HCBS Feedback Worksheet - Transition Plan Grid Analysis

	Source Breakdown					
	Email	Phone	Correspondence	Fax	Session Attendees	Total of All
Grand Totals	30	0	0	0	0	30
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	4	0	0	0	0	4
Per Cent of Source Group	**13.3%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**13.3%**
LME-MCOs	3	0	0	0	0	3
Per Cent of Source Group	**10.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**10.0%**
Stakeholder Committee	21	0	0	0	0	21
Per Cent of Source Group	**70.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**70.0%**
State Gov	2	0	0	0	0	2
Per Cent of Source Group	**6.7%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**6.7%**

	Accept/Consider Breakdown		
	Accept - A	Consider - C	Total of All
Grand Totals	20	10	30
Stakeholders	0	0	0
Per Cent of Source Group	**0.0%**	**0.0%**	**0.0%**
Advocacy Groups	0	0	0
Per Cent of Source Group	**0.0%**	**0.0%**	**0.0%**
Providers/Provider Organizations	1	3	4
Per Cent of Source Group	**5.0%**	**30.0%**	**13.3%**
LME-MCOs	0	3	3
Per Cent of Source Group	**0.0%**	**30.0%**	**10.0%**
Stakeholder Committee	18	3	21
Per Cent of Source Group	**90.0%**	**30.0%**	**70.0%**
State Gov	1	1	2
Per Cent of Source Group	**5.0%**	**10.0%**	**6.7%**

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.

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Feedback	Affiliation	Source	Accept- A Consider- C	Date Received	Action Plan/Disposition
To whom it may concern, our agency has completed several HCBS assessments. The bottom line for us, is it seems repetitive in nature. These same questions should be addressed in the ISP, monitored, (formal spreadsheet can be created) monthly, be the provider (and notes reviewed by the care coordinator and at audit) and monitored, monthly, by the care coordinator. This seems like a more efficient and effective method than completing an initial HCBS assessment.	Providers/Provider Orgs	Email	C	05-Jun-18	We will take this feedback into consideration. HCBS assessments are site specific and not individual specific. Providers should not be creating new documents, unless CMS requires additional inforamation. The individual assessment is currently monitored by the HCBS MIE surveys. pull information from the rule.
Page 5, third bullet- This section states that individuals may receive services in particular licensed facilities. The licensure categories referenced in this section are 10A NCAC 27G.5601(c), 5601(f) and 2301. The licensure code for Day Activity (10A NCAC 27G.5400) is not listed. Currently, providers are able to provide Innovations services in facilities licensed under 10A NCAC 27G.5400.	Providers/Provider Orgs	Email	A	20-Jun-18	Day Activity (10A NCAC 27G.5400 will be added to waiver section of STP (pg.5).

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Page 5, third bullet- This section states that individuals may receive services in particular licensed facilities. The licensure categories referenced in this section are 10A NCAC 27G.5601(c), 5601(f) and 2301. The licensure code for Day Activity (10A NCAC 27G.5400) is not listed. Currently, providers are able to provide Innovations services in facilities licensed under 10A NCAC 27G.5400. Page 41, section on My Individual Experience Survey Monitoring- The My Individual Experience Surveys will be used as a component in monitoring provider's compliance with the HSBS requirements. Certain individuals will need assistance with completing the My Individual Experience Surveys to ensure accuracy of responses. Will providers be able to assist with this process? If not, who will ensure that the service recipients understand the survey? Will the surveys available in different languages and formats such as pictographs for those who may have trouble reading the questions?	Providers/Provider Orgs	Email	C	20-Jun-18	A family member, guardian or care coordinator may help you. Your service provider may NOT help you. Anyone helping you should do all that they can to tell us what YOU think. The way YOU see your life will help us make your waiver services better for you. "My Individual Experience" survey (MIE), the DHHS HCBS Team also enlisted the assistance of DHHS's Americans with Disabilities Act (ADA) Statewide Coordinator, who has a background in developing materials for people with IDD as well working with grassroots advocacy groups promoting the inclusion of people with disabilities. People with IDD and their families have been engaged in vetting the document and their feedback has been incorporate into the survey. Pictographs - we vetted with stakeholders and ACA. Language - we will consider adding one additional language based on the need of population served.
Page 42, section on validation, under LME-MCO Responsibility- This section states that the LME-MCO will complete desk reviews of provider agencies to ensure compliance with the HCBS standards. Providers are already monitored at a high frequency. This is multiplied when providers work with multiple LME-MCO's. The administrative burden of this over monitoring is immense. Could these desk reviews be combined with existing monitoring events such as Post Payment Monitoring?	Providers/Provider Orgs	Email	C	20-Jun-18	To ensure compliance with the final rule CMS expects all states to validate provider sites, the initial validations will not be able to coincide with existing monitoring. Post payment review is geared toward monitoring of a provider in entirety, while HBCS validation is monitoring compliance of each provider site. "The more robust the validation processes (incorporating multiple strategies to a level of degree that is statistically significant), the more successful the state will be in helping settings assure compliance with the rule." Moving forward for ongoing compliance the state will utilize the Care Coordination Tool and MIE surveys and other monitoring methods that are already established, including the Post Payment tool.
Pg. 3 - "Provide, at a minimum, the same responsibilities and protections from eviction that tenants have under landlord tenant law for the state, county, city, or other designated entity…" Clarification and consistency is needed across the state on realistic standards on this criteria. This is a basic human right; however, other elements need to be considered such as emergency discharge requirements related to health and safety.	Stakeholder Committee	Email	A		If tenant laws do not apply, state ensures lease, residency agreement or other written agreement is in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law. Emergency discharge requirements related to health and safety can be taken into consideration. Discharge planning should fall in line with the states in the rules and statues - found in 122C-63
Pg. 3 - Please provide examples of evidence of protection from eviction.	Stakeholder Committee	Email	A	24-Jun-18	Protections will be evidenced through a review of the landlord tenant agreement for each client.
Pg. 3 - Please define Provider Controlled Residential Settings.	Stakeholder Committee	Email	A	24-Jun-18	A setting is provider-owned or controlled when the setting in which the individual resides is a specific physical place that is owned, co-owned, and/or operated by a provider of HCBS

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Pg. 3 - "Provide Privacy in sleeping or living unit; units have lockable entrance door lockable by the individual with appropriate staff having keys to doors as needed…" - Most bedroom doors in community AFL homes do not have key locks on bedrooms, and will requirements also apply to this setting? Also, can an electronic lock system that requires a number code rather than a key be an acceptable option?	Stakeholder Committee	Email	A	24-Jun-18	Yes, they apply to AFL's - Yes, electronic locks can be utilized if that is what is requested by the beneficiary and/or team.
Pg. 4 - "Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement." Can guidance be given to LME/MCO reviewers and providers on acceptable criteria that must be included in the lease or agreement to meet this requirement? Example: Reviewers should not be allowed to project their personal criteria that beds should be made over the individual's the freedom to choose on how they want to leave their bed in the mornings.	Stakeholder Committee	Email	C	24-Jun-18	Standard lease agreements do not address requirements of making a bed. It is not clear that making of a bed or not making a bed determines HCBS compliance.
Pg. 4 - "Allow visitors of choosing at any time"- Allow flexibility for house rules to be agreed upon that assure the rights of all people living in the setting.	Stakeholder Committee	Email	A	24-Jun-18	It is noted that house rules may not be a standard - Providers may be expected to allow visitors at any time.
Pg. 5 - 27G .5400 Day Activity is not listed as one of the community licensed facilities. Is this an oversite? If not what does that mean for all of the .5400 licenses that are provided state funds and Innovations Waiver Days Supports in those facilities?	Stakeholder Committee	Email	A	24-Jun-18	Day Activity (10A NCAC 27G.5400 will be added to waiver section of STP (pg.5).
Pg. 5 and throughout - "Person Centered Plan" is used throughout the document. Should this be changed to ISP or treatment plan?	Stakeholder Committee	Email	C	24-Jun-18	We are unable to change the language due to multiple waivers.
Pg. 5 at the bottom – It is stated, "Please note any restrictive interventions or modifications of the HCBS characteristics must be outlined in the PCP." - 10A NCAC 27 defines restrictive interventions as physical restraint, seclusion, and isolation time out. Is this what is meant or do they mean other restrictions that must by outlined in the PCP?	Stakeholder Committee	Email	A	24-Jun-18	Any Restrictions of the HCBS characteristics must be documented in the individuals plan of care.
Pg. 6 - "The LME- MCOs manage their own provider networks and will have direct oversight over the assessment of HCBS for their providers and monitoring activities"- This statement and throughout the document: Can DHHS provide training on the interpretation and application of these requirements to help assure uniformity and reduce the administrative burden on providers?	Stakeholder Committee	Email	A	24-Jun-18	Please refer to the Provider guide, MCO guide, quarterly Care Coordination monitoring. These are used as supplemental materials to assure uniformity.
Pg. 7 -"…must be able to come and go at any hour"- Since LMEs/MCOs interpret this requirement differently with some requesting excessive documentation (sometimes not applicable), please provide training on the interpretation and application of these requirements. Training is needed on how and when individual rights may need to be restricted to assure health and safety of the individual and others with whom he/she lives. This includes required documentation in the ISP of any restrictions.	Stakeholder Committee	Email	A	24-Jun-18	Any Restrictions of the HCBS characteristics must be documented in the individuals plan of care.
Pg. 7 - What is the intended oversight from the state on LME-MCOs to ensure pertinent information is included in ISPs?	Stakeholder Committee	Email	A	24-Jun-18	It is a requirement in the waiver - the oversight would be addressed during the DHHS desk reviews and site reviews. It is noted that LME-MCO's care coordination teams are required to update ISP for services.
Pg. 9 – Non-Disability Specific Settings - Please provide clarification on who is responsible for providing education on alternatives to Day Supports (Care Coordination)?	Stakeholder Committee	Email	A	24-Jun-18	The LME-MCO i.e., Care Coordinators is responsible for providing education on alternatives to Day Supports.
Pg. 18 – Training "DHHS and LME- MCOs, will be offering technical assistance (e.g., webinars, on site visits to providers and LME-MCOs as needed…) How is "as needed" determined?	Stakeholder Committee	Email	A	24-Jun-18	LME-MCO reaches out to DHHS for Technical Assistance, or DHHS will reach out to LME-MCO if there is a trend or concern noted. TA is provided to providers and LME-MCO's based off questions received or trends noted by either party and/or DHHS.

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Pg. 22 - Because this tool is also used with Supported Employment, please advise on how to respond if the employment site is a hospital or nursing facility.	Stakeholder Committee	Email	A	24-Jun-18	This is a consumer choice. CMS requires that everyone has the opportunity and the supports needed to work in an integrated setting and to participate fully in their communities. It's important that each person receiving HCBS understand that they can work and have the supports they need to work, no matter how significant their disabilities. It's also important that providers help people explore jobs that would match interests and abilities with opportunities to be productive and earn a competitive wage or develop customized employment opportunities.
Pg. 38 Q. 13 - "Are people satisfied with the amount of contact they have with their friends"- This question is subjective. There are many variables to consider in this response. Consider re-wording to, "Are you provided with opportunities to contact your friends?"	Stakeholder Committee	Email	C	24-Jun-18	Thank you for the feedback, we will consider suggested language.
Pg. 39 - "Providers may submit evidence of progress towards compliance at any time."- include how. Through e-system? Through the LME/MCO? Both?	Stakeholder Committee	Email	A	24-Jun-18	The submission of written evidence can be updated through the online Provider Self -Assessment portal.
Pg. 41 - "and will address a Quality Monitoring Model, to manage provider support needs"- Please be specific. What Quality Monitoring Model? Is there a tool? Will agencies have access to the tool?	Stakeholder Committee	Email	A	24-Jun-18	Quality Monitoring is the existing internal LME-MCO monitoring practice. This is the responsibility of the LME-MCO. We have provided an example of what Quality Monitoring may include: (Pg. 41 "Quality Monitoring may include, desk reviews, site reviews, and care coordinator site visits. Additionally, concerns may be submitted by email to HCBSTransPlan@dhhs.nc.gov to obtain technical assistance or remediation support.")
Pg. 41 - What is the expectation from the Individual Experience Survey Monitoring? Is the survey going to be built into team meetings or randomly sent out? Will there be different formats (i.e. in different languages, picture maps, etc.)	Stakeholder Committee	Email	A	24-Jun-18	The MIE surveys are a method of allowing individuals receiving services to submit feedback regarding their experience at their site. The individuals information is not shared with site. The LME-MCO's will use survey results to compare to information with the information on Provider Assessment. The concerns will be addressed utilizing a qualty monditoring model. Please refer to question 39 for reference on MIE formatting.
Pg. 42 - Concerning the lists of how overall compliance will be achieved and ensured, how is DHHS ensuring consistency in interpretation of results across the state and LMEs/MCOs? There seems to be a great deal of latitude in interpretation of responses within the same LME/MCO and across LMEs/MCOs.	Stakeholder Committee	Email	A	24-Jun-18	DHHS has provided standardized reporting tools to ensure consistency. The LME-MCO's should engage in compliance monitoring if trends are noticed. Refer to guides.
During this transitional period (until full implementation of HCBS in 2022) it would be great if LMEs/MCOs would regularly update progress with their provider networks. It is evident they have a great deal of reporting to DHHS, but more needs to be done to keep providers informed. The timeline (Section 4) needs to be more specific regarding requirements for LME/MCO engagement with their provider network.	Stakeholder Committee	Email	A	24-Jun-18	Thank you for the feedback. This was the initial engagement completed in 2015.
1. Pages 18 and 19: This section should be specific about training on client's rights. Prospective providers should be instructed to outline (a) the format that clients will use for filing grievances, and (b) what constitutes clients' rights or violation of the rights.	State Gov	Email	A	24-Jun-18	Staff provider requirements Training on client rights is identified in statute 122.C.

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2. Page 20: 1.7 Conflict of Interest -- While the transition plan lists those who may be prohibited from accepting employment or compensation, it has not listed "how to remedy or remove such a conflict IF conflict is identified." To ensure that there's no ambiguity, it will be helpful if this remedy is included in this section. Remedy is not clear in 42 C.F.R. subsection 438.58.	State Gov	Email	C	24-Jun-18	Please note that it states in the STP - As required by 42 C.F.R. § 438.58, no officer, employee or agent of any State or federal agency that exercises any functions or responsibilities in the review or approval of this contract or its performance shall acquire any personal interest, direct or indirect, in this Contract or in any subcontract entered into by PIHP (LME-MCO).
Issue: Annual Report…. The LME-MCO or DMA (CAP/DA) will submit an update annually of progress on the Provider Self-Assessment Analysis Report until March 2019 and then every 6 months until the end of the HCBS transition period (March 2022). Pg. 43. Comment to the State - If Alliance / LME-MCOs could enter the on-site visit information into the State's HCBS portal – is there a reason why the LME-MCO's would need to submit an annual report when the State already has the existing data to review. Same logic should apply to the MIE and self-assessments (quarterly reports).	LME-MCOs	Email	C	23-Jun-18	This has been taken this into consideration It is the intent that the DHHS will run the reports, however the expectation will continue for LME-MCO's to run internal reports to identify significant changes. The current system is designed for p DHHS is considering running reports for quarterly reports for LME-MCO's -- The current HCS database is designed to receive info for the PSA. The DHHS is in the process of updating the review tool to capture monitoring and validation steps taken by LME-MCO's
Issue: HCBS requirements would be routinely assess during Care Coordination site visit – pg. 43 Comment — Alliance request the State to allow the LME-MCOs to determine where best to manage the HCBS requirements related to monitoring providers. Alliance has this responsibility currently built within Provider Networks vs our Care Coordination team. This is so that Care Coordinators are not seen as provider monitors but more as bridges to support the provider and the individual in assisting to carry out the Individual Service Plan.	LME-MCOs	Email	C		This has been taken into consideration. While the Care Coordinator may not be the individual at the LME-MCO that will be required to address the issue they are responsible for monitoring the services. Please refer to pg. 41 of the STP - which outlines "Care Coordinator/Case Management monitoring will continue" as referenced on pg. 33 of our most recent STP dated January 2018 on DHHS website.
Issue: LME-MCO Responsibility – HCBS Monitoring for compliance through July 2022; starting in July 2018. Section pg. 42. Comment / Question – How site visit information going be logged and / or reported back to the State. Will any of this work be different as a Tailored Plan. If this information can be logged into the HCBS Portal and the State has access to all the data – is it possible that the LME-MCOs not have to submit Quarterly Reports.	LME-MCOs	Email	C		This has been taken into consideration. We do not anticipate this being an issue of the tailored plan. The DHHS is in the process of updating the review tool to capture monitoring and validation steps taken by LME-MCO's. This process will continue to include a submission of a quarterly report, which may be updated once a review tool is finalized.