiative, observed that self-advocates give you more authentic answers when you interview them, one-on-one, without providers, and without family members in the room. If a survey was coming from this group, NCCDD chair suggests, it might reach more people and DHHS might get more authentic responses. This input could strengthen the process.

Building trust between providers and people who receive services is critical. I would give a "positive shout out" for the involvement of consumers on the boards of provider groups and LME-MCOs.

PART II NCCDD Stakeholders' Engagement Group (SEG) Discussion on the HCBS Rule 1.16.15 – (Holly Riddle's Notes)

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"We are all suffering from PTSD in this system." The same things we do for ourselves can be used to help heal the system. We hope this process can help heal the system and build trust.

The original SEG outcomes include asset development. So far, there's been no discussion of this topic in the HCBS Community Rule discussion. How do the Transition Plan and this rule tie to the ABLE Act? The ABLE Act allows people to put some funds aside. But does it benefit people who have very little? Can this process support changes in the area of asset development?

Jonathan Ellis (person with DD): in previous job, I worked in Supported Employment. We need to close sheltered workshops in NC. People should live in homes of no more than four, but their voice needs to be heard on the issue of the size of their home. The issue of transportation must also be addressed. It is a huge barrier to integration.

People are afraid to speak when there are providers in the room. How will DHHS deal with this at the Listening Sessions? There is a broad and deep fear of retribution from providers; it is pervasive among people with DD. The NCCDD's Advocacy Ambassadors initiative of the NCCDD saw this, say Matthew Potter and Mike Mayer of that initiative.

People who use services need to be involved in the provider self-assessment process. "Do I get to go freely? Do I have opportunities to live the life I want to live?" How do we get the engagement of people getting services? "Could we take the same set of questions DHHS is using, adapt them, and have individuals/families answer them?" asks NCCDD chair.

There must be robust, diverse consumer and family involvement on the HCBS Transition Plan Stakeholder Group.

Ron Reeve says the SEG should follow up and make a companion self-assessment survey for self-advocates. It might go out after the next SEG meeting. The DHHS should prepare a consumer survey to go out with their survey of providers—an individual experience survey. Would this be developed before or after March 2015?

This group wants to provide a formal letter of input to the DHHS, in addition to these notes. There isn't a lot of time before the input period closes for the

PART II NCCDD Stakeholders' Engagement Group (SEG) Discussion on the HCBS Rule 1.16.15 – (Holly Riddle's Notes)

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Transition Plan. The DHHS provider self-assessment process should include some complement of questions for consumers.

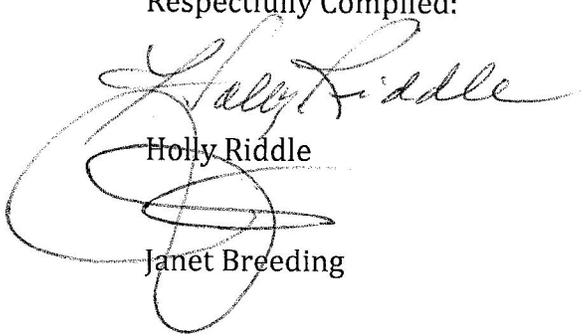
How does this group want to be involved in the HCBS Final Rule process? Deep end comment by a few people? Broad input from a lot of people? What is the group's goal? We will send in formal letter to DHHS, making recs about the HCBS Rule; send the same letter out to various, diverse constituencies that the SEG represents; let people know about the listening sessions and other ways to communicate on the HCBS Rule; and, in the future, we think the SEG should do a neutral, self-assessment for consumers/families, based on the HCBS Transition Plan. Also, the group should widely share the HCBS.org website.

Be sure that DHHS looks at the survey that Anna Cunningham did with the NCCDD. She got about 80 responses.

Will there be a way to reach the people on the waiting list for services? Many of these are people who need/want HCBS Services.

The DHHS Communications team is going to reach out to a broad group of people through, e.g., advocacy groups, listening sessions

Respectfully Compiled:



Holly Riddle

Janet Breeding

Public Forum Notes were provided to the SEG for review and response.

**North Carolina DHHS HCBS Final Rule Transition Plan
(42 CFR Section 441.301 (c) (4)(5)and (6); Section 441.302; Section 441.530)**

<i>Action Item</i>	<i>Description</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>	<i>Sources</i>	<i>Key Stakeholders</i>	<i>Intervention/ Outcome</i>
Section 1. Identification							
Purpose.	To ensure compliance with CMS HCBS Final Rule (March 17, 2014), while improving personal outcomes for waiver recipients across the State of North Carolina.	3/17/2014	3/16/2015		Centers for Medicare and Medicaid (CMS)HCBS (Home and Community Based Setting (HCBS) Final Rule (March 17, 2014).	Department of Health and Human Services (DHHS) /Division of Medical Assistance (DMA); Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS).	CMS Approval of Transitional Plan and Self-Assessment.
Inventory of Settings and Day Services - CAP/DA (Community Alternatives Program - Disabled Adults) and CAP/C (Community Alternatives Program - Children).	State identifies comprehensive HCBS service provider type.	11/25/2014	12/12/2014	12/12/2014	DMA.	DMA, Local Lead Agency (Case Management Entity).	Consolidated and verified HCBS inventory.
Inventory of Settings and Day Services - Innovations.	State identifies comprehensive HCBS service provider type.	11/25/2014	12/12/2014	12/12/2014	DMA.	DMA, LME-MCOs.	Consolidated and verified HCBS inventory.
Finalize specific HCBS Informational Portal for Department Website.	Links dedicated to implementation of HCBS Final Rule (March 17, 2014) - Detail will include Final Rule of HCB Settings, review process, deadlines for compliance, and availability of technical assistance. (On-going Process).	11/25/2014	1/15/2015	1/15/2015	CMS Final Rule (March 17, 2014); NCAC (North Carolina Administrative Code); Other Waiver Documents.	DHHS Office of Communications; DHHS/DMA/DMHDDSAS Policy Advisors.	Clear, streamlined, consistent information/communication for individuals, families, other valued stakeholders, LME-MCOs and DHHS Staff.
Evaluate need for LME-MCO contract amendment or Local Lead Agency (Case Management Entity) agreement revision specific to implementation of CMS Final HCBS Rule (March 17, 2014).	Review of current LME-MCO/Local Lead Agency (Case Management Entity) contract/agreement to ensure global language regarding waiver compliance.	12/12/2014	12/19/2014	12/19/2014	Medicaid Contract; Medicaid Agreement.	DMA.	Contractual language required to ensure compliance with HCBS Final Rule (March 17, 2014) between DHHS and LME-MCOs/Local Lead Agencies (Case Management Entities).

**North Carolina DHHS HCBS Final Rule Transition Plan
(42 CFR Section 441.301 (c) (4)(5)and (6); Section 441.302; Section 441.530)**

<i>Action Item</i>	<i>Description</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>	<i>Sources</i>	<i>Key Stakeholders</i>	<i>Intervention/ Outcome</i>
Section 2. Assessment							
Development of Provider Self-Assessment Tool.	State, with stakeholder input, develops self-assessment tool for providers to evaluate conformity to and compliance with HCBS Rules.	11/25/2014	3/2/2015	3/1/2015	HCBS Final Rule (March 17, 2014); Review of selected States' assessment tools.	Individuals supported through Waiver; HCBS Stakeholder Committees; other valued stakeholders; Provider Organizations, LME-MCOs/Local Lead Agencies (Case Management Entities) Staff, and DHHS Staff.	Assessment vetted and endorsed by key stakeholders.
NCAC/Standards/Rules Review.	Assess need for change to applicable rules, NC Administrative Code to ensure compliance with HCBS Final Rule.	11/25/2014	3/16/2018		NCAC and CMS HCBS Final Rule (March 17, 2014)	DHHS/DMA/DMHDDSAS Accountability Section, DHSR, HCBS Stakeholder Committees (External and Internal).	Identify Administrative Code Changes per Legislative Process to ensure compliance with Final HCBS Rule (March 17, 2014). Regular session of NCGS is held biennially convening in January after election - January 14, 2015.
LME-MCOs/Local Lead Agencies (Case Management Entities) complete self-assessment.	Respective entities will complete self-assessment of policies, procedures and practices.	2/1/2015	7/15/2015		Self-Assessment Document.	LME-MCOs/Local Lead Agencies (Case Management Entities) staff as assigned by their respective leadership.	Ensure Compliance with HCBS Final Rule (March 17, 2014).
Test, Pilot and Modify Assessment Tool.	Pilot self-administration of tool to ensure it captures elements and is universally understood by provider networks, LME-MCOs/Local Lead Agencies (Case Management Entities) and DHHS Staff.	3/16/2015	6/1/2015		HCBS Self-Assessment Tool.	LME-MCO Designated Departments, e.g. Care Coordination, Network, Quality Management; HCBS Stakeholder Committees, Local Lead Agencies (Case Management Entities) staff.	Validated Tool.
Identified Providers Complete Self-Assessment.	HCBS Providers will submit completed provider self-assessment to assigned LME-MCO/Local Lead Agency (Case Management Entity).	6/1/2015	9/16/2015		Approved HCBS Self-Assessment Tool.	HCBS Providers; LME-MCO Designated Departments, e.g. Care Coordination; DHHS/DMA - Clinical Policy Section; DMHDDSAS- I/DD Community Policy Section; Local Lead Agency (Case Management Entity) designated staff.	100% Completion of Self-Assessments by HCBS Providers.

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<i>Action Item</i>	<i>Description</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>	<i>Sources</i>	<i>Key Stakeholders</i>	<i>Intervention/ Outcome</i>
Provider Self-Assessment Data are Compiled and Analyzed by respective LME-MCOs/Local Lead Agencies (Case Management Entities). Completed Analysis will be provided by the respective entity to DHHS.	LME-MCO Quality Management Teams or Local Lead Agency (Case Management Entity) designated staff compile the self-assessment data to determine those HCBS service providers who meet, do not meet, as well as those who could meet rule with HCBS technical assistance.	10/1/2015	11/30/2015		Self Assessment Tool.	LME-MCO Designated Departments, e.g. Care Coordination, Network; Quality Management; DHHS/DMA/DMHDDSAS Quality Management Section; Local Lead Agency (Case Management Entity) designated staff.	Comprehensive report of results/findings and inventory reflecting compliance status.
LME-MCO/Local Lead Agency (Case Management Entity) Evaluation/Assessment Data, as compiled by the respective entity, will be provided to DHHS.	Designated entities will complete self-assessment to ensure compliance with HCBS Final Rule (effective March 17, 2014).	8/1/2015	9/30/2015		LME-MCO/Local Lead Agency Self-Assessment Tool.	LME-MCOs/Local Lead Agencies (Case Management Entities) staff as assigned by their respective leadership.	Comprehensive report of results/findings and inventory reflecting compliance status.
Plan of Correction Oversight.	POCS, as submitted by Providers, will be vetted by LME-MCO Designated Departments, e.g. QM, Network and Local Lead Agency (Case Management Entity) designated staff to capture specific components/elements that will require tracking as part of the remediation process. Data summary will be provided to, reviewed and approved by DHHS.	10/1/2015	3/16/2018		CMS HCBS Final Rule (March 17, 2014); Provider Self-Assessment Information.	DHHS; LME-MCOs Designated Departments, e.g. Quality Management and Network; Individual Providers who have remedial plans for compliance with HCBS Final Rule (March 17, 2014).	Ensure Providers meet requirements in accordance with Final HCBS Rule (March 17, 2014).
Vet need for an Individual "My Life" Experience Assessment Tool.	Concurrent with validation process of representative sample, evaluate need for individual assessment to occur concurrently with the PCP process acknowledging the individual is "the expert" specific to their support, services and personal outcomes.	10/1/2015	11/30/2015		CMS Final Rule (March 17, 2014) HCBS Self-Assessment Responses.	DHHS; LME-MCO Designated Departments, e.g. Care Coordination, Quality Management; and Local Lead Agencies (Case Management Entities) designated staff.	Determination of Need for Individualized Self-Assessment.

**North Carolina DHHS HCBS Final Rule Transition Plan
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<i>Action Item</i>	<i>Description</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>	<i>Sources</i>	<i>Key Stakeholders</i>	<i>Intervention/ Outcome</i>
Establish a Monitoring Oversight Process to validate representative sample of Provider Self-Assessments.	Process will ensure integrity of the self-assessment process. LME-MCO Designated Departments, e.g. Care Coordination/Quality Management and DHHS/DMA/DMHDDSAS Accountability and Quality Management Sections and Local Lead Agencies (Case Management Entities) designated staff will validate a state determined percentage of provider self-assessments for validity (initial assessment data in comparison to validation data).	10/1/2015	12/31/2015		HCBS Self-Assessment Information; LME-MCOs/Local Lead Agencies; DHHS/DMA/DMHDDSAS.	DHHS; LME-MCO Designated Departments, e.g. Care Coordination, Quality Management; and Local Lead Agencies (Case Management Entities) designated staff.	Validate Provider Self-Assessment. Random Sample - sample not to exceed 108.

Section 3. Remediation

NCAC/Standards/Rules Remediation.	Develop, adopt, and implement a comprehensive plan that will ensure compliance of State Regulatory Authority with CMS HCBS Final Rule.	11/25/2014	3/16/2018		NCAC and CMS HCBS Final Rule (March 17, 2014).	DHHS/DMA/DMHDDSAS Policy Advisors and other designated personnel; Provider Organizations; and LME-MCOs/Local Lead Agencies (Case Management Entities).	Institute Legislative Administrative Code changes and Department Policy (development/modification) to ensure compliance with CMS HCBS Final Rule (March 17, 2014).
Policy Development.	State will develop/revise policies/standard operating procedures relative to vision, outcome measures, National Core Indicators, implementation, and on-going monitoring and compliance with HCBS Final Rule.	12/12/2014	3/16/2018		NCAC; CMS HCBS Final Rule (March 17, 2014); National Core Indicators; Personal Outcome Resources.	DHHS/DMA/DMHDDSAS Policy Advisors; Office of the Attorney General.	Approved Policy.
Technical Assistance/Advisement to LME-MCOs/Local Lead Agencies and Provider Community.	DHHS/DMA - Clinical Policy Section and DMHDDSAS - I/DD Community Policy Section will provide technical assistance to any LME-MCO/Local Lead Agency or provider requesting support to ensure full compliance with the HCBS Final Rule.	12/19/2014	3/16/2018		NCAC; CMS HCBS Final Rule (March 17, 2014); Individual HCBS Self-Assessment Information.	DHHS; LME-MCO Designated Departments, e.g. Care Coordination, Quality Management, Network; and Local Lead Agencies (Case Management Entities) designated staff.	Ensure providers are implementing necessary steps to obtain full compliance with CMS HCBS Final Rule (March 17, 2014).

**North Carolina DHHS HCBS Final Rule Transition Plan
(42 CFR Section 441.301 (c) (4)(5)and (6); Section 441.302; Section 441.530)**

<i>Action Item</i>	<i>Description</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>	<i>Sources</i>	<i>Key Stakeholders</i>	<i>Intervention/ Outcome</i>
Continuation of Monitoring for Compliance with HCBS Final Rule (March 17, 2014).	State will incorporate HCBS requirements into policy/contracts as a mechanism to identify/determine any areas of non-compliance. Specifically the following elements will be included: responsible entity for monitoring; personnel required to complete monitoring functions; required training and process for monitoring staff; and protocol to manage concerns as well as other out of compliance issues.	3/16/2015	3/16/2018		CMS HCBS Final Rule (March 17, 2014); NCAC; Peer Review Data.	DHHS; LME-MCOs Designated Departments, e.g. Quality Management; and Local Lead Agencies (Case Management Entities) designated staff.	Integrity of the Program; Provider Compliance with CMS HCBS Final Rule (March 17, 2014).; Established Audit Process.
HCBS Technical Amendment - Innovations Waiver.	Submission of Technical Amendment that includes elements from submitted 3/17/2015 Transition Plan. Language will be incorporated into template once approved.	4/1/2015	7/1/2015		HCBS Final Rule (March 17, 2014); Transitional Plan - submitted March 17, 2015.	DHHS/DMA - Clinical Policy Section; DHHS/DMH - IDD Team/Community Policy Section.	Waiver Amendment with encumbered language reflected from Transition Plan.
HCBS Final Rule Transition Plan Update	Upon completion of provider network assessment, DHHS summarizes findings, revises plan, as indicated, to ensure all components of compliance with HCBS rule and appropriately reflects the State's related mission and values. Remedial strategies will be included for providers not in compliance with HCBS Regulations.	10/1/2015	1/1/2016		Assessment Results as submitted by LME-MCOs/Local Lead Agencies to DHHS.	DHHS/DMA - Clinical Policy Section; DHHS/DMH - IDD Team/Community Policy Section.	Waiver Update with Revised Remediation Strategy, as warranted.

**North Carolina DHHS HCBS Final Rule Transition Plan
(42 CFR Section 441.301 (c) (4)(5)and (6); Section 441.302; Section 441.530)**

<i>Action Item</i>	<i>Description</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>	<i>Sources</i>	<i>Key Stakeholders</i>	<i>Intervention/ Outcome</i>
Section 4. Outreach, Engagement and Public Notice/Comment							
Develop Initial Draft Plan	Gather Stakeholders, Division Leadership and LME-MCO/Local Lead Agency (Case Management Entity) input via multiple frameworks. Revisions to occur as warranted. Feedback will occur via face to face opportunities, fax, email, website submission and through Listening Sessions.	1/16/2014	2/25/2015	3/1/2015	CMS HCBS Final Rule (March 17, 2014), Input as received from all sources.	HCBS Waiver Participants, Stakeholder Community, Advocacy Groups, LME-MCOs/Local Lead Agencies (Case Management Entities); Provider Organizations, and DHHS Staff.	Completion and Submission of Initial Transition Plan.
Public Notice/Comment Period - Following 30 day period, comments will be compiled and retained.	Public Notice to occur through multiple venues. Transition Plan and proposed self assessment per HCBS Rule will be shared. Such will occur, at a minimum, through DHHS website, LME-MCO/Local Lead Agency (Case Management Entity) collaborative, Provider Organizations and valued Stakeholder Community. This will serve as interactive working opportunities between all vested partners.	1/21/2015	2/20/2015	2/20/2015	Proposed Transition Plan and Provider Self-Assessment.	Waiver Participants, Stakeholder Community, Various Community Advocacy Groups, LME-MCOs/Local Lead Agencies (Case Management Entities), Provider Organizations, and DHHS Staff.	Meet CMS HCBS Requirement of Public Notice.
Statewide Listening Sessions.	Department Staff will share information regarding HCBS Final Rule, and will also obtain critical feedback from vested Stakeholders.	2/1/2015	2/25/2015	2/12/2015	CMS HCBS Final Rule (March 17, 2014); Draft Transition Plan and Self-Assessment.	DHHS; Individuals, Families, Advocates, LME-MCOs/Local Lead Agencies (Case Management Entities); Provider Organizations; and Other Valued Stakeholders.	Feedback results in consensus and adoption of proposed transition plan.
Training and Education on Final HCBS Rule and Implementation of Transitional Plan and Self Assessment.	Collaborate with LME-MCOs/Local Lead Agencies (Case Management Entities) to develop, schedule and facilitate training opportunities for individual recipients of services, families, provider network and valued stakeholders regarding on-going waiver compliance, changes and overall affect on individualized services.	2/1/2015	6/1/2015		Approved Statewide Transition Plan.	Waiver Recipients, Families, Provider Networks, LME-MCOs/Local Lead Agencies (Case Management Entities); DHHS Staff.	Informed understanding of changes and impact for waiver recipients.

**North Carolina DHHS HCBS Final Rule Transition Plan
(42 CFR Section 441.301 (c) (4)(5)and (6); Section 441.302; Section 441.530)**

<i>Action Item</i>	<i>Description</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>	<i>Sources</i>	<i>Key Stakeholders</i>	<i>Intervention/ Outcome</i>
Dissemination of Revisions to Transition Plan Draft Initially Posted.	Office of Communications will post any significant change to the plan following public comment.	3/2/2015	3/31/2015		Input/Comments received through Public Comment and other venues.	DHHS Office of Communications	Meet CMS HCBS Requirement of Public Notice.
Continued Input/Comment.	DHHS in conjunction with LME-MCOs/Local Lead Agencies (Case Management Entities) will solicit feedback periodically to ensure on-going waiver compliance, identify barriers, and areas of success and concern in preparation for submission of future waiver amendments and/or comprehensive plan.	3/16/2015	3/16/2018		Feedback from Individuals Receiving Waiver Services, Valued Stakeholders, Provider Organizations, LME-MCOs/Local Lead Agencies (Case Management Entities), CMS HCBS Final Rule (March 17, 2014).	DHHS; Individuals, Families, Stakeholders, Provider Organizations, and LME-MCOs/Local Lead Agencies (Case Management Entities).	Valued Feedback that will be incorporated into Comprehensive Waiver Plan as well as Department Policy and NCAC as warranted.

NCDHHS Timeline for HCBS Transitional Plan
NORTH CAROLINA DEADLINE DATE - MARCH 16, 2015

Item	2014												2015		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
HCBS Rules Published/Effective:	16-Jan	→	16-Mar												
HCBS Internal Workgroup Meeting									11-Sep						
DHHS Vision for Implementation									12-Sep						
HCBS Stakeholder Workgroup Meeting									12-Sep						
Statewide Listening Sessions - I/DD System Moving Forward									30-Sep	31-Oct					
CMS Exploratory Questions										22-Oct					
HCBS Stakeholder Workgroup Meeting										23-Oct					
Develop Provider Self-Assessment Tool											25-Nov	→	→	→	2-Mar
NCAC/Standards/Rules Remediation Plan											25-Nov	→	→	→	16-Mar
NCAC/Standards/Rules Review											25-Nov	→	→	→	→
HCBS Internal Work Group Meeting											25-Nov	12-Dec			
HCBS Internal Work Group Meeting												19-Dec			
DMA Inventory of settings												12-Dec			
Policy Development												12-Dec	→	→	→
LME-MCO/Local Lead Agency Contract Amendment - Eval Need												19-Dec			
Technical Assistance to LME-MCOs/Local Lead Agencies and providers												19-Dec	→	→	→
Informational Blitz to LME-MCO's/Local Lead Agencies												23-Dec			
Initial Assessment/Transition Plan Drafts													2-Jan	25-Feb	
Internal Plan Review Complete													7-Jan		
Initial Review of Proposed Plan-DHHS/DMHDDSAS/DMA Leadership													7-8 Jan		
External HCBS Stakeholder Group													9-Jan		
HCBS External Plan Feedback Complete													14-Jan		
Informational Blitz/Web													14-Jan		
HCBS Internal Workgroup Meeting													15-Jan		
Information Session HCBS Characteristics/Public Forum													16-Jan		
Internal HCBS PPT Disseminated													20-Jan		
Post Plan/Assessment													21-Jan		
30-Day Public Comment Period													21-Jan	20-Feb	

NCDHHS Timeline for HCBS Transitional Plan
NORTH CAROLINA DEADLINE DATE - MARCH 16, 2015

Item	2014												2015		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
PPT Feedback from Leadership and Internal Group													23-Jan		
External HCBS PPT Disseminated													26-Jan		
HCBS Internal Workgroup Meeting													29-Jan		
PPT Feedback from External Group													29-Jan		
Post Powerpoint to website													27-Jan	1-Feb	
LME-MCO/Local Lead Agency Self-Assessment														1-Feb	
Statewide Listening Sessions														1-15-Feb	
CFAC Webinar / Presentation														16-20-Feb	
HCBS External Work Group														20-Feb	
Complete All Listening Sessions														25-Feb	
Changes per Public and Group Review															2-Mar
DMH/DMA Review for final submission to CMS															3-6 Mar
DMA Review for final submission to CMS															9-11-Mar
Final Oversight and Submission including Draft Assessment															16-Mar

Color Key		Completed
		In-Process

NCDHHS Timeline for HCBS Transitional Plan
NORTH CAROLINA DEADLINE DATE - MARCH 16, 2015

Item	2015											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Initial Transitional Plan Draft	2-Jan	25-Feb										
Internal Plan Review Complete	7-Jan											
Initial Review of Proposed Plan-DHHS/DMH/DMA Leadership	7-8 Jan											
External HCBS Stakeholder Group	9-Jan											
HCBS External Plan Feedback Complete	14-Jan											
Informational Blitz/Web	14-Jan											
HCBS Internal Workgroup Meeting	15-Jan											
Information Session HCBS Characteristics/Public Forum	16-Jan											
Internal HCBS PPT Disseminated	20-Jan											
Post Plan/Assessment	21-Jan											
30-Day Public Comment Period	21-Jan	20-Feb										
PPT Feedback from Leadership and Internal Group	23-Jan											
External HCBS PPT Disseminated	26-Jan											
HCBS Internal Workgroup Meeting	29-Jan											
PPT Feedback from External Group	29-Jan											
Post Powerpoint to website	27-Jan	1-Feb										
Education/Training on Final Rule and Implementation of Transition Plan		1-Feb	→				1-Jun					
Statewide Listening Sessions		1-25-Feb										
CFAC Webinar / Presentation		16-20-Feb										
HCBS External Work Group		20-Feb										
Complete All Listening Sessions		25-Feb										
Changes per Public and Group Review			2-Mar									
Develop Provider Self-Assessment Tool	→		2-Mar									
DMH/DMA Review for final submission to CMS			3-6 Mar									
DMA Review for final submission to CMS			9-11-Mar									
Final Oversight and Submission including Draft Assessment			16-Mar									

NCDHHS Timeline for HCBS Transitional Plan
NORTH CAROLINA DEADLINE DATE - MARCH 16, 2015

Item	2015											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NCAC/Standards/Rules Remediation Plan	→		16-Mar									
Continuation of Compliance Monitoring of HCBS Rule			16-Mar	→								
Continued Input/Comments			16-Mar	→								
Dissemination of Revised Transition Plan			2-31 Mar									
Test Pilot and Modify Assessment Tool			16-Mar	→		1-Jun						
HCBS Technical Amendment -Innovations Waiver				1-Apr	→		1-Jul					
Providers Complete Self-Assessment						1-Jun	→		16-Sep			
LME-MCO/Local Lead Agency Self-Assessment	→						15-Jul					
LME-MCO/Local Lead Agency Data compiled/Sent to DHHS							1-Aug	30-Sep				
Provider Self-Assessment Data compiled/sent to DHHS from LME-MCOs										1-Oct	30-Nov	
Provider Self-Assessment Data compiled/sent to DHHS from Local Lead Agencies										1-Oct	30-Nov	
Vet need for Individual "My Life" Experience Tool										1-Oct	30-Nov	
Establish Monitoring Oversight Process for Self-Assessments										1-Oct	→ 31-Dec	
Plan of Correction - Oversight										1-Oct	→	
HCBS Final Rule Transition Plan Update										1-Oct	→	
Technical Assistance to LME-MCOs/Local Lead Agencies and providers	→											
NCAC/Standards/Rules Review	→											
Policy Development	→											
Color Key	Completed											
	In-Process											

**NC DHHS
HOME AND COMMUNITY BASED SETTINGS (HCBS)
SELF-ASSESSMENT**

Compliance with Statewide Transition Plan Alignment with CMS HCB Setting Regulation Requirements
(42 CFR Sections 441.301 (c) (4) - (6); Section 441.302 and 441.530)

****NOTE: A Companion Document has been developed and is available.****

LME/MCO: _____

Local Lead Agency (Case Management Entity) _____

Provider Name: _____ NPI#: _____ MHL License # (if applicable) _____

Site Name/Address _____

HCBS Service Type: Residential Day Supports/Adult Day Health Supported Employment

Facility Type: _____ Bed Size/Facility Capacity: _____

Number of Persons Supported Through HCBS Waiver: _____

- *Before completing self-assessment, indicate the intent to comply with all HCBS Setting Rule Requirements: Yes ___ No ___*
- *If Yes, continue. If No, enter the number of individuals through Medicaid HCBS that will need to be transitioned: _____*
- *Self-Assessment must be completed for each site providing HCBS Service(s), submitting one for an organization will not be accepted.*

Section I: Settings That Are Not Home And Community Based:

<p>1. Is the facility one of the following?</p> <ul style="list-style-type: none"> • <i>Nursing facility</i> • <i>Institution for Mental Diseases</i> • <i>Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)</i> • <i>Hospital</i> <p>If any of these are checked yes, the facility cannot meet HCBS Criteria for community based settings.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center; color: red; font-weight: bold; margin-top: 20px;">DO NOT PROCEED ANY FURTHER, WITH THIS SELF-ASSESSMENT, IF ANY ABOVE RESPONSE IS CHECKED YES! SIGN THE LAST PAGE AND RETURN THE ASSESSMENT.</p>
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**NC DHHS
HOME AND COMMUNITY BASED SETTINGS (HCBS)
SELF-ASSESSMENT**

<p>2. Is the facility in one of the following locations?</p> <ul style="list-style-type: none"> • <i>a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;</i> • <i>a building on the grounds of, or immediately adjacent to, a public institution;</i> • <i>a setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.</i> <p>If any of these are checked yes, the setting is presumed to not meet HCBS Criteria for community based settings, and would require approval of the Secretary of the United States Department of Health and Human Services (HHS).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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SPECIAL NOTE FOR SECTION II AND SECTION III:

All elements for each characteristic must be met for the response to be Yes. Evidence of support should be submitted in circumstances where element(s) of a characteristic is/are met, but a plan of action/correction is required for any element(s) that is/are not met. This will ensure monitoring only occurs for the area(s) that is/are out of compliance.

Section II: General HCBS Criteria

<p>1. The setting is integrated in and supports full access to the greater community (work, live, recreate, and other services). There are opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources, and receive services in the</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide evidence to support:</p>
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**NC DHHS
HOME AND COMMUNITY BASED SETTINGS (HCBS)
SELF-ASSESSMENT**

<p>community to the same degree of access as individuals not receiving Medicaid HCBS.</p> <ul style="list-style-type: none"> • <i>Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?</i> • <i>Can people regularly interact directly with other members of the community who are not paid to do so?</i> 	<p>If No, provide proposed remedial measures/plan of action:</p>
<p>2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered plan and are based on the individual’s needs, preferences, and, for residential settings, resources available for room and board.</p> <ul style="list-style-type: none"> • <i>The setting is selected by people from among residential and day options that include generic settings.</i> • <i>Do people choose their rooms (if residence) or the area they work in, etc.?</i> 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide evidence to support:</p> <p>If No, provide proposed remedial measures/plan of action:</p>
<p>3. Ensures the rights of privacy, dignity and respect, and freedom from coercion and restraint.</p> <ul style="list-style-type: none"> • <i>Do people have the space and opportunity to speak on the phone, open and read mail, and visit with others, privately?</i> • <i>Do people have a place and opportunity to be by themselves during the day?</i> • <i>Is informed consent obtained prior to implementation of intrusive medical or behavioral interventions?</i> • <i>For any restrictions imposed on the person, is there a plan for restoring the right/fading the restriction?</i> 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide evidence to support:</p> <p>If No, provide proposed remedial measures/plan of action:</p>

**NC DHHS
HOME AND COMMUNITY BASED SETTINGS (HCBS)
SELF-ASSESSMENT**

<ul style="list-style-type: none"> • <i>For people using psychotropic medications, is the use based on specific psychiatric diagnoses?</i> • <i>Do people receive the fewest psychotropic meds possible, at the lowest dosage possible?</i> 	
<p>4. Optimizes, but does not regiment, independent initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p> <ul style="list-style-type: none"> • <i>Do people receive only the level of support needed to make their own decisions?</i> • <i>Do people exercise their rights as citizens to: voice their opinions, vote, and move about the community, associate with others, practice their religion, access their money, make personal decisions, and other rights that are important to them?</i> • <i>Do people choose their daily activities, their schedules, and locations of the activities?</i> 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide evidence to support:</p> <p>If No, provide proposed remedial measures/plan of action:</p>
<p>5. Individuals are free and supported to control their own schedules and activities as well as have access to food at all times.</p> <ul style="list-style-type: none"> • <i>Do people choose their daily activities, their schedules, and the locations of the activities as opposed to being “told” what they are to do?</i> • <i>Do people receive support needed to make choices about the kinds of work and activities they prefer?</i> • <i>Is there evidence of personal preference assessments to identify the kinds of work and activities people want?</i> • <i>Do the individuals have meals at the times and places of their choosing?</i> 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide evidence to support:</p> <p>If No, provide proposed remedial measures/plan of action:</p>

**NC DHHS
HOME AND COMMUNITY BASED SETTINGS (HCBS)
SELF-ASSESSMENT**

<ul style="list-style-type: none"> • <i>Are snacks accessible and available at all times?</i> 	
<p>6. Facilitates choice regarding services, supports, and who provides them.</p> <ul style="list-style-type: none"> • <i>Do people select the services/supports that they receive (generic community services e.g., barber, restaurant, etc.)?</i> • <i>Do people select the provider from a choice of providers?</i> 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide evidence to support:</p> <p>If No, provide proposed remedial measures/plan of action:</p>
<p>7. The setting is physically accessible to the individual.</p> <ul style="list-style-type: none"> • <i>Have modifications been made to promote maximum access and use of physical environment for the person, if needed and requested?</i> 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide evidence to support:</p> <p>If No, provide proposed remedial measures/plan of action:</p>

Section III: Residential HCBS Criteria – In a provider-owned or controlled residential setting, in addition to the qualities listed above, the following additional conditions must be met:

<p>8. Individuals have privacy in their sleeping or living unit.</p> <ul style="list-style-type: none"> • <i>Can the individual close and lock their bedroom door?</i> • <i>Is the furniture arranged as the individual prefers and does the arrangement assure privacy and comfort?</i> 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide evidence to support:</p>
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**NC DHHS
HOME AND COMMUNITY BASED SETTINGS (HCBS)
SELF-ASSESSMENT**

	<p>If No, provide proposed remedial measures/plan of action:</p>
<p>9. The unit or dwelling can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services and the individual has the same responsibilities and protections from eviction that tenants have under landlord/tenant law. For settings in which landlord tenant laws do not apply, there must be a lease, residency agreement or other form of written agreement in place for each HCBS participant. The document must provide protections that address eviction processes and appeals comparable to those provided under landlord/tenant law.</p> <ul style="list-style-type: none"> • <i>Do people have the same responsibilities that other tenants have under landlord/tenant laws?</i> • <i>Are people provided the same protections from eviction that other tenants have under landlord/tenant laws?</i> 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide evidence to support:</p> <p>If No, provide proposed remedial measures/plan of action:</p>
<p>10. Units have entrance doors lockable by the individual with only appropriate staff having keys to doors.</p> <ul style="list-style-type: none"> • <i>Each person living in the unit has a key or keys for that unit.</i> • <i>Is there evidence that efforts are being made to teach use of a key to anyone who does not understand how to do this?</i> 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide evidence to support:</p> <p>If No, provide proposed remedial measures/plan of action:</p>

**NC DHHS
HOME AND COMMUNITY BASED SETTINGS (HCBS)
SELF-ASSESSMENT**

<ul style="list-style-type: none"> • <i>Are people satisfied with the amount of contact they have with their friends?</i> 	<p>If No, provide proposed remedial measures/plan of action:</p>
<p>14. Any modification of the additional conditions (1-13 in this document) for provider owned or controlled residential setting must be supported by a specific assessed need and justified in the person-centered plan. The following requirements must be documented in the person-centered plan.</p> <ol style="list-style-type: none"> 1. <i>Identify a specific and individualized assessed need.</i> 2. <i>Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</i> 3. <i>Document less intrusive methods of meeting the need that have been tried but did not work.</i> 4. <i>Include a clear description of the condition that is directly proportionate to the specific assessed need.</i> 5. <i>Include regular collection and review of data to measure the ongoing effectiveness of the modification.</i> 6. <i>Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</i> 7. <i>Include the informed consent of the individual.</i> 8. <i>Include an assurance that interventions and supports will cause no harm to the individual.</i> 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Yes confirms that all requirements are met and are contained in the person-centered plan(s).</p> <p>If No, provide proposed remedial measures/plan of action:</p>

**NC DHHS
HOME AND COMMUNITY BASED SETTINGS (HCBS)
SELF-ASSESSMENT**

Additional Comments:

I certify that the above information is true and correct. I further understand that any false or misleading information may be cause for denial or termination of participation as a Medicaid Provider.

Printed Name/Title/Organization Name

Signature _____

Date _____

Contact Number: _____

The signature, by LME-MCO/Local Lead Agency representative, below, certifies review and acceptance of the above Self-Assessment information.

Printed Name/Title/LME-MCO/Local Lead Agency

Signature _____

Date _____

NC DHHS
HOME AND COMMUNITY BASED SETTINGS (HCBS)
SELF-ASSESSMENT COMPANION DOCUMENT

Compliance with Statewide Transition Plan Alignment with CMS HCB Setting Regulation Requirements
(42 CFR Sections 441.301 (c) (4) - (6); Section 441.302 and 441.530)

Companion Guide for Provider Self-Assessment

LME-MCO: *Designated Home LME-MCO (Only Complete if LME-MCO)*

Local Lead Agency (Case Management Entity): *Designated Local Lead Agency (Only Complete if Local Lead Agency)*

Provider Name (as appears on license, if applicable, or legal name): Denote name. NPI#: *Reference NC Tracks*

MHL License # (if applicable) *official # is on license issued by DHSR*

- **Before completing self-assessment, indicate the intent to comply with all HCBS Setting Rule Requirements:** Yes___ No ___ *Answer only Yes or No*
- **If Yes, continue. If No, enter the number of individuals through Medicaid HCBS that will need to be transitioned:** *Enter a number only if there is not intent to comply with HCBS Setting Rule Requirements.*
- **Self-Assessment must be completed for each site providing HCBS Service(s), submitting one for an organization will not be accepted.** *Innovations: Residential: Complete one per physical site; Day Supports: Complete one per physical site; SE – Complete one per corporate site and a minimum of 10 assessments or 10% whichever is greater; CAP/DA/CAP Choice – Adult Day Health one per physical site.*

Section I: Settings That Are Not Home And Community Based:

NOTE: Do NOT proceed past question 1 if any of the items are checked yes.

<p>1. Is the facility one of the following?</p> <ul style="list-style-type: none"> • <i>Nursing facility</i> • <i>Institution for Mental Diseases</i> • <i>Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)</i> • <i>Hospital</i> <p>If any of these are checked yes, the facility cannot meet HCBS Criteria for community based settings.</p>	<p><i>If there is a specific question, contact assigned LME-MCO Network Department or Local Lead Agency (Case Management Entity)</i></p> <p><i>Nursing Facility – a Medicaid Nursing Facility – (42 CFR 488.301)</i></p> <p><i>IMD Facility - defined as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services</i></p>
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	<p><i>ICF/IID – Institution for the mentally retarded or persons with related conditions means an institution (or distinct part of an institution) that— (a) Is primarily for the diagnosis, treatment, or rehabilitation of the mentally retarded or persons with related conditions; and (b) Provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his greatest ability. Based on changes made in Rosa’s Law in 2010, Intermediate Care Facilities for Individuals with Mental Retardation (ICF/MR) will now reflect nationwide changes and be referred to as Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).</i></p> <p><i>Hospital - hospital is primarily engaged in providing, by or under the supervision of physicians, to inpatients (A) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (B) rehabilitation services for the rehabilitation of injured, disabled, or sick persons;</i></p> <p><i>—42 C.F.R. § 441.301(c)(5) (about HCBS waivers); § 441.530(a)(2) (about Community First Choice programs); § 441.710(a)(2); 10A NCAC 27D .0301 Social Integration; 42 C.F.R. §435.1010: Sec 1919 SSA 42 U.S.C. 1395i-3; http://www.gpo.gov/fdsys/pkg/USCODE-2008-title42/html/USCODE-2008-title42-chap7-subchapXVIII-partA-sec1395i-3.htm; Social Security Act Sec. 1861. [42 U.S.C. 1395x]; CFR 483.400 – 483.480; CFR 488.301</i></p>
<p>2. Is the facility in one of the following locations?</p> <ul style="list-style-type: none"> • <i>a building that is also a publicly or privately operated facility that provides inpatient institutional treatment</i> • <i>a building on the grounds of, or immediately adjacent to, a public institution</i> • <i>a setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.</i> 	<ul style="list-style-type: none"> • Examples include: State Developmental Centers, Nursing Homes, etc. • Settings that are located on the same or contiguous property to an institution or are sharing space with an institution. Consideration must also be given to any applicable ordinances. • Other examples include: Gated communities, settings that are isolated from the community at large, residential or boarding schools that are disability specific, etc. • Any other setting that has the effect of isolating individuals receiving HCBS from the broader community.

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<p>If any of these are checked yes, the setting is presumed to not meet HCBS Criteria for community based settings, and would require approval of the Secretary of the United States Department of Health and Human Services (HHS).</p>	<p><i>—42 C.F.R. § 441.301(c)(5) (about HCBS waivers); § 441.530(a)(2) (about Community First Choice programs); § 441.710(a)(2)</i></p>
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SPECIAL NOTE FOR SECTION II AND SECTION III:

All elements for each characteristic must be met for the response to be Yes. Evidence of support should be submitted in circumstances where element(s) of a characteristic is/are met. A plan of action/correction is required for any element(s) that is/are not met. This will ensure monitoring only occurs for the area(s) that is/are out of compliance. *(Evidence is specific to the characteristic and is not policy/procedure or standard operating procedure unless otherwise noted, but may include any evidence of implementation.*

Section II: General HCBS Criteria - Non-Italicized language (on the left side of the assessment) reflects the actual characteristic and the italicized bulleted notations provide guidance to evaluate the characteristic. However, the italicized bulleted items are not all inclusive to each element of the characteristic.

**NOTE: This section MUST be completed, in entirety, if the following services are provided:
Adult Day Health, Day Supports, Supported Employment and Residential.**

<p>1. The setting is integrated) in and supports full access to the greater community (work, live, recreate, and other services). There are opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p><i>Refer to CMS Steps to Compliance For HCBS Settings and Requirements in a 1915(c) Waiver and 1915 (i) SPA (State Plan Amendment) and Guidance on Settings that have the effect of isolating individuals receiving HCBS from the Broader Community located at:</i></p> <p>http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-SupportS/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html</p>
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<ul style="list-style-type: none"> • <i>Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?</i> • <i>Can people regularly interact directly with other members of the community who are not paid to do so?</i> 	<p><i>Integration can be most readily defined as any situation/circumstance that does not meet the definition of isolated as defined by CMS.</i></p> <ul style="list-style-type: none"> • <i>The opportunity and support needed to get a job and work alongside people without disabilities.</i> • <i>Be part of the local community life which must include what is of interest to the person, e.g. faith based activities, volunteer opportunities, local events, but must occur outside of the service setting.</i> • <i>Access to transportation resources (what is available to the general population) within a given community with recognition given to urban and rural barriers, e.g. urban – metropolis and rural – communities, village, hamlets, towns and cities.</i> • <i>Control their own money, possessions and all other resources with appropriate help which may include a financial coach, dual payee responsibility, etc.</i> • <i>Regularly interact with friends, family, co-workers that enhance the quality and security of a person’s life. It represents “not to do for”, but “with” people. If opportunities are always “scheduled” and are only “occasional” this does not meet the intent of “community-based”.</i> <p><small>—42 C.F.R. § 441.301(c)(4), (c)(4)(i) (about HCBS waivers); § 441.530(a)(1), (a)(1)(i) (about Community First Choice programs); § 441.710(a)(1), (a)(1)(i); 10A NCAC 27D .0301 Social Integration; § 168-2; § 168-3; § 168-8; § 168 A-6</small></p>
<p>2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered plan and are based on the individual’s needs, preferences, and, for residential settings, resources available for room and board.</p> <ul style="list-style-type: none"> • <i>The setting is selected by people from among</i> 	<ul style="list-style-type: none"> • <i>Choice of setting (includes any setting that is of interest to the person) is based on the preference(s) of the person and is the ultimate decision of the individual. Examples of evidence include, but are not limited to: providing information specific to the options presented, or places visited/employment considered, or individuals the person met during the planning process of choosing a place to live, work or engage during one’s day.</i> • <i>To ensure a person’s preferences are being respected, were the</i>

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<p><i>residential and day options that include generic settings.</i></p> <ul style="list-style-type: none"> • <i>Do people choose their rooms (if residence) or the area they work in, etc.?</i> 	<p><i>choices presented in such a way that it was clearly understood by the person, e.g. conversation, picture, written, object format.</i></p> <ul style="list-style-type: none"> • <i>A setting that is chosen by an individual, if they are to receive HCBS services, must meet all the requirements of the rule (Final Rule March 2014).</i> • <i>Options provided align with the individual’s available financial resources, e.g. SSI, VA, Special Assistance, Social Security, earned income, trusts, etc. (residential only).</i> <p><small>—42 C.F.R. § 441.301(c)(4)(ii) (about HCBS waivers); § 441.530(a)(1)(ii) (about Community First Choice programs); 42CFR § 441.301 (6) (2) (i)</small></p>
<p>3. Ensures the rights of privacy, dignity and respect, and freedom from coercion and restraint.</p> <ul style="list-style-type: none"> • <i>Do people have the space and opportunity to speak on the phone, open and read mail, and visit with others, privately?</i> • <i>Do people have a place and opportunity to be by themselves during the day?</i> • <i>Is informed consent obtained prior to implementation of intrusive medical or behavioral interventions?</i> • <i>For any restrictions imposed on the person, is there a plan for restoring the right/fading the restriction?</i> • <i>For people using psychotropic medications, is the use based on specific psychiatric diagnoses?</i> • <i>Do people receive the fewest psychotropic meds possible, at the lowest dosage possible?</i> 	<ul style="list-style-type: none"> • <i>There must always be the availability of space that ensures the individual can talk privately with family, friends and others of the persons choosing whether in person, over the phone or the internet (if access is available).</i> • <i>Even in shared situations, there must also be availability for a person to have “personal and alone time” as they define it during their day. If an individual is unable to use words to communicate, information should be obtained from others that know the person the best to ensure they have opportunity for what is important to them.</i> • <i>10A NCAC 27D .0303 INFORMED CONSENT - Informed Consent by definition is given by a person who has a clear appreciation and understanding of the facts, implications, and future consequences of action, e.g. a reference reflective of all components of informed consent is the Consent Handbook, H. Rutherford Turnbull and Douglas Biklen.</i> • <i>Plan for right restoration must be included in the person centered plan at the time of restriction.</i> • <i>Behavioral Interventions/Physical Restraint: 10A NCAC 27E</i> • <i>Psychotropic Medication - Psychiatric diagnosis must be</i>

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	<p style="text-align: center;"><i>established prior to use of psychotropic medication if it be used to treat a mental health disorder. Other uses of psychotropic medication do not apply.</i></p> <p style="text-align: center;"><small>—42 C.F.R. § 441.301(c)(4)(iii) (about HCBS waivers); § 441.530(a)(1)(iii) (about Community First Choice programs); 10A NCAC 27G .0208 Client Services (a) (1); 10A NCAC 27G .0209 Medication Requirements (f) (1) (2); 10A NCAC 27d .0303 Informed Consent; 10A NCAC 27D .0101 Policy on Rights Restrictions and Interventions (c) (1) (2), (d) (1) (2) (3), (e) (1) (2) (3), (f) (1), (2) (A) (B) (C) (D), (3); §122C-62 (b) (1)</small></p>
<p>4. Optimizes, but does not regiment, independent initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p> <ul style="list-style-type: none"> • <i>Do people receive only the level of support needed to make their own decisions?</i> • <i>Do people exercise their rights as citizens to: voice their opinions, vote, and move about the community, associate with others, practice their religion, access their money, make personal decisions, and other rights that are important to them?</i> • <i>Do people choose their daily activities, their schedules, and locations of the activities?</i> 	<ul style="list-style-type: none"> • <i>Individuals must be able to engage and make their daily decisions/choices which includes, at a minimum, people they talk to, what they want to do during the day, where they spend their time, and with whom they have relationships. However, based on one’s circumstances there are realistic considerations that must be made, i.e. people we support will experience realistic barriers such as defined work hours, immediate availability of people they choose to help them; transportation schedules – bus may have stopped operating at 10:00 --- however ultimately the final outcome of the choices includes and is determined by the person. For example, if I am employed and only have 30 minutes for lunch and work in downtown Raleigh, I am not able to go Holly Springs for a lunch hour at my favorite restaurant on days that I am working.</i> • <i>There must be flexibility for “last minute plans/changes” on what an individual may or may not want to do, e.g. again consideration must be given to financial resources, and individual choices e.g. - getting up at 3:00 a.m. desiring to walk at a favorite park 30 minutes from home may not be possible – but then what are the possible alternatives, e.g. a walking track around their home, a treadmill or Zumba DVD.</i> • <i>Adherence to ‘typical rules’ like paying rent, utilities, noise control, pets, etc. are expected, but are not arbitrarily imposed</i>

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	<p><i>rules such as who can visit, established curfews, restrictions on visits with families and others of choice.</i></p> <ul style="list-style-type: none">• <i>Support should only be available as needed and completely dependent upon the person’s needs: e.g. I may need a ride to my appointment, but I can schedule it on my own; I can choose what I want to eat but, I need assistance to prepare it; I can access and utilize various technology, but need IT support when there is a problem.</i>• <i>A person’s need for support should never reduce or eliminate options for the person, e.g. – it becomes an opportunity to “try a different way”. Foster individual and creative solutions. A person’s need for support should never be used as a reason to “take away” or “restrict” options or to only provide those supports when the person makes the choices that coincide with the service schedule/routine.</i>• <i>Rights are not privileges and individuals choose if they want to vote and for whom they will vote, etc. this may involve using a voter’s guide, networking with the Board of Elections; voicing opinions – what are the opportunities for this, and do people understand how to share what they feel and with who when a specific outcome is desired; people choose religious services, and are not required to attend a staff’s church, a family’s “home church”, or any church at all – but may choose to engage through tele media, private mediation, or choose to not engage at all, etc.</i>• <i>Having the choices and freedoms does not mean people who receive HCBS should never have to do certain things at certain times, e.g. if I have a job at Olive Garden, and am provided a work schedule , just as anyone else who works I must report to work at the scheduled times.</i> <p><small>—42 C.F.R. § 441.301(c)(4)(iv) (about HCBS waivers); § 441.530(a)(1)(iv) (about Community First Choice programs); 10A NCAC 27D .0301 Social Integration; 10A NCAC 27F .0105 Client’s Personal Funds (a) (b) (c) (1) (2) (3) (4) (5) (6) (7) (8) (d) (1) (2) (3) (4); 10A NCAC 27D .0302 Client Self-Governance; 42 CFR § 441.301(D) Individuals are able to have visitors of their choosing at any time; §122C-62 (b) (7); §122C-62 (b) (8)</small></p>
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<p>5. Individuals are free and supported to control their own schedules and activities as well as have access to food at all times.</p> <ul style="list-style-type: none"> • <i>Do people choose their daily activities, their schedules, and the locations of the activities as opposed to being “told” what they are to do?</i> • <i>Do people receive support needed to make choices about the kinds of work and activities they prefer?</i> • <i>Is there evidence of personal preference assessments to identify the kinds of work and activities people want?</i> • <i>Do the individuals have meals at the times and places of their choosing?</i> • <i>Are snacks accessible and available at all times?</i> 	<ul style="list-style-type: none"> • <i>There must be clear evidence that the individual’s schedule is not prescriptive (developed and imposed by support team without any involvement of the person), and is not identical to that of his/her housemates, but may have some similarities, e.g. (can they share/show their schedule; do they make/write their own schedule if one is needed, do they carry a personal copy/have it on their preferred technology device if this is important in their life, is it repeated from day to day with no changes noted?). Is there evidence that schedules are flexible and change as needed based on personal preferences, e.g. if a person chooses to not go to the movies at the last minute this does not present a problem?</i> • <i>There must be evidence that a person is not required to get up, go to bed, take a bath, exercise at the same time every day, unless it is truly their choice. For minors more defined scheduling may be required, e.g. bedtimes, homework, tooth brushing three times a day could be examples – these are not restrictions.</i> • <i>There must be availability and noted use of preferred “things to do”, e.g. television, board games, IPOD, computer, etc. when a person chooses to do them yet lending consideration to the rights of others.</i> <p style="font-size: small;">—42 C.F.R. § 441.301(c)(4)(iv) (about HCBS waivers); § 441.530(a)(1)(iv) (about Community First Choice programs); 10A NCAC 27G .0208 Client Services (a) (3) (c); 10S NCAC 27D .0301 Social Integration; § 168-8; §441.301 (vi) (C)</p>
<p>6. Facilitates choice regarding services, supports, and who provides them.</p> <ul style="list-style-type: none"> • <i>Do people select the services/supports that they receive (generic community services e.g., barber, restaurant, etc.)?</i> • <i>Do people select the provider from a choice of providers?</i> 	<ul style="list-style-type: none"> • <i>Individuals are provided a choice regarding the services, provider and settings and the opportunity to visit/understand the options available.</i> • <i>Choices of individuals may not align with selected vendors of provider agencies and must be carefully considered, e.g. people using the same barber, pharmacy or for the convenience of being able to charge to a pre-established account.</i> • <i>The setting affords individuals the opportunity to update or</i>

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	<p><i>change their preferences and can demonstrate this as an operating practice, e.g. educational support, house meetings, self-advocacy meetings.</i></p> <ul style="list-style-type: none"> • <i>The setting must ensure that individuals are supported to make decisions and exercise autonomy to the greatest possible degree.</i> • <i>The setting affords the individual with the opportunity to participate in activities that they prefer/like, but that are not work related.</i> • <i>The meaningful activities should occur within the person’s community specific to their individual needs and preferences.</i> • <i>Support staff must be able to demonstrate their understanding and knowledge of a person’s capabilities, interests, likes as well as their dislikes.</i> • <i>Individuals should be involved if they desire to choose their own support workers, e.g. involved in interview process, meeting applicants when they visit potential work sites.</i> • <i>The provider must have a policy and demonstrate implementation of that policy which ensures that the individual has the needed supports to develop his/her plan that is specifically reflects their needs e.g. development of the plan is a joint responsibility of the person, Care Coordination (Innovations)/Case Management (CAP/DA, CAP Choice) and the Provider.</i> • <i>The provider must be able to demonstrate how the individual is best supported in making changes in their service array – there is joint responsibility between the provider and care coordination.</i> <p><small>—42 C.F.R. § 441.301(c) (4)(v) (about HCBS waivers); § 441.530(a)(1)(v) (about Community First Choice programs); § 441.710(a)(1)(v); 10A NCAC 27F .0103 (3); 10A NCAC 27D . 0302</small></p>
<p>7. The setting is physically accessible to the individual.</p> <ul style="list-style-type: none"> • <i>Have modifications been made to promote maximum access and use of physical environment for the person, if needed and requested?</i> 	<ul style="list-style-type: none"> • <i>The setting must ensure that there are no obstructions which include but are not limited to steps, doorway lips, narrow hallways or entrances that limits or prevents a person’s ability to access all areas.</i>

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	<ul style="list-style-type: none"> • <i>Reasonable modifications must be made that addresses an individual's needs specific to ensuring full access to the environment, e.g. grab bars, raised seats in the bathroom, shower chairs, ramps, reasonable height and location of tables/chairs, accessibility of washer and dryers, commensurate with an individual's needs, etc.</i> • <i>This requirement cannot be changed/modified as it meets ADA.</i> <p style="font-size: small;"><i>10A NCAC 27G .-0205; 10A NCAC 27G .0304 (a), (b) (1) (2) (3) (4) (5); ADA.gov</i></p>
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Section III: Residential HCBS Criteria – In a provider-owned or controlled residential setting, in addition to the qualities listed above, the following additional conditions must be met:

NOTE: This section MUST be completed only if the following service is provided: Residential.

<p>8. Individuals have privacy in their sleeping or living unit.</p> <ul style="list-style-type: none"> • <i>Can the individual close and lock their bedroom door?</i> • <i>Is the furniture arranged as the individual prefers and does the arrangement assure privacy and comfort?</i> 	<ul style="list-style-type: none"> • <i>Individuals must be able to close and lock their personal living area (bedroom and bathroom) if they desire.</i> • <i>If they cannot close and lock their personal living area, it must be clearly addressed in the person-centered plan or assessment, e.g. is it a health and safety issue that makes it a rights restriction, is it a training issue, that the person does not have an interest after there has been opportunity for informed choice or is it that the person will never possess the ability based on individual circumstances.</i> • <i>A training plan must be developed to assist in the acquisition of that particular skill unless the person does not possess any ability to do so and that must be noted in the plan, (e.g. a person that may be medically fragile and has no movement and requires total staff assistance).</i> • <i>The furniture must be adequate to meet the person's needs/preferences and must be arranged the way the person desires.</i>
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	<ul style="list-style-type: none"> • <i>The arrangement must ensure privacy and comfort for the person.</i> • <i>Staff and other housemates must always knock and receive permission prior to entering a person’s bedroom, living area, or bathroom.</i> <p>—42 C.F.R. § 441.301(c)(4)(vi)(B) (3) (about HCBS waivers); § 441.530(a)(1)(vi)(B) (about Community First Choice programs); § 441.710(a)(1)(vi)(B); 10A NCAC 27F .0102</p>
<p>9. The unit or dwelling can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services and the individual has the same responsibilities and protections from eviction that tenants have under landlord/tenant law. For settings in which landlord tenant laws do not apply, there must be a lease, residency agreement or other form of written agreement in place for each HCBS participant. The document must provide protections that address eviction processes and appeals comparable to those provided under landlord/tenant law.</p> <ul style="list-style-type: none"> • <i>Do people have the same responsibilities that other tenants have under landlord/tenant laws?</i> • <i>Are people provided the same protections from eviction that other tenants have under landlord/tenant laws?</i> 	<ul style="list-style-type: none"> • <i>HCBS Services cannot occur in settings that restrict an individual’s choices as well as any aspect of their daily life. Individuals have the same rights and responsibilities under state law as any tenant. This includes no eviction/discharge without cause or proper notice. Health and safety remains paramount. This includes eviction/discharge without proper and justified notice. Individuals must know their rights regarding housing and when they could be required to move and this information included in their ISP or assessment.</i> • <i>Is there a lease, residency agreement, memorandum of agreement or other agreed upon form of documentation between the individual and the landlord?</i> <p>—42 C.F.R. § 441.301(c)(4)(vi)(A) (about HCBS waivers); § 441.530(a)(1)(vi)(A) (about Community First Choice programs); § 441.710(a)(1)(vi)(A) §168-9; 10A NCAC 27 G. 0201; add d/c NCGS.</p>
<p>10. Units have entrance doors lockable by the individual with only appropriate staff having keys to doors.</p> <ul style="list-style-type: none"> • <i>Each person living in the unit has a key or keys for that unit.</i> • <i>Is there evidence that efforts are being made to teach use of a key to anyone who does not understand how to do this?</i> 	<ul style="list-style-type: none"> • <i>Individuals have access to the entrance, bedroom and bathing areas through whatever key system is utilized by the facility if the individual possesses the required skill set to do so safely and does not place themselves at risk of injury. Training in identified areas of need must be carefully assessed.</i> • <i>Support staff does not indiscriminately use master keys to gain</i>

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	<p><i>access without appropriately knocking and receiving permission prior to entering. In the event of a health and safety concern or the person is at risk this would not be expected.</i></p> <ul style="list-style-type: none"> • <i>The person-centered plan and/or assessment reflects that the person has the ability gain access/use key system to their home or a training plan is developed to assist in the acquisition of that particular skill unless the person does not possess any ability or desire to do so and that must be noted in the plan. This is a joint collaborative between, the person, their Care Coordinator and their provider.</i> <p>—42 C.F.R. § 441.301(c)(4)(vi)(B) (1) (about HCBS waivers); § 441.530(a)(1)(vi)(B) (about Community First Choice programs); § 441.710(a)(1)(vi)(B);</p>
<p>11. Individuals sharing units have a choice of roommates in the setting.</p> <ul style="list-style-type: none"> • <i>Do people choose their roommates?</i> 	<ul style="list-style-type: none"> • <i>The home has a process to assist the individual to choose a roommate/housemate regardless of whether the person does or does not use words to share their opinions/desires.</i> • <i>Married couples are afforded a choice of sharing a room.</i> • <i>The home has a process for the individual to request a roommate change should they desire one, but this not guaranteed a change will occur based on what may be available – but that the person is afforded the opportunity to explore.</i> • <i>The individual expresses that they are satisfied with their roommate through contacts with their Care Coordinator, to their support staff and during their person-centered planning meeting.</i> <p>—42 C.F.R. § 441.301(c)(4)(vi)(B) (2) (about HCBS waivers); § 441.530(a)(1)(vi)(B) (about Community First Choice programs); § 441.710(a)(1); (vi)(B)</p>
<p>12. Individuals are free to furnish and decorate sleeping and living units.</p> <ul style="list-style-type: none"> • <i>Does each person pick the decorative items in their own private bedroom?</i> 	<ul style="list-style-type: none"> • <i>Individuals are free and encouraged to choose items of their preference for their specific room/living area.</i> • <i>This is not a choice of one or two items, but an opportunity to visit stores of choice, on line shopping, seeking assistance from people of their choosing to accompany or assist them.</i>

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<ul style="list-style-type: none"> • <i>Do people living in the same unit participate in the choices of decorative items in the shared living areas of the unit?</i> 	<p style="text-align: center;"><i>Consideration must be given to an individual's financial resources.</i></p> <p>—42 C.F.R. § 441.301(c)(4)(vi)(B) (3) (about HCBS waivers); § 441.530(a)(1)(vi)(B) (about Community First Choice programs); § 441.710(a)(1)(vi)(B); § 168-8; 10 A NCAC 27F.0102</p>
<p>13. Individuals are free to have visitors of their choosing at any time.</p> <ul style="list-style-type: none"> • <i>Are people supported in having visitors of their own choosing and to visit others frequently?</i> • <i>Are people satisfied with the amount of contact they have with their friends?</i> 	<ul style="list-style-type: none"> • <i>Individuals are supported to have visitors of their choosing in their home , e.g. is the person assisted to make a phone call, coordinate time that works for both the visitor/friend and the individual;</i> • <i>Help the individual understand what are acceptable social practices;</i> • <i>Visitors cannot infringe on the rights/space of an individual's house or roommates.</i> <p>—42 C.F.R. § 441.301(c)(4)(vi)(D) (about HCBS waivers); § 441.530(a)(1)(vi)(D) (about Community First Choice programs); § 441.710(a)(1)(vi)(D); 10A NCAC 27D .0301; 10A NCAC 26B .0108; APSM 45-1 10A NCAC 26B .0108 (a) (b) (1) (2) (3) (4) (5); 122C-62 (b) (1)</p>
<p>14. Any modification of the additional conditions (1-13 in this document) for provider owned or controlled residential setting must be supported by a specific assessed need and justified in the person-centered plan. The following requirements must be documented in the person-centered plan.</p> <ol style="list-style-type: none"> 1. <i>Identify a specific and individualized assessed need.</i> 2. <i>Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</i> 3. <i>Document less intrusive methods of meeting the need that have been tried but did not work.</i> 4. <i>Include a clear description of the condition that is directly proportionate to the specific assessed need.</i> 	<p><i>If any modifications are needed to any of the items listed in 1-13 of this document, assist the person to contact their responsible Care Coordination/Case Manager to schedule a meeting. The meeting will be for the sole purpose to discuss, address and modify the person's individual plan. The information in the person-centered plan must reflect all elements listed in number 14 (#'s 1 – 8).</i></p> <p>10A NCAC 27G .0206 Client Records; APSM 45-2 Chapter 4-10; Review and Annual Rewrite of Person-Centered Plan; APSM 45-2 Chapter 4-6 The Crisis Plan As A Required Component Of The Person Centered Plan</p>

NC DHHS
HOME AND COMMUNITY BASED SETTINGS (HCBS)
SELF-ASSESSMENT COMPANION DOCUMENT

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| <ul style="list-style-type: none">5. <i>Include regular collection and review of data to measure the ongoing effectiveness of the modification.</i>6. <i>Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</i>7. <i>Include the informed consent of the individual.</i>8. <i>Include an assurance that interventions and supports will cause no harm to the individual.</i> | |
|---|--|

Sources: CFR, NCAC, NCGS, Med.Gov, ASAN

Additional Comments:

I certify that the above information is true and correct. I further understand that any false or misleading information may be cause for denial or termination of participation as a Medicaid Provider.

Printed Name/Title/Organization Name

Signature _____

Date _____

Contact Number: _____

NC DHHS
HOME AND COMMUNITY BASED SETTINGS (HCBS)
SELF-ASSESSMENT COMPANION DOCUMENT

The signature, by LME-MCO/Local Lead Agency representative, below, certifies review and acceptance of the above Self-Assessment information.

Printed Name/Title/LME-MCO/Local Lead Agency

Signature _____

Date _____

HCBS rules Review Worksheet - Doc 11
APSM-30-01-11/1/11 10A NCAC 27G; APSM 95-2 7/1/2003 10A NCAC 27C 27D 27E 27F

HCBS Characteristics	DHSR	Action Required	Target Completion Date
Setting is integrated in and supports full access of individuals receiving Medicaid Home and Community Based Services to the greater community.	1) 10A NCAC 27G .5600 (supervised living) presumes the need for 24/7 supervision. Assessments must occur to determine if a person can manage unsupervised time. This must be reflected in the Person Centered Plan. Potential conflict. 2) 10A NCAC 27D .0301 - social integration. 3) 10A NCAC 27G .5602(b); 4) 10A NCAC 27 G.2300	Additional detailed analysis/crosswalk of rules/regulations to determine warranted action up to and including proposal to the MH rules Commission.	16-Mar-18
Included are opportunities to seek employment and work in competitive integrated settings, engage in community life , and control personal resources.	1) 10A NCAC 27G .5600 (supervised living) presumes the need for 24/7 supervision. Assessments must occur to determine if a person can manage unsupervised time. This must be reflected in the Person Centered Plan. Potential conflict. 2) 10A NCAC 27F .0105 Client's capable of individual banking have access if desired. 3) 10A NCAC 27D .0301 - social integration. 4) 10A NCAC 27G .5602(b); 5) 10A NCAC 27 G.2300	Additional detailed analysis/crosswalk of rules/regulations to determine warranted action up to and including proposal to the MH rules Commission.	16-Mar-18
Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid Home and Community Based Services.	1) 10A NCAC 27G .5600 (supervised living) presume the need for 24/7 supervision. Assessments must occur to determine if a person can manage unsupervised time. This must be reflected in the Person Centered Plan. Potential conflict; 2) 10A NCAC 27D .0301 - social integration; 3) 10A NCAC 27G .5602(b); 4) 10A NCAC 27 G.2300	Additional detailed analysis/crosswalk of rules/regulations to determine warranted action up to and including proposal to the MH rules Commission.	16-Mar-18
The setting is selected by the individual from among setting options, including non-disability specific setting and an option for a private unit in a residential setting (with consideration being given to financial resources).	Not a standard contained within the Licensure rules.	Additional detailed analysis/crosswalk of rules/regulations to determine warranted action up to and including proposal to the MH rules Commission.	16-Mar-18
Ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.	1) 10A NCAC 27G .5600 (supervised living) presume the need for 24/7 supervision. Assessments must occur to determine if a person can manage unsupervised time. This must be reflected in the Person Centered Plan. Potential conflict. 2) NCGS 122C-62(b)(1) The availability of a phone and privacy is ensured, but individuals generally do not have a telephone jack, WI-FI or ETHERNET jack. 3) 10A NCAC 27G .0404(c) requires the posting of the DHSR CIU hotline # in a public place. Complaints can be filed anonymously 4) 10A NCAC 27D .0201(d)(4)(B) states that the facility must have a policy regarding informing individuals of grievance procedures. 5) 10A NCAC 27F .0103 assures the right to privacy and dignity regarding personal health and hygiene. 6) 10A NCAC 27G .0201(5)(E) and .0202(g)(2) policy and training required; 7) 10A NCAC 27G .0202, .0203, and .0204 - staff competency for assurance of basic rights; 8) 10A NCAC 27 G.2300	Additional detailed analysis/crosswalk of rules/regulations to determine warranted action up to and including proposal to the MH rules Commission.	16-Mar-18
Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices.	1) 10A NCAC 27G .5600 (supervised living) presume the need for 24/7 supervision. Assessments must be done to determine if a person can manage unsupervised time. This must be reflected in the Treatment Plan. Potential conflict. 2) 10A NCAC 27F .0102(b) - related to furnishing and decorating sleeping and living unit; 3) 10A NCAC 27 G.2300	Additional detailed analysis/crosswalk of rules/regulations to determine warranted action up to and including proposal to the MH rules Commission.	16-Mar-18
Facilitates individual choice regarding services and supports, and who provides them.	This characteristic should be captured in Person Centered Plan. Not a standard contained within the Licensure rules.	Additional detailed analysis/crosswalk of rules/regulations to determine warranted action up to and including proposal to the MH rules Commission.	16-Mar-18

HCBS rules Review Worksheet - Doc 11
APSM-30-01-11/1/11 10A NCAC 27G; APSM 95-2 7/1/2003 10A NCAC 27C 27D 27E 27F

HCBS Characteristics	DHSR	Action Required	Target Completion Date
Provider Owned or Controlled Residential Setting - Additional Requirements			
Provides for, at minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law for State, county city or other designated entity.	1) 10A NCAC 27G .0404(k) rules requires 30 days notice if the service is going to terminate.	Additional detailed analysis/crosswalk of rules/regulations to determine warranted action up to and including proposal to the MH rules Commission.	16-Mar-18
Privacy in sleeping or living unit.	1) 10A NCAC 27F .0102	Additional detailed analysis/crosswalk of rules/regulations to determine warranted action up to and including proposal to the MH rules Commission.	16-Mar-18
Freedom and support to control individual schedules and activities and to have access to food at any time.	This characteristic should be captured in Person Centered Plan. Not a standard contained within Licensure rules.	Additional detailed analysis/crosswalk of rules/regulations to determine warranted action up to and including proposal to the MH rules Commission.	16-Mar-18
Visitors of choosing at any time.	1) NCGS 122C-62(b)(2) specifies that there must be visiting hours at least six hours daily between 8:00 a.m. and 9:00p.m.with at least 2 hours after 6:00p.m. (Potential Conflict); 2) NCAC 27 D .0301 - Social Integration	Additional detailed analysis/crosswalk of rules/regulations to determine warranted action up to and including proposal to the MH rules Commission.	16-Mar-18
Setting is physically accessible.	1) 10A NCAC 27G .0205 . Assessment of client needs and treatment planning is required. This includes assistive devices and environmental modifications.	Additional detailed analysis/crosswalk of rules/regulations to determine warranted action up to and including proposal to the MH rules Commission.	16-Mar-18
Any modification (of the additional conditions), under 42CFR 441.301 (c) (4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person centered service plan.	1) 10A NCAC 27G .0205 . All interventions and supports are to be clearly outlined in the treatment plan and based on client need as required	Additional detailed analysis/crosswalk of rules/regulations to determine warranted action up to and including proposal to the MH rules Commission.	16-Mar-18

HCBS rules Review Worksheet - Doc 11
APSM 45-1 1/1/2005 10A NCAC26B; APSM 95-2 7/1/2003 10A NCAC 27C, 27D, 27E, 27F

HCBS Characteristics	DMH	Action Required	Target Completion Date
Setting is integrated in and supports full access of individuals receiving Medicaid Home and Community Based Services to the greater community.	No citation identified at this time that requires rules/statute amendment/change.	Additional detailed analysis of rules/regulations crosswalk to determine proposed action up to and including proposal to the MH rules Commission.	16-Mar-18
Included are opportunities to seek employment and work in competitive integrated settings, engage in community life , and control personal resources.	1) 10 A NCAC 27 F .0105	Additional detailed analysis of rules/regulations crosswalk to determine proposed action up to and including proposal to the MH rules Commission.	16-Mar-18
Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid Home and Community Based Services.	No citation identified at this time that requires rules/statute amendment/change.	Additional detailed analysis of rules/regulations crosswalk to determine proposed action up to and including proposal to the MH rules Commission.	16-Mar-18
The setting is selected by the individual from among setting options, including non-disability specific setting and an option for a private unit in a residential setting (with consideration being given to financial resources).	1) 10 A NCAC 27 D .0302	Additional detailed analysis of rules/regulations crosswalk to determine proposed action up to and including proposal to the MH rules Commission.	16-Mar-18
Ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.	1) 10 A NCAC 27 D .0101; .0102, .0103, ; 2) 10 A NCAC 27D .0303; 3) 10 A NCAC 27D .0304; 4) 10 A NCAC 27 E .0101 - .0105; 4) 10 A NCAC 27 E .0107 - .0108; 5) 10 A NCAC 27 E .0201; 6) 10 A NCAC 27 F .0103	Additional detailed analysis of rules/regulations crosswalk to determine proposed action up to and including proposal to the MH rules Commission.	16-Mar-18
Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices.	No citation identified at this time that requires rules/statute amendment/change.	Additional detailed analysis of rules/regulations crosswalk to determine proposed action up to and including proposal to the MH rules Commission.	16-Mar-18
Facilitates individual choice regarding services and supports, and who provides them.	No citation identified at this time that requires rules/statute amendment/change.	Additional detailed analysis of rules/regulations crosswalk to determine proposed action up to and including proposal to the MH rules Commission.	16-Mar-18

Provider Owned or Controlled Residential Setting - Additional Requirements

Provides for, at minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law for State, county city or other designated entity.	No citation identified at this time that requires rules/statute amendment/change.	Additional detailed analysis of rules/regulations crosswalk to determine proposed action up to and including proposal to the MH rules Commission.	16-Mar-18
Privacy in sleeping or living unit.	10 A NCAC 27F .0102	Additional detailed analysis of rules/regulations crosswalk to determine proposed action up to and including proposal to the MH rules Commission.	16-Mar-18

HCBS rules Review Worksheet - Doc 11
APSM 45-1 1/1/2005 10A NCAC26B; APSM 95-2 7/1/2003 10A NCAC 27C, 27D, 27E, 27F

HCBS Characteristics	DMH	Action Required	Target Completion Date
Freedom and support to control individual schedules and activities and to have access to food at any time.	No citation identified at this time that requires rules/statute amendment/change.	Additional detailed analysis of rules/regulations crosswalk to determine proposed action up to and including proposal to the MH rules Commission.	16-Mar-18
Visitors of choosing at any time.	NCGS 122C-62(b)(2)	Additional detailed analysis of rules/regulations crosswalk to determine proposed action up to and including proposal to the MH rules Commission.	16-Mar-18
Setting is physically accessible.	No citation identified at this time that requires rules/statute amendment/change.	Additional detailed analysis of rules/regulations crosswalk to determine proposed action up to and including proposal to the MH rules Commission.	16-Mar-18
Any modification (of the additional conditions), under 42CFR 441.301 (c) (4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person centered service plan.	No citation identified at this time that requires rules/statute amendment/change.	Additional detailed analysis of rules/regulations crosswalk to determine proposed action up to and including proposal to the MH rules Commission.	16-Mar-18

**HCBS rules Review Worksheet - Doc 11
Clinical Policy/Waiver**

HCBS Characteristics	DMA	Action Required	Target Completion Date
Setting is integrated in and supports full access of individuals receiving Medicaid Home and Community Based Services to the greater community.	Medicaid - Clinical Coverage Policy 8-P - August 1, 2014 Innovations Waiver - 0423	Updates to Waiver Appendix C:2 to include changes to characteristics, monitoring, and ongoing education, as well as Service Definitions to outline HCBS expectations.. Clinical Coverage Policy 8P - Attachment A to include changes to characteristics, monitoring, and ongoing education, as well as Attachment B Service Definitions to outline HCBS expectations.	1-Jan-16
Included are opportunities to seek employment and work in competitive integrated settings, engage in community life , and control personal resources.	Medicaid - Clinical Coverage Policy 8-P - August 1, 2014	Updates to Waiver Appendix C:2 to include changes to characteristics, monitoring, and ongoing education, as well as Service Definitions to outline HCBS expectations.. Clinical Coverage Policy 8P - Attachment A to include changes to characteristics, monitoring, and ongoing education, as well as Attachment B Service Definitions to outline HCBS expectations.	1-Jan-16
Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid Home and Community Based Services.	Medicaid - Clinical Coverage Policy 8-P - August 1, 2014	Updates to Waiver Appendix C:2 to include changes to characteristics, monitoring, and ongoing education, as well as Service Definitions to outline HCBS expectations.. Clinical Coverage Policy 8P - Attachment A to include changes to characteristics, monitoring, and ongoing education, as well as Attachment B Service Definitions to outline HCBS expectations.	1-Jan-16
The setting is selected by the individual from among setting options, including non-disability specific setting and an option for a private unit in a residential setting (with consideration being given to financial resources).	Medicaid - Clinical Coverage Policy 8-P - August 1, 2014	Updates to Waiver Appendix C:2 to include changes to characteristics, monitoring, and ongoing education, as well as Service Definitions to outline HCBS expectations.. Clinical Coverage Policy 8P - Attachment A to include changes to characteristics, monitoring, and ongoing education, as well as Attachment B Service Definitions to outline HCBS expectations.	1-Jan-16

**HCBS rules Review Worksheet - Doc 11
Clinical Policy/Waiver**

HCBS Characteristics	DMA	Action Required	Target Completion Date
Ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.	Medicaid - Clinical Coverage Policy 8-P - August 1, 2014	Updates to Waiver Appendix C:2 to include changes to characteristics, monitoring, and ongoing education, as well as Service Definitions to outline HCBS expectations.. Clinical Coverage Policy 8P - Attachment A to include changes to characteristics, monitoring, and ongoing education, as well as Attachment B Service Definitions to outline HCBS expectations.	1-Jan-16
Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices.	Medicaid - Clinical Coverage Policy 8-P - August 1, 2014	Updates to Waiver Appendix C:2 to include changes to characteristics, monitoring, and ongoing education, as well as Service Definitions to outline HCBS expectations.. Clinical Coverage Policy 8P - Attachment A to include changes to characteristics, monitoring, and ongoing education, as well as Attachment B Service Definitions to outline HCBS expectations.	1-Jan-16
Facilitates individual choice regarding services and supports, and who provides them.	Medicaid - Clinical Coverage Policy 8-P - August 1, 2014	Updates to Waiver Appendix C:2 to include changes to characteristics, monitoring, and ongoing education, as well as Service Definitions to outline HCBS expectations.. Clinical Coverage Policy 8P - Attachment A to include changes to characteristics, monitoring, and ongoing education, as well as Attachment B Service Definitions to outline HCBS expectations.	1-Jan-16

Provider Owned or Controlled Residential Setting - Additional Requirements

Provides for, at minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law for State, county city or other designated entity.	Medicaid - Clinical Coverage Policy 8-P - August 1, 2014	Updates to Waiver Appendix C:2 to include changes to characteristics, monitoring, and ongoing education, as well as Service Definitions to outline HCBS expectations.. Clinical Coverage Policy 8P - Attachment A to include changes to characteristics, monitoring, and ongoing education, as well as Attachment B Service Definitions to outline HCBS expectations.	1-Jan-16
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**HCBS rules Review Worksheet - Doc 11
Clinical Policy/Waiver**

HCBS Characteristics	DMA	Action Required	Target Completion Date
Privacy in sleeping or living unit.	Medicaid - Clinical Coverage Policy 8-P - August 1, 2014	Updates to Waiver Appendix C:2 to include changes to characteristics, monitoring, and ongoing education, as well as Service Definitions to outline HCBS expectations.. Clinical Coverage Policy 8P - Attachment A to include changes to characteristics, monitoring, and ongoing education, as well as Attachment B Service Definitions to outline HCBS expectations.	1-Jan-16
Freedom and support to control individual schedules and activities and to have access to food at any time.	Medicaid - Clinical Coverage Policy 8-P - August 1, 2014	Updates to Waiver Appendix C:2 to include changes to characteristics, monitoring, and ongoing education, as well as Service Definitions to outline HCBS expectations.. Clinical Coverage Policy 8P - Attachment A to include changes to characteristics, monitoring, and ongoing education, as well as Attachment B Service Definitions to outline HCBS expectations.	1-Jan-16
Visitors of choosing at any time.	Medicaid - Clinical Coverage Policy 8-P - August 1, 2014	Updates to Waiver Appendix C:2 to include changes to characteristics, monitoring, and ongoing education, as well as Service Definitions to outline HCBS expectations.. Clinical Coverage Policy 8P - Attachment A to include changes to characteristics, monitoring, and ongoing education, as well as Attachment B Service Definitions to outline HCBS expectations.	1-Jan-16
Setting is physically accessible.	Medicaid - Clinical Coverage Policy 8-P - August 1, 2014	Updates to Waiver Appendix C:2 to include changes to characteristics, monitoring, and ongoing education, as well as Service Definitions to outline HCBS expectations.. Clinical Coverage Policy 8P - Attachment A to include changes to characteristics, monitoring, and ongoing education, as well as Attachment B Service Definitions to outline HCBS expectations.	1-Jan-16

**HCBS rules Review Worksheet - Doc 11
Clinical Policy/Waiver**

HCBS Characteristics	DMA	Action Required	Target Completion Date
<p>Any modification (of the additional conditions), under 42CFR 441.301 (c) (4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person centered service plan.</p>	<p>Medicaid - Clinical Coverage Policy 8-P - August 1, 2014</p>	<p>Updates to Waiver Appendix C:2 to include changes to characteristics, monitoring, and ongoing education, as well as Service Definitions to outline HCBS expectations. Update to Appendix D to address ISP requirements. Clinical Coverage Policy 8P - Attachment A to include changes to characteristics, monitoring, and ongoing education, as well as Attachment B Service Definitions to outline HCBS expectations.</p>	<p>1-Jan-16</p>