# North Carolina Home and Community Based Services Final Rule Transition Plan

**(42 CFR Section 441.301 (c) (4) (5) and Section 441.710(a) (1) (2))**

**Department of Health and Human Services**

**Division of Health Benefits**

**Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

**June 15, 2022**

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## Executive Summary

In January 2014, the Centers for Medicare & Medicaid Services (CMS) issued a final rule for home and community-based services (HCBS) that required states to review and evaluate home and community based (HCB) settings, including residential and non-residential settings. The Home and Community Based Services (HCBS) final rule directed the Department of Health and Human Services (DHHS) to ensure individuals receiving services through its 1915(c) waivers have full access to the benefit of community living and the opportunity to receive services in the most integrated setting possible. DHHS engaged stakeholders to draft a successful, transition plan to comply with the HCBS final rule. This transition plan addressed assessment, remediation, stakeholder engagement, education, HCBS milestones, and plans for ongoing monitoring to achieve full compliance with this rule.

## Purpose

The HCBS final regulation required states to prepare and submit a Statewide Transition Plan. CMS asked that statewide transition plans specifically address only the settings requirements of the HCBS regulations. North Carolina's transition plan for all waiver beneficiaries provides individuals with access to their communities. Among the benefits are opportunities to seek Competitive Integrated Employment, select services/supports, choice in provider and have the same access to community life as others. The Department's overall outcome was to increase and ensure individuals exercised their rights to have unique life experiences. This is reflected through our commitment to ensure measures of overall system performance and personal outcomes that inform an individual's home and community-based services and supports. The Department's plan describes the actions that were taken to ensure initial and ongoing compliance with all aspects of the HCBS Final Rule by 2023. The DHHS will partner with and support the Prepaid Inpatient Health Plans (PIHPs), known as Local Management Entities-Managed Care Organizations (LME/MCOs) in North Carolina, and Local Lead Agencies[1](LLAs) in meeting the HCBS Final Rule's intent; however, DHHS is ultimately responsible for the review, modification and monitoring of any laws, rules, regulations, standards, policies agreements,

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

contracts and licensing requirements necessary to ensure that North Carolina's HCBS settings comply with HCBS Final Rule requirements.

The federal citations for the main requirements of the HCBS Final Rule are 42 C.F.R. 441.301(c)(4)(5), and Section 441.710(a)(1)(2). More information on the HCBS Final Rule can be found on the CMS website at www.Medicaid.gov.

## Home and Community Based Services Final Rule Setting Requirements:

The HCBS regulations provided states a time to transition ~~a~~according to the HCBS regulations (section 441.530). The following characteristics must be present in all settings where HCBS are provided for a setting to be considered home and community based.

### Home and Community Based Settings Requirement

- The setting is integrated in and supports full access of individuals receiving Medicaid HCBS 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 HCBS.
- 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.
- Facilitate individual choice regarding services and supports, and who provides these services.

### 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.

    - Units have lockable entrance door lockable by the individual, with appropriate staff having keys to doors as needed.
    - Individuals sharing units have a choice of roommates in that setting.
    - Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- 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.

The overall intent of North Carolina's Statewide Transition Plan (STP) was to ensure that individuals receive Medicaid HCBS in settings that are fully integrated and support access to the greater community.

## Home and Community Based Services in North Carolina

North Carolina conducted an internal review of its state statutes and regulations governing Medicaid HCBS waiver services and assessed that the HCBS Final Rule applies to three 1915(c) waivers and select services offered under the 1915(b)(3) benefit operated by North Carolina. Services under the North Carolina waivers are provided in a variety of settings.

- Under the Community Alternatives Program for Children (CAP/C) waiver:
    - individuals may receive services at home where they reside with their family or in foster homes.
    - CAP/C considers foster homes in the same way as natural homes. Services are provided on a periodic basis by outside providers. CAP/C does not reimburse the foster family for providing an HCBS service.
    - Institutional Respite may also be provided in a Skilled Nursing Facility (SNF).
- Under the Community Alternatives Program for Disabled Adults (CAP/DA) waiver:
    - individuals may receive services at home where they reside with their family.
    - or in Adult Day Health facilities (certified under 131-D).
    - Institutional Respite may also be provided in a SNF.
- Under the Innovations waiver:

- individuals may receive services in their home or in the home of their family,
- in facilities licensed under 10A NCAC 27G.5601(c)(2) and (3) (referred to as 5600(b) and (c) group homes) and licensed under 10A NCAC 27G.5601(c)(6) (referred to as Alternative Family Living arrangements (or licensed AFLs) (5600(f))/unlicensed residential settings serving one adult (referred to as unlicensed AFLs), in the community,
- Adult Day Health/Adult Day Care facilities certified under NC GS 131 D), and
- Day Support facilities licensed under 10A NCAC 27G.2301(referred to as 2300 facilities) and 10A NCAC 27G.5400.
- Institutional Respite may be provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) facility.

## Impacted and Non-Impacted Services

Per CMS, the HCBS rule enhances the quality of HCBS, provides additional protections to HCBS program participants, and ensures that individuals receiving services through HCBS programs have full access to the benefits of community living. CMS recognized that States and providers would need time to implement clarified requirements and provided a transition process to allow States and providers time to implement. North Carolina assessed waiver services to identify settings that were presumed to have institutional characteristics, including qualities that would isolate HCBS beneficiaries, and determined which services would be impacted by the HCBS Final Rule. Services were separated into two categories, Impacted and Non-Impacted services. Impacted Services were services identified to be provided in a setting that was presumed to have institutional characteristics. Non-Impacted services were services identified to be provided in a setting not presumed to have institutional characteristics. Therefore, the North Carolina HCBS State transition plan was developed to ensure compliance for Impacted services.

**Impacted:**

The following services were considered to be impacted by the final regulation that specifically addressed the HCBS settings requirements of the HCBS regulations:

- NC Innovations Waiver services include.
    i. Residential Supports (provided in 5600 b and c group homes, licensed 5600(f) AFLs, and unlicensed AFLs),
    ii. Day Supports (provided in 2300 licensed day programs and adult day health/care programs certified under 131D), and

iii. Supported Employment

- CAP/DA and CAP/Choice waivers services include:
    i. Adult Day Health (certified under 131D)
- 1915(b)(3) services include:
    i. Supported Employment (IDD/MH/SAS)
    (1915 (b) (3) Supported Employment service is projected to phase into the 1915 (i) waiver on April 1, 2023
    ii. De-institutionalization service array services of
        1. Day Supports (provided in 2300 licensed day programs and adult day health/care programs certified under 131D),
        2. Supported Employment and
        3. Residential Supports (provided in 5600 b and c group homes, licensed 5600(f) AFLs, and unlicensed AFLs).

    (Services provided under The De-Institutionalization services array are projected to phase into 1915 (c) wavier on December 1, 2022)

**Non-Impacted:**

Through the internal review and assessment of waiver services and settings, North Carolina determined that Individual, privately-owned homes are presumed to meet all aspects of HCBS Settings Rule. Therefore, the following services would not be impacted by the HCBS transition period.

- services provided under the CAP/C waiver.
- Services provided in privately owned homes.

Foster care settings would not be affected by the HCBS transition as the services are based in a privately-owned home. North Carolina state law requires that all foster homes be licensed to care for children in their care. These licenses are issued by the NC Department of Health and Human Services, Division of Social Services (licensing authority). However, waiver services provided in theses settings will be monitored through the Care coordination monitoring tool.

Note: Foster Care settings were deemed to not be impacted by the settings rule as:

i. HCBS Services are provided in a privately-owned home setting, per (NC G.S. § 131D-10.2.), foster care must be provided in "… the private residence of one or more individuals…"
ii. Foster Parents are not paid for providing HCBS services to individuals in their care.
iii. Foster care is not an HCBS waiver services,
iv. Foster Care homes providing services not impacted by the HCBS final settings rule are private homes of the foster care parent.

It is important to note, private homes and foster care setting were presumed to meet HCBS settings rule and were not included as part of the HCBS Transitional period. However, HCBS services provided in these settings are included in the settings rule and will be monitored per HCBS Wavier requirements through HCBS Care Coordination monitoring tool in the ongoing monitoring process to ensure compliance with HCBS settings rule.

**Please note**, any modification HCBS settings criteria must be supported by a specific assessed need and justified in the person-centered plan.

## Structure of Waiver Oversight in North Carolina

### North Carolina Innovations and NC MH/IDD/SAS Health Plan

The North Carolina Innovations waiver program is a 1915(c) waiver that is operated with the NC DMH/IDD/SAS Health Plan, which is a 1915(b) waiver. The waiver is managed by six Prepaid Inpatient Health Plans (PIHPs), which are referred to as LME/MCOs, in specified geographic areas of the State. These LME/MCOs operate under contracts with the Division of Health Benefits (DHB) for the management of Medicaid mental health, intellectual/developmental disability, and substance abuse services for beneficiaries three years old and older. They also operate under contracts with the DMH/DD/SAS for the management of State funded mental health, intellectual/developmental disability, and substance abuse services. The LME/MCOs manage their own provider networks and will have direct oversight over the assessment of HCBS for their providers and monitoring activities.

## CAP/DA, CAP/Choice, and CAP/C

The CAP/DA waiver and its self-directed model CAP/Choice, and the CAP/C waiver are 1915(c) waivers that are operated in a Fee- for-Service (FFS). Local Case Management Entities provide case management and utilization management to the individuals that are served in their catchment. Division of Health Benefits (DHB) will have direct accountability over the assessment of HCBS for their providers, but the case management entities will monitor the providers.

## History of HCBS in North Carolina

In 2012, two waivers for individuals with IDD existed. The first waiver was the Community Alternatives Program for Individuals with Intellectual and Developmental Disabilities (CAP-I/DD). The second waiver was Cardinal Innovations waiver (which has since become the North Carolina Innovations waiver). While renewing the CAP-I/DD waiver and expanding the North Carolina Innovations waiver, DHHS had conversations with CMS around the "draft" HCBS Final Rule and how it could be incorporated into the waivers. The following language was added to the waivers but applied only to licensed Residential Settings:

"The following home and community living standards must be met by all facilities. They must be applied to all residents in the facility except where such activities or abilities are contraindicated specifically in an individual's person-centered plan and applicable due process has been executed to restrict any of the standards or rights. Residents must be respectful to others in their community and the facility has the authority to restrict activities when those activities are disruptive or in violation of the rights of others living in the community". The underlined language has since been removed from the Innovation Waiver Application and policy, as of the last posting on May 1, 2022.

Telephone Access

- Telephones must be accessible by residents 24/7/365.
- Operation assistance must be available if necessary.
- Telephones must be private.
- Residents are permitted to have and maintain personal phones in their rooms.

Visitors

- Visitors must be allowed at any time 24/7/365.

- Visitors do not require facility approval (although facility may require visitors to sign in or notify the facility administrator that they are in the facility).
- Visitors must not have conduct requirements beyond respectful behavior toward other residents.

Living Space

- No more than two (2) residents may share a room.
- If two individuals must share a room, they will have choice as to who their roommate is; under no circumstance will individuals be required to room together if either of them objects to sharing a room with the other.
- Residents must have the ability to work with the facility to achieve the closest optimal roommate situations.
- Residents must have the ability to lock the rooms.
- Residents must be allowed to decorate and keep personal items in the rooms (decorations must conform to safety codes and licensure rules)
- Residents must be able to come and go at any hour.
- Residents must have an individual personal lockable storage space available at any time.
- Residents must be able to file anonymous complaints.
- Residents must be permitted to have personal appliances and devices in their rooms (where these appliances do not violate safety codes and licensure rules)

Service Customization

- Residents must be given maximum privacy in the delivery of their services.
- Residents must be provided choice(s) in the structure of their Service delivery (services and supports, and from where and whom)
- Include the individual in care planning process and people chosen by the individual to attend care plan meetings.
- Provide the appropriate support(s) to ensure the individual has an active role in directing the process.
- Person centered planning process must be at convenient locations and times for the individuals to attend.
- Ensure there are opportunities for the person-centered plan to be updated on a continuous basis.

Food, Meal(s), and Storage of Food Access

- Resident must have access to food, meal(s), and storage of food 24/7/365.
- Residents must have input on food options provided.
- Residents must be allowed to choose who to eat meals with including the ability to eat alone if desired.

Group Activities

- Residents must be given the choice of participating in facility's recreational activities and pursuing individual activities of interest.
- Residents must be allowed to choose with whom and when to participate in recreational activities.

Community Activities

- Residents must be given the opportunity to take part in community activities of their choosing.
- Residents must be encouraged and supported to remain active in their community.
- Residents must be supported in pursing activities of interest and not be restricted from participating in community activities of their choosing.

Community Integration

- Only in settings that are home and community based, integrated in the community, provide meaningful access to the community and community activities, and choice about providers, individuals with whom to interact, and daily life activities.

At the time, the waivers allowed for individuals to receive services in large congregate settings called Adult Care Homes (ACH) and group homes on the grounds of ICF-IID facilities.

DHHS identified all individuals in facilities that were:

- larger than six beds, but classified as group homes, or
- classified as Adult Care Homes, or
- on the grounds of an ICF-IID facility.

For homes that were larger than six beds, but classified as group homes, DHHS required those facilities to attest to meeting the HCBS characteristics as outlined in the waivers if they desired to continue enrollment as waiver providers. If a facility chose not to attest, the individual had the choice to remain in that setting and withdraw from the waiver or move to a waiver compliant site. For individuals in Adult Care Homes, the individual could choose to reside there and receive waiver services outside the facility as long as the facility attested to meeting the characteristics; however, Adult Care Homes were removed as a provider type for the provision of waiver services in 2012. Individuals who resided on the grounds of an ICF-IID facility had the

choice to remain in that setting and withdraw from the waiver or move to a waiver compliant site. When the transition occurred to the Innovations waiver, individuals were required to live in private homes, with their families, or in living arrangements with 6 beds or less with the exception of four 5600 group homes that were grandfathered in from the CAP IDD waiver. This transition was completed effective April 1, 2013.

As a result of this history, DHHS began the HCBS Final Rule process without waiver services being provided in residential settings on the grounds of ICF-IID facilities or in Adult Care Homes.

In North Carolina's current waivers, language was amended to specify that waiver amendments or renewals will be subject to any provision or requirement included in the state's most recent and approved Statewide Transition Plan and that HCB settings must be compliant with standards outlined in the HCBS settings rule. In addition, as outlined within this Statewide Transition Plan, HCBS Final Rule requirements apply to all identified HCBS settings regardless of licensure status.

Non-Disability Specific Settings

HCBS Final Rule requires the setting to be selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. In the current waivers, the only services that are provided in disability specific settings are Day Supports, Adult Day Health and Residential Supports (though Residential Supports is also provided in Alternative Family Living arrangements which are not disability specific. The majority of waiver services are provided in private homes and the community. The Innovations waiver also offers a service called Community Networking which is provided only in integrated environments, or for self-advocacy groups and conferences. Not only does it provide for support to be in these environments, but it will pay for integrated classes/conferences and for fees for memberships so that individuals may attend such classes. The choice of waiver services is that of the individual. Additional changes to the Innovations waiver in a technical amendment effective November 1, 2016, included a requirement that individuals 16 years of age and older who are accessing Day Supports for the first time must be educated on the alternatives to this service; the addition of Supported Living which provides services to individuals who choose to rent or own their own home; and changes in the Assistive Technology definition to allow greater access to smart home technology to assist individuals in living more independently; and updating the language in the definition to eliminate the requirements that services must start or end at the Day Supports site. It notes that the

individual must go to the site once per week unless waived by the LME/MCO. This encourages more community engagement outside of the facilities.

Individual/Private Homes:

DHHS presumes that Individual, privately owned homes meet all components of the HCBS Final Rule, which was presented in the technical assistance call with CMS on June 14, 2016. The rights and protections of North Carolina General Statute, North Carolina Administrative Code, and the waiver apply to individuals in their private homes. Individuals in their private homes receive Care Coordination at least quarterly. Individuals in their private homes receive Care Coordination monthly if they receive services by a relative/guardian that resides with them or if they are self-directing their services. Any concerns with the individual's rights would be reported to the LME/MCO or the Local Case Management Lead Agency (LLA).

## Stakeholder Engagement

### HCBS Stakeholder Advisory Committee

In Spring 2014, conversations about the HCBS Final Rule began 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. DHHS 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 DHHS staff to support the HCBS Stakeholder Advisory Committee. As the transition plan has been implemented stakeholder meetings has transitioned to quarterly updates.

As HCBS Final Rule characteristics were embedded as a cultural change, the makeup of the advisory committee has changed over time to include the original and additional families, providers, and individual who would like to receive updates). The initial HCBS Stakeholder Advisory Committee's composition follows.

**Advocates and Stakeholders**

Anna Cunningham, Advocate
Jean Anderson, Stakeholder Engagement Group for Medicaid Reform/Advocate

Kelly Beauchamp, Advocate
Kelly Mellage, Advocate
Sam Miller, NC Council on Developmental Disabilities/Family Member (until December 2015)
Nessie Siler, NC Council on Developmental Disabilities/Self-Advocate
Johnathan Ellis, Self-Advocate
Yukiko Puram, Advocate (until March 2018)
Sue Guy, State Consumer Family Advisory Committee (SCFAC)
Benita Purcell, State Consumer Family Advisory Committee (SCFAC) (began July 2016)
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 (DRNC)
Kelly Friedlander, North Carolina Stakeholder Engagement Group (NC SEG) (until December 2016)

**Provider Organizations and Agencies**

Peggy Terhune, Ph.D., Monarch, Inc. (Provider)
Bridget Hassan, Easter seals UCP (Provider)
Melissa Baran, Enrichment Arc (Provider) (until October 2016)
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 (Future Tailored Plan)**

Rose Burnette, Trillium Health Resources (formerly East Carolina Behavioral Health)
Andrea Misenheimer, Cardinal Innovations Healthcare Solutions
Christina Dupuch, Vaya Health (formerly Smoky Mountain LME/MCO)
Foster Norman, Coastal Care (until June 2015)

**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 Health Benefits (DHB)

Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS)
Division of Health Service Regulation (DHSR)
NC Council on Developmental Disabilities
Division of Aging and Adult Services (DAAS)
Division of Social Services (DSS)
Division of State Operated Healthcare Facilities (DSOHF)

## Community Outreach

**Website**

To ensure consistent, clear, and streamlined communication with waiver beneficiaries, families, provider organizations, associations, and other interested stakeholders, DHHS established a dedicated web portal and posted information on its website. Data for the period, denoted below, provided the following information:

| Source | Date | % Of Total |
|---|---|---|
| Home Page | January 26, 2015 – October. 5, 2015 | 35 |
| Self-Assessment Page | January 26, 2015 – October. 5, 2015 | 27 |
| Provider Self-Assessment | January 26, 2015 – October. 5, 2015 | 16 |
| Public Notice & Comments | January 26, 2015 – October. 5, 2015 | 12 |
| Listening Sessions | January 26, 2015 – October. 5, 2015 | 3 |
| Plan Submission | January 26, 2015 – October. 5, 2015 | 2 |
| Vision | January 26, 2015 – October. 5, 2015 | 1 |

**Total of 29,562-page views**

This source provides information and links focused solely on the implementation of the HCBS Final Rule including the HCBS Final 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 ongoing 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 were also posted at www.ncdhhs.gov/hcbs/index.html. The website was updated to include public comments from the 30-day posting period and the initial submission of the plan to CMS. It will continue to be updated along with the plan and when self-assessment data are available.

Other communication included:

- Stakeholder Listening 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 Case Management entities
- 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)
- PowerPoint presentations
- Blog post
- Twitter postings
- A weekly Q&A throughout the self-assessment process

The DHHS 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’ 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), and 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, 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 well-informed individuals and families. The Stakeholder Engagement Group also organized a series of Consumer and Family Community Chats on the HCBS rule in response to feedback from the public forum held January 16, 2015. Beneficiaries at that forum requested an opportunity to have their voices heard without the presence of providers or LME/MCOs/Local Case Management Entities representatives. DHHS leadership met with attendees where heartfelt personal experiences were shared about the system, services, and what needs to occur as North Carolina implements the transition plan. The Stakeholder Engagement Group hosted five 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 regarding the HCBS Final Rule and the process for achieving compliance. The DHHS also offered to engage with each of the stakeholder groups of the nine LME/MCOs (that have since merged to seven), and the Local Lead Agencies. The ongoing dynamic of these partnerships will continue to evolve throughout the pilot assessment, self-assessment, monitoring, and ongoing compliance phases of plan implementation. DHHS developed the draft plan and the proposed Provider Self-Assessment with the HCBS Stakeholder Committee between October 2014 and January 2015. Revisions to both documents were based upon feedback received from multiple venues e.g., public comment, Listening and Chat Sessions, a public forum with the Stakeholder Engagement Group for Medicaid Reform, State and local Consumer and Family Advisory Committees (CFAC) 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. Individuals shared personal experiences with services, helping DHHS to identify needs as North Carolina implements the transition plan.

## Plan Posting

The initial plan, as submitted, was posted to the North Carolina DHHS website www.ncdhhs.gov/hcbs/index.html. Additional information, including questions from and responses to CMS are also posted on website.

Listening Sessions

During the public comment period, DHHS hosted eleven listening sessions Statewide. In these meetings, DHHS shared information regarding the HCBS Final Rule, 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 Feb. 12, 2015. The Sessions were for the primary purpose of "listening" to beneficiaries and their families. To aid in the facilitation of the meetings, a PowerPoint presentation was used along with wall charts depicting input as it was received. In addition, consumer/family friendly materials were available to assist with gleaning as much feedback as possible. All these efforts have helped DHHS finalize a plan that clearly meets intent according to the voices of its recipients. Special consideration was given to determine the specific locations 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 DHHS that any change in policy should occur following the Listening and Chat Sessions, as the voice of our beneficiaries is paramount to establish policy as it relates to the implementation of this Plan and to improve real life outcomes and system-wide accountability. "Nothing about me without me" was voiced by beneficiaries throughout Statewide reform efforts and again throughout the Listening Sessions.

| 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 comments and listening sessions included:

| 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 |

**Initial Public Comment**

DHHS posted the transition plan and proposed self-assessment at www.ncdhhs.gov/hcbs/index.html for a 30-day public comment period from January 21, 2015. Notice of the public comment period was announced through the dedicated DHHS website, LME/MCO/Local Case Management Entities 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 Spanish as requested; and public verbal presentations inclusive of interpreters for Individuals who were deaf or hard of hearing.

Releasing the plan for comment ensured that all stakeholders were fully informed of DHHS' plan for meeting the HCBS Final Rule. Feedback and comments were accepted in the following ways:

- **By email:** HCBSTransPlan@dhhs.nc.gov
- **By written comments to:**
  NC DHHS
  ATTN: HCBS Transition Plan

3015 Mail Service Center
Raleigh, NC 27699-3015

- **By FAX:** 919-508-0975 (please include ATTN: HCBS Transition Plan in the subject line)

At the conclusion of the Listening Sessions, information was captured in an "at-a-glance" format, shared with the broader stakeholder community, and posted to the dedicated website. Public comments are maintained by DHHS.

**Initial Public Comment Analysis (See Appendix I)**

THE HCBS Worksheet Analysis, inserted below, is a synopsis of the narrative feedback received during the comment period. Note that each point of feedback is individually counted specific to affiliation (e.g., one person could have twenty points), and each is counted as a separate entity.

| | SOURCE BREAKDOWN | | | | | |
|---|---|---|---|---|---|---|
| | EMAIL | PHONE | CORRESP ON-DENCE | FAX | SESSION ATTENDE ES | TOTAL OF ALL |
| **GRAND TOTALS** | **308** | **0** | **0** | **6** | **323** | **637** |
| Stakeholders | 76 | 0 | 0 | 0 | 304 | 380 |
| Percent of Source Group | 24.7% | 0.0% | 0.0% | 0.0% | 94.1% | 59.7% |
| Advocacy Groups | 99 | 0 | 0 | 0 | 0 | 99 |
| Percent of Source Group | 32.1% | 0.0% | 0.0% | 0.0% | 0.0% | 15.5% |
| Providers/Provider Orgs. | 40 | 0 | 0 | 6 | 19 | 65 |
| Percent of Source Group | 13.0% | 0.0% | 0.0% | 100% | 5.9% | 10.2% |
| LME/MCOs/LLAs | 4 | 0 | 0 | 0 | 0 | 4 |
| Percent of Source Group | 1.3% | 0.0% | 0.0% | 0.0% | 0.0% | 0.6% |
| Stakeholder Committee | 89 | 0 | 0 | 0 | 0 | 89 |
| Percent of Source Group | 28.9% | 0.0% | 0.0% | 0.0% | 0.0% | 14.0% |

| | | | | | | |
|---|---|---|---|---|---|---|
| State Government | 0 | 0 | 0 | 0 | 0 | 0 |
| Percent 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 |
| Percent of Source Group | 64.4% | 53.3% | 59.7% |
| Advocacy Groups | 59 | 40 | 99 |
| Percent of Source Group | 16.2% | 14.7% | 15.5% |
| Providers/Provider Orgs. | 25 | 40 | 65 |
| Percent of Source Group | 6.8% | 14.7% | 10.2% |
| LME/MCOs/LLAs | 4 | 0 | 4 |
| Percent of Source Group | 1.1% | 0.0% | 0.6% |
| Stakeholder Committee | 42 | 47 | 89 |
| Percent of Source Group | 11.5% | 17.3% | 14.0% |
| State Government | 0 | 0 | 0 |
| Percent of Source Group | 0.0% | 0.0% | 0.0% |

Additional data are also contained within this worksheet and are available for reference. Public comments received through email, hand-written correspondence, fax, testimony, and input

from the eleven listening sessions, were analyzed and incorporated as deemed necessary by DHHS staff. The plan was finalized early March 2015.

## Second Public Comment ( see Appendix J)

DHHS posted the transition plan and proposed self-assessment at www.ncdhhs.gov/hcbs/index.html for a 30-day public comment period from November 17, 2016 until December 16, 2016. Notice of the public comment period was announced through the dedicated DHHS website, LME/MCO/Local Case Management entities outreach, and face to face communications via provider organizations and the broader stakeholder community. The public comment period provided interactive opportunities for dialogue with all vested partners. Feedback and comments were accepted in the following ways:

- **By email:** HCBSTransPlan@dhhs.nc.gov
- **By written comments to:**
  NC DHHS
  ATTN: HCBS Transition Plan
  3015 Mail Service Center
  Raleigh, NC 27699-3015
- **By FAX:** 919-508-0975 (please include ATTN: HCBS Transition Plan in the subject line)
- **By Calling:** 1-866-271-4894 – North Carolina Community Resource Connection Customer Line

Releasing the updated plan for comment ensured that all stakeholders were fully informed of DHHS' plan for meeting the HCBS Final Rule. Public comments are maintained by DHHS.

**Second Public Comment Analysis**

THE HCBS Worksheet Analysis, inserted below, is a synopsis of the narrative feedback received during the comment period. Note that each point of feedback is individually counted specific to affiliation, e.g., one person could have twenty points, and each is counted as a separate entity.

| | EMAIL | PHONE | CORRESP ON-DENCE | FAX | TOTAL OF ALL |
|---|---|---|---|---|---|
| **GRAND TOTALS** | **29** | **0** | **0** | **6** | **29** |
| Stakeholders | 3 | 0 | 0 | 0 | 3 |
| Percent of Source Group | 10.3% | 0.0% | 0.0% | 0.0% | 10.3% |
| Advocacy Groups | 0 | 0 | 0 | 0 | 0 |
| Percent of Source Group | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Providers/Provider Orgs. | 3 | 0 | 0 | 6 | 3 |
| Percent of Source Group | 10.3% | 0.0% | 0.0% | 100% | 10.3% |
| LME/MCOs/LLAs | 0 | 0 | 0 | 0 | 0 |
| Percent of Source Group | 1.3% | 0.0% | 0.0% | 0.0% | 0.0% |
| Stakeholder Committee | 23 | 0 | 0 | 0 | 23 |
| Percent of Source Group | 79.3% | 0.0% | 0.0% | 0.0% | 79.3% |
| State Government | 0 | 0 | 0 | 0 | 0 |
| Percent of Source Group | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

| | ACCEPT/CONSIDER BREAKDOWN | | |
|---|---|---|---|
| | ACCEPT - A | CONSIDER - C | TOTAL OF ALL |
| **GRAND TOTALS** | **5** | **24** | **29** |
| Stakeholders | 0 | 3 | 3 |

| | | | |
|---|---|---|---|
| Percent of Source Group | 0.00% | 12.5% | 10.3% |
| Advocacy Groups | 0 | 0 | 0 |
| Percent of Source Group | 0.00% | 0.00% | 0.00% |
| Providers/Provider Orgs. | 1 | 2 | 3 |
| Percent of Source Group | 20.0% | 8.3% | 10.3% |
| LME/MCOs/LLAs | 0 | 0 | 0 |
| Percent of Source Group | 0.00% | 0.0% | 0.00% |
| Stakeholder Committee | 4 | 19 | 23 |
| Percent of Source Group | 80.0% | 79.2% | 79.3% |
| State Government | 0 | 0 | 0 |
| Percent of Source Group | 0.0% | 0.0% | 0.0% |

Third Public Comment ( see Appendix K)

DHHS posted the transition plan and proposed self-assessment at www.ncdhhs.gov/hcbs/index.html for a 30-day public comment period from May 25, 2018 until June 24, 2018. Notice of the public comment period was announced through the dedicated DHHS website, LME/MCO/Local Case Management Entities outreach, and face to face communications via provider organizations and the broader stakeholder community. The public comment period provided interactive opportunities for dialogue with all vested partners. Feedback and comments were accepted in the following ways:

- **By email:** HCBSTransPlan@dhhs.nc.gov
- **By written comments to:**
  NC DHHS
  ATTN: HCBS Transition Plan

3015 Mail Service Center
Raleigh, NC 27699-3015

- **By FAX:** 919-508-0975 (please include ATTN: HCBS Transition Plan in the subject line)
- **By Calling:** 1-866-271-4894 – North Carolina Community Resource Connection Customer Line
- There is "no wrong door" for submitting feedback/input.

Releasing the updated plan for comment ensured that all stakeholders were fully informed of DHHS' plan for meeting the HCBS Final Rule. Public comments are maintained by DHHS.

## Third Public Comment Analysis (Appendix K)

THE HCBS Worksheet Analysis, inserted below, is a synopsis of the narrative feedback received during the comment period. Note that each point of feedback is individually counted specific to affiliation, e.g., one person could have twenty points, and each is counted as a separate entity.

| | EMAIL | PHONE | CORRESPON-DENCE | FAX | TOTAL OF ALL |
|---|---|---|---|---|---|
| **GRAND TOTALS** | **30** | **0** | **0** | **6** | **30** |
| Stakeholders | 0 | 0 | 0 | 0 | 0 |
| Percent of Source Group | 0% | 0.0% | 0.0% | 0.0% | 0% |
| Advocacy Groups | 0 | 0 | 0 | 0 | 0 |
| Percent of Source Group | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Providers/Provider Orgs. | 25 | 0 | 0 | 6 | 25 |
| Percent of Source Group | 83.3% | 0.0% | 0.0% | 100% | 83.3% |
| LME/MCOs/LLAs | 3 | 0 | 0 | 0 | 3 |

| | | | | | |
|---|---|---|---|---|---|
| Percent of Source Group | 10% | 0.0% | 0.0% | 0.0% | 10% |
| Stakeholder Committee | 0 | 0 | 0 | 0 | 0 |
| Percent of Source Group | 0% | 0.0% | 0.0% | 0.0% | 0% |
| State Government | 2 | 0 | 0 | 0 | 2 |
| Percent of Source Group | 6.7% | 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 |
| Percent of Source Group | 0.00% | 0.00% | 0.00% |
| Advocacy Groups | 0 | 0 | 0 |
| Percent of Source Group | 0.00% | 0.00% | 0.00% |
| Providers/Provider Orgs. | 19 | 6 | 25 |
| Percent of Source Group | 95.0% | 60.0% | 83.3% |
| LME/MCOs/LLAs | 0 | 3 | 3 |
| Percent of Source Group | 0.00% | 30.0% | 10.0% |
| Stakeholder Committee | 0 | 0 | 0 |
| Percent of Source Group | 0.00% | 0.00% | 0.00% |
| State Government | 1 | 1 | 2 |

| | | | |
|---|---|---|---|
| Percent of Source Group | 5.0% | 10.0% | 6.7% |

Additional data are also contained within this worksheet and are available for reference. Public comments received through email, handwritten correspondence, fax, testimony, and input from the eleven listening sessions, were analyzed and incorporated as deemed necessary by DHHS staff. The updated plan was finalized December 18, 2018.

DHHS seeks to ensure wide internet-based access; therefore, dedicated web pages with the same information were posted to the Division of Health Benefits (DHB) (https://medicaid.ncdhhs.gov/) and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (www.ncdhhs.gov/mhddsas/providers/IDD/index.htm) websites.

## Fourth Public Comment (See Appendix L)

DHHS posted the HCBS Final State Transition Plan https://www.ncdhhs.gov/about/department-initiatives/home-and-community-based-services-final-rule/public-notice-and-request-comment for a 30-day public comment period from June 20, 2022, until July 19, 2022. Notice of the public comment period was announced through the dedicated DHHS website, LME/MCO/Local Case Management Entities outreach, NC Medicaid Bulletin, and face to face communications with stakeholder groups. Feedback and comments were accepted in the following ways:

- **By email:** HCBSTransPlan@dhhs.nc.gov
- **By written comments to:**
  NC DHHS
  ATTN: HCBS Transition Plan
  3015 Mail Service Center
  Raleigh, NC 27699-3015
- **By FAX:** 919-508-0975 (please include ATTN: HCBS Transition Plan in the subject line)
- **By Calling:** 1-866-271-4894 – North Carolina Community Resource Connection Customer Line
- There is “no wrong door” for submitting feedback/input.

**Fourth Public Comment Analysis**

THE HCBS Worksheet Analysis, inserted below, is a synopsis of the narrative feedback received during the comment period. Note that each point of feedback is individually counted specific to affiliation, e.g., one person could have twenty points, and each is counted as a separate entity.

| | EMAIL | PHONE | CORRESPON-DENCE | SESSION ATTENDEES | TOTAL OF ALL |
|---|---|---|---|---|---|
| **GRAND TOTALS** | **44** | **0** | **0** | **8** | **52** |
| Stakeholders | 4 | 0 | 0 | 8 | 12 |
| Percent of Source Group | 9.1% | 0.0% | 0.0% | 100.0% | 23.1% |
| Advocacy Groups | 23 | 0 | 0 | 0 | 23 |
| Percent of Source Group | 52.3% | 0.0% | 0.0% | 0.0% | 44.2% |
| Providers/Provider Orgs. | 2 | 0 | 0 | 0 | 2 |
| Percent of Source Group | 4.2% | 0.0% | 0.0% | 0.0% | 3.8% |
| LME/MCOs/LLAs | 9 | 0 | 0 | 0 | 9 |
| Percent of Source Group | 25.7% | 0.0% | 0.0% | 0.0% | 17.3% |
| Stakeholder Committee | 0 | 0 | 0 | 0 | 0 |
| Percent of Source Group | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| State Government | 6 | 0 | 0 | 0 | 6 |
| Percent of Source Group | 13.6% | 0.0% | 0.0% | 0.0% | 11.5% |

| | ACCEPT/CONSIDER BREAKDOWN | | |
|---|---|---|---|
| | ACCEPT - A | CONSIDER - C | TOTAL OF ALL |
| **GRAND TOTALS** | **16** | **36** | **52** |
| Stakeholders | 0 | 12 | 12 |
| Percent of Source Group | 0.00% | 33.3% | 23.1% |
| Advocacy Groups | 10 | 13 | 23 |
| Percent of Source Group | 62.5% | 36.1% | 44.2% |
| Providers/Provider Orgs. | 0 | 2 | 2 |
| Percent of Source Group | 0.0% | 5.6% | 3.8% |
| LME/MCOs/LLAs | 1 | 8 | 9 |
| Percent of Source Group | 6.3% | 22.2% | 17.3% |
| Stakeholder Committee | 0 | 0 | 0 |
| Percent of Source Group | 0.00% | 0.00% | 0.00% |
| State Government | 5 | 1 | 6 |
| Percent of Source Group | 31.3% | 2.8% | 11.5% |

## Ongoing Feedback

DHHS in collaboration with the LME-MCOs 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 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 who wants to provide additional feedback will continue to have the same degree of access, through all established venues, as was available during the public comment period. The HCBS Stakeholder Advisory Committee will continue in its role. The partnership with the NC Stakeholder Engagement Group will advise DHHS' work providing ongoing input from the greater community of individuals receiving waiver supports.

### HCBS Stakeholder Educational and Trainings Activities

DHHS and LME/MCOs offered technical assistance (e.g., webinars, onsite visits to providers and LME/MCOs, as needed, tele-conferences, expansion of the Statewide Training, as needed, use of the "HCBSTransPlan" designated email for immediate response to questions and inquiries, continued updates to the designated HCBS website to facilitate an active and up to date flow of information) during this process. Some added examples include the provision of training to LME/MCOs/Local Lead Agencies and stakeholders on guardianship, updates from SOTA calls, and the establishment of protocols for the LME/MCOs/DHB/Local Lead Agencies to share with networks and providers. This effort will also include involvement of the HCBS Stakeholders and strategic workgroups that have been instrumental in the rollout and implementation of the HCBS Final Rule in North Carolina. DHB, DMH/DD/SAS and LME/MCOs presented on HCBS at the following conferences:

- NC Provider Council – September 15, 2015
- NCARF – April 30, 2015, and October 2, 2015
- NC TIDE – November 3, 2015
- NC Council of Community Programs – Dec. 3, 2015
- ASERT State Policy Summit – March 23, 2016
- NCARF- April 28, 2016
- NCARF-September 16, 2016
- NCAPSE-October 7, 2016

- DWAC-March 21, 2018

DHHS worked in partnership with Disability Rights of North Carolina (DRNC) to develop a HCBS Guardianship webinar regarding guardianship, alternatives to guardianship, and HCBS. Additional webinars are being developed and will be presented to the HCBS Stakeholder workgroup for feedback. These webinars will be posted to the HCBS website.

## Assessment of System Wide Policies

**North Carolina Administrative Rules and Statutes**

The Division of Health Service Regulation, Division of Health Benefits (DHB), Division of Aging and Adult Services, and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services reviewed regulations that could impacted by the implementation of the transition plan. See attached listing of regulations that were reviewed. Each regulation indicates one of the following:

- Compliant with HCBS: All elements support the requirements of the HCBS rule.
- Partially Compliant HCBS: Some elements may support the requirements of HCBS rule, but not all elements are present.
- Non-compliant with HCBS: At least some elements conflict with the requirements of the rule.

Meetings with DHHS Divisions responsible for these rules were held prior to 12/31/16. 10A NCAC 27 G. 2301(d) was determined to be out of compliance with three of the characteristics under the HCBS rule. 10A NCAC 27 G. 2301(d) reads as follows:

> The majority of the Adult Day Vocational Program activities in this model, whether vocational or developmental in nature, are carried out on the premises of a site specifically designed for this purpose.

Due to recent Competitive Integrated Employment activities NC continues to review replacement language to bring this rule into compliance. Once language is identified and approved the change in language will be submitted to the Rules Commission.

Pursuant to Chapter 150B of The Administrative Procedure Act subpart (d) (20) "[t]he Department of Health and Human Services in implementing, operating, or overseeing new 1915(b)(c) Medicaid Waiver programs or amendments to existing 1915(b)(c) Medicaid Waiver programs is exempt from Rule Making and, as such, the waiver carries the full force of rule in

North Carolina." (NCGS 150B-1(d)(20)). Additionally, creating and amending Clinical Coverage Policies are exempt from the regular rule making procedure as noted in Chapter 150B of The Administrative Procedure Act subpart (d) (9) "[t]he Department of Health and Human Services in adopting new or amending existing medical coverage policies for the State Medicaid and NC Health Choice programs pursuant to N.C.G.S. 108A-54.2." As such, DHB Clinical Coverage Policies have the same force and effect as rule. New rules will not need to be created where the current rules are silent as long as they are addressed within the waiver and/or policy.

**Waiver Policy**

The following were added to the waiver policies on 11/1/16 for the NC Innovations waiver and 7/1/19 for the CAP/DA wavier:

- Units have lockable entrance door lockable by the individual, with appropriate staff having keys to doors as needed.
- Individuals sharing units have a choice of roommates in that setting.
- Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

Except for adding these criteria, the three waiver policies (CAP/C, CAP/DA, and Innovations) are compliant with the HCBS Final Rule. The process to ensure standards was incorporated into waiver policy; and the regular DHB policy process ensured policy operation. Changes to subsequent waiver amendments were submitted to CMS for review and approval. Policy changes occurred through established DHHS processes and submitted for review by the Physician's Advisory Group and public comment.

## LME/MCO/Local Case Management Entities (Case Management Entity) Self-Assessment and Remediation

DHHS reviewed the LME/MCO/Local Case Management Entities contracts and agreements annually to determine modifications. This review confirmed system alignment with the HCBS Final Rule ensured processes, regulations, and policies fully supported North Carolinas desired outcome to meet the terms of the HCBS Final Rule.

Concurrent to the comprehensive DHHS review, LME/MCOs/Local Lead Agencies conducted self-assessments. The LME/MCO/Local Case Management Entities reviewed 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 HCBS Final Rule. DHHS provided a framework for the completion of the review to maintain consistency across all agencies. Each LME/MCO/Local Case Management Entities identified any modifications needed to achieve compliance with the HCBS Final Rule. The DHHS HCBS Internal Team received eight LME/MCO attestations and twenty-six Local Lead Agencies attestations. The attestations were reviewed by the DHHS HCBS Internal Team and were assessed to be in compliance. Additionally, a desk review of the policies and procedures was completed during the annual External Quality Review Organization review. Any deficiencies in policy required a plan of correction by the LME/MCO. Reviews for this did not identify any conflicts with the HCBS final rule. Please note that DHHS contracts with the LME/MCOs ensure that there is no fiduciary link between the local agencies and the providers that are assessed:

**1.7 Conflict of Interest**

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. No official or employee of PIHP shall acquire any personal interest, direct or indirect, in any Network Provider, which conflict or appear to conflict with the employee's ability to act and make independent decisions in the best interest of PIHP and its responsibilities under 42 CFR Part 438 and other regulations applicable to Medicaid managed care organizations.

PIHP hereby certifies that:

a. no officer, employee, or agent of PIHP,
b. no subcontractor or supplier of PIHP, and
c. no member of the PIHP Board of Directors.

is employed by North Carolina, the federal government, or the fiscal intermediary in any position that exercises any authority or control over PIHP, this Contract, or its performance.

Pursuant to CMS State Medicaid Director Letter dated 12/30/97 and Section 1932(d)(3) of the Social Security Act, PIHP shall not contract with the State unless PIHP has safeguards in place that are at least equal to Federal safeguards provided under section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423).

DHHS strategically worked with the stakeholder community inclusive of Individuals receiving supports, PIHPs, providers, advocacy groups, provider organizations, etc., to ensure there were no personal conflict of interest between private interests and official responsibilities as streamlined processes were developed for an unbiased implementation, completion, and review of the comprehensive self-assessment process.

## Provider Self-Assessment Pilot

DHHS collaborated with stakeholders to develop a provider self-assessment tool and a comprehensive companion guide for providers to evaluate compliance with the HCBS Final Rule. The assessment included 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.

DHHS conducted a pilot of the self-assessment to verify the tool captured all required waiver elements and was universally understood. The initial plan for the self-assessment involved all the LME/MCOs and a random sample of Local Lead Agencies. It included a defined number of providers (not to exceed 108) representative of large, medium, and small providers from each of the LME/MCOs. Providers were not duplicated in the sample. The assessment was completed using an online tool. The preliminary self-assessment proposal was reviewed by the LME/MCO/Local Lead Agencies prior to submission of the plan. A final work plan was completed and presented to the HCBS Stakeholder Advisory Committee. The pilot self-assessment submission occurred May 11, 2015, through May 24, 2015. There were 224 submissions from Innovations waiver providers and thirteen submissions from CAP/DA and CAP/Choice.

From the pilot, DHHS determined that:

- A “save” feature needed to be developed.
- Evidence reflected current systems and practices, not just a cut-and-paste of rules and regulations.
- Information provided in a plan of action included specific detail regarding how the site met the HBCS characteristics.

DHHS received provider self-assessments for 100% of Residential Supports, Day Supports, and Adult Day Health sites. Supported Employment self-assessments were completed on 100% of corporate sites and 10% or 10 individual job sites per provider agency site, whichever was larger. After the initial self-assessment process, individual job sites were not required to

undergo self-assessment as discussed with CMS on September 25, 2015. All group supported employment settings were addressed with corporate site provider self-assessments. Each corporate site has rules, policies and procedures that are governed by HCBS standards for ensuring compliance at each site, regardless of individual or group Supported Employment.

Providers submitted self-assessments, along with the evidence of compliance, to the assigned LME/MCO or DHB CAP/DA staff on or before September 15, 2015.

DHHS requested an extension to the six-month period for providers to complete the assessments to be completed due to the DHHS's published timeframe of July 15, 2015, through September 15, 2015, for the Statewide provider self-assessment process. CMS granted a three-day extension on August 25, 2015.

The DHHS HCBS Internal Team, with the LME/MCOs/Local Lead Agencies:

1) determined if individual provider assessments were compliant with the HCBS Final Rule,

2) identified providers that needed technical assistance to ensure compliance, and

3) identified providers out of compliance and assessed their intent and capacity with technical assistance to comply.

Provider Self-Assessments were completed using a unified process with a standardized e-Review tool and companion document for evaluation of provider compliance. Additional evidence and subsequent reviews were conducted and requested, as needed to further assess and validate compliance. The Statewide assessment was completed September 15, 2015, with initial analysis completed March 31, 2016.

It is important to note, providers not a part of the initial self-assessment process must be in full compliance with HCBS settings rule prior to providing waiver services. New providers are required to complete a Provider Self-Assessment, services will not begin at new sites until it is determined to be in full compliance.

## Heightened Scrutiny

CMS provided guidance that settings meeting the criteria below must go through the heightened scrutiny (HS) process to ensure the settings can overcome the presumption of having "qualities" of an institution:

- In a building that is also a publicly or privately-operated facility that provides inpatient institutional treatment,
- located in the building on the grounds of, or immediately adjacent to, a public institution; or
- a setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. (See below for additional information on page 36)

CMS requested every state to make the Heightened Scrutiny determination, sites that met these criteria were submitted to CMS for review and approval to provide HCBS waiver services. North Carolina made the decision not to accept the following as HCBS settings:

- facilities that were in buildings that provided inpatient institutional treatment, those on the grounds of, or immediately adjacent to, a public institution, and
- disability-specific farms, and those on disability-specific gated communities for Heightened Scrutiny review.

The settings in the chart below were identified as meeting one of the two Heightened scrutiny criteria above. There were two Day Supports programs, one on the grounds of an ICF IID and the other on a disability specific farm. One Adult Day Health Center was on the grounds of a hospital. One Supported Employment site obtained fresh vegetables from the grounds of an ICF IID. The final site had a three-bed group home on the same grounds as a day program. These settings made the decision to close or transition individuals into a setting in compliance with HCBS settings rule. The following Heightened Scrutiny determinations were made:

| Site Description | Service | Location | DHHS Outcome | # Of individuals Transitioned |
|---|---|---|---|---|
| Day program on the grounds of a farm. | Day Supports | Albemarle, NC | Provider chose not to continue providing HCBS waiver day support services at this location. Transitions completed before Heightened Scrutiny process was initiated. | 8 |
| Supported Employment | Supported Employment | Albemarle, NC | Provider chose not to continue providing HCBS waiver day | 7 |

| | | | | |
|---|---|---|---|---|
| on the grounds of a farm. | | | support services at this location. Transitions completed before HS process was initiated. | |
| Supported Employment site that obtains fresh vegetables from the grounds of an ICF IID | Supported Employment | Chapel Hill, NC | DHHS HCBS Internal Team determined the site could not overcome the institutional presumption. Communication issued 4/17/17 stated individuals should transition by March 16, 2018.<br>*July 13, 2017, communication extended the transition period to March 16, 2019 – Transition completed on 09/01/2018 | 3 |
| Adult day health program located on ground of a private inpatient institution. | Adult Day Health | Oxford, NC | The DHHS HCBS Internal Team determined the site did not meet the Heightened Scrutiny threshold level. Communication was issued 4/24/18. | N/A |
| Day program on the campus of a private ICF-IID | Day Supports | Raleigh, NC | The DHHS HCBS Internal Team determined the site could not overcome the institutional presumption. Communication was issued on 4/24/18 that stated individuals should transition by March 19, 2019.<br>*Transition was completed on January 8, 2020. | 12 |

As a result of the above decision, the DHHS reviewed the e-Review process and included a function that would immediately denote if future settings or sites had the qualities of an institution. Guidance was given through the HCBS Self-Assessment Companion Document to help ensure a provider site responds accurately; specifically, as it relates to settings that may have the effect of isolating. The DHHS HCBS Internal Team also received feedback from stakeholders if they had concerns about a setting that may isolate individuals from the greater community.

The provider self-assessment asks the following questions:

1. Is the facility one of the following?
__None
__Nursing facility
__Institution for Mental Diseases
__Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)
__Hospital

2. Is the facility in one of the following locations?
__Yes __No A building that is also a publicly or privately-operated facility that provides inpatient institutional treatment?
__Yes __No A building on the grounds of, or immediately adjacent to, a public institution?
__Yes __No A setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

If the provider self-assessment triggered a Heighted scrutiny review, the DHHS HCBS Internal Team engaged a process through the development of threshold assessment to determine if heightened scrutiny was warranted. The LME/MCO and DHB CAP/DA staff shared the form with the provider agency if heightened scrutiny applied. The provider had 10 (ten) business days to complete and return the threshold assessment. Follow-up occurred based on the review of the form within five business days. If the site did not warrant heightened scrutiny, the assessment process continued as with any other provider. If the site was found to warrant heightened scrutiny, then a desk review was

completed within five business days of the receipt of all documents submitted.

If the DHHS HCBS Internal Team determined the site was able to overcome the institutional presumption, the site was submitted to CMS's heightened scrutiny process including a request for public comment on the setting. If determination was made that a site could not overcome institutional presumption, the HCBS internal team worked with the LME/MCO and CAP/DA staff, individuals, families, and providers to transition individuals into sites that met full compliance with HCBS rule.

As of July 31, 2022, DHHS continued to review Heighten Scrutiny Assessments. There were fifty-two heighten Scrutiny Assessments for sites that had the potential of meeting the third Heighten Scrutiny criteria of a setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. These sites were identified through the HCBS Monitoring Tools, LME/MCO and CAP/DA validation reviews, and Tier 2 DHHS validation (look behind) reviews. DHHS completed review of Heighten Scrutiny Assessments on October 31, 2022. No sites were found to meet Heightened Scrutiny.

Heighten Scrutiny Assessments for a facility that had multiple group homes, or a day program co-located, which could have the effect of isolating individuals from the broader community, the State completed desk review of materials to determine if the site could overcome the institutional presumption and meet HCBS characteristics. Using the Heightened Scrutiny Review Tool, the desk review examined the provider self-assessment, Heightened Scrutiny assessment~~s~~, and additional supporting documentation (policies, site maps, schedules, etc.) Please see attached document (Appendix A) utilized to determine Heightened Scrutiny review.

If the desk review demonstrated a site could not overcome institutional presumption; the site was not put forward to CMS for Heightened Scrutiny review. Individuals would be supported to transition to an HCBS setting validated fully compliant with all aspects of the HCBS Final Rule by December 31, 2022. DHHS leadership will have final determination over a site being submitted to CMS for Heightened Scrutiny review.

If the desk review demonstrated a site could potentially overcome the institutional presumption and meet HCBS characteristics, the State would perform an onsite review to confirm information reviewed during desk review and post evidence for public comment prior to forwarding to CMS for Heightened Scrutiny review. North Carolina did not have any sites submitted to CMS for Heighted Scrunty review.

**My Individual Experience Survey**

Based on stakeholder feedback, the DHHS HCBS Internal Team created an assessment which was completed by the individual receiving waiver services. This survey is mirrored against the provider assessment; however, it is in a format that is easily understood, in person-first language, and contains graphics. The survey identified where individuals receive services (provider name, address, and service type) this allows reviewing entity to identify the provider for follow up, if needed. In addition to soliciting the input from the Stakeholder's group in the development of the "My Individual Experience" survey (MIE), the DHHS HCBS Internal 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. The DHHS believes this is a critical part of the process to yield valuable insights to the services provided. The "My Individual Experience" survey reflects the following statement: "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." This statement is designed to promote as much independence as possible for the individual receiving the service to complete the survey.

There are four separate surveys for the "My Individual Experience" survey: Adult Day Health, Day Supports, Residential Supports and Supported Employment. A representative sample (per service) of individuals were chosen to take part in the MIE during fall of 2016 to determine the sample size for the survey per service, DHB CAP/DA staff and the LME/MCOs used Raosoft (http://www.raosoft.com/samplesize.html). DHB CAP/DA staff and the LME/MCOs used RatStats (https://oig.hhs.gov/compliance/rat-stats/) to determine the sample. This survey information was used to validate the responses to the provider self-assessment. MIE surveys for Supported Employment Corporate sites will not be utilized to validate a site, as the survey seeks information regarding sites where services are rendered. Annually, and thereafter, a representative sample of individuals will be chosen to participate each year based on the number of individuals served in each service per LME/MCO and Local Case Management Entities. Through this portion of the monitoring process, feedback will be available to Local Lead Agencies, the LME/MCOs and the providers. The MIE is posted on the HCBS website so that individuals not chosen as part of the representative sample may submit an assessment. The initial roll out of the MIE was from 8/25/16 through 10/7/16; however, the end date was

extended to allow for a greater response to be received. As of May 1, 2018, a total of 2473 surveys had been received. By services, they are as follows:

| Service Type | 2016 | 2017 | 2018 |
|---|---|---|---|
| Adult Day Health | 38 | 46 | 113 |
| Day Supports | 298 | 742 | 733 |
| Residential | 279 | 306 | 1330 |
| Supported Employment | 113 | 130 | 297 |
| **Total** | **728** | **1224** | **2473** |

A series of 'threshold' questions have been identified in each survey. If these questions are all answered in a manner that is non-compliant by HCBS standards, the survey will be flagged and the DHHS HCBS Internal Team, LME/MCO and DHB CAP/DA staff will be alerted to follow up. The DHHS HCBS Internal Team has provided a standardized series of follow up questions to be used in the if the survey is flagged. A template was provided for reporting findings and subsequent actions taken by the LME/MCOs and DMS CAP/DA staff.

If the MIE results are inconsistent with the provider self-assessment results, the provider will be required to develop a Plan of Action. An analysis of surveys and actions taken will be submitted to the DHHS HCBS Internal Team quarterly.

## Provider Self-Assessment

### Data Analysis

As of May 2018, 4,538 providers achieved a status of 'Full Integration'. Each question is rated as Full Integration, Emerging Integration, Insufficient Integration, and additional information needed. North Carolina chose to use the term 'integration' instead of 'compliance' to ensure providers fully assessed and integrated ~~of~~ the HCBS final rule into their policies, procedures, and actions. -The decision was made not use the word 'compliance' to dissuade the provider from the conditioning of checking a box for compliance, with the intent of assisting providers

to integrate HCBS philosophy into their service system. Please note that the Self-Assessment Review Guide used by DHB CAP/DA staff and the LME/MCOs outlines the expectations of Full Integration/Full Compliance, Emerging Integration/Partial Compliance, Insufficient Integration/Non-Complaint and Additional information needed.

**Assessments in System January 2016**

| Services | Assessments Submitted |
|---|---|
| Adult Day Health | 46 |
| (b)(3) Supported Employment | 225 |
| (b)(3) De-institutionalization (DI) Services | 14 |
| Day Support | 345 |
| Residential Supports | 2,512 |
| Supported Employment | 762 |
| **Total** | **3,904** |

**Assessments in System January 2017**

| Services | Emerging | Fully Integrated | Totals |
|---|---|---|---|
| Adult Day Health | 12 | 38 | 50 |
| (b)(3) Supported Employment | 109 | 289 | 398 |
| (b)(3) DI Services | 20 | 16 | 36 |
| Day Support | 94 | 285 | 379 |
| Residential Supports | 891 | 2397 | 3288 |
| Supported Employment | 235 | 571 | 806 |
| **Total** | **1,361** | **3,596** | **4,957** |

**Assessments in System May 2018**

| Services | Emerging | Fully Integrated | Totals |
|---|---|---|---|
| Adult Day Health | 12 | 38 | 50 |
| (b)(3) Supported Employment | 110 | 305 | 415 |
| (b)(3) DI Services | 28 | 27 | 55 |
| Day Support | 101 | 336 | 437 |
| Residential Supports | 1,087 | 3,210 | 4,297 |

| | | | |
|---|---|---|---|
| Supported Employment | 254 | 623 | 877 |
| **Total** | **1,592** | **4,538** | **6,131** |

**Assessments with Ratings from LME/MCOs & DHB CAP/DA**

**Question 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:

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?
- Can people regularly interact directly with other members of the community who are not paid to do so?

**2016**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 0 | 46 | 0 | 46 |
| (b)(3) Supported Employment | 0 | 8 | 217 | 0 | 225 |
| (b)(3) DI Services | 0 | 4 | 10 | 0 | 14 |
| Day Support | 0 | 16 | 327 | 1 | 344 |
| Residential Supports | 0 | 349 | 2162 | 1 | 2512 |
| Supported Employment | 0 | 98 | 662 | 2 | 762 |
| **Total** | **0** | **475** | **3424** | **4** | **3903** |

**2017**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 1 | 44 | 0 | 45 |

| | | | | | |
|---|---|---|---|---|---|
| (b)(3) Supported Employment | 0 | 7 | 219 | 0 | 226 |
| (b)(3) DI Services | 0 | 46 | 724 | 0 | 771 |
| Day Support | 0 | 20 | 325 | 1 | 346 |
| Residential Supports | 0 | 249 | 2510 | 1 | 2760 |
| Supported Employment | 0 | 46 | 724 | 1 | 771 |
| **Total** | **0** | **325** | **3884** | **3** | **4172** |

**2018**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 0 | 44 | 0 | 44 |
| (b)(3) Supported Employment | 0 | 1 | 414 | 0 | 415 |
| (b)(3) DI Services | 0 | 2 | 53 | 0 | 55 |
| Day Support | 0 | 10 | 427 | 0 | 437 |
| Residential Supports | 0 | 110 | 4186 | 1 | 4297 |
| Supported Employment | 0 | 18 | 859 | 0 | 877 |
| **Total** | **0** | **147** | **5983** | **1** | **6131** |

**Question 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.

- The setting is selected by people from among residential and day options that include generic settings.
- Do individuals choose their rooms (if residence) or the area they work in, etc.?

**2016**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 2 | 44 | 0 | 46 |
| (b)(3) Supported Employment | 0 | 5 | 220 | 0 | 225 |
| (b)(3) DI Services | 0 | 2 | 12 | 0 | 14 |
| Day Support | 0 | 43 | 299 | 1 | 343 |
| Residential Supports | 0 | 385 | 2127 | 0 | 2512 |
| Supported Employment | 0 | 76 | 685 | 1 | 762 |
| **Total** | | **513** | **3387** | **2** | **3902** |

**2017**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 1 | 44 | 0 | 45 |
| (b)(3) Supported Employment | 0 | 7 | 219 | 0 | 226 |
| (b)(3) DI Services | 0 | 2 | 22 | 0 | 24 |
| Day Support | 0 | 20 | 325 | 1 | 346 |
| Residential Supports | 0 | 249 | 2510 | 1 | 2760 |
| Supported Employment | 0 | 46 | 724 | 1 | 771 |
| **Total** | **0** | **325** | **3844** | **3** | **4172** |

**2018**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 5 | 45 | 0 | 50 |
| (b)(3) Supported Employment | 0 | 3 | 412 | 0 | 415 |
| (b)(3) DI Services | 0 | 2 | 53 | 0 | 55 |
| Day Support | 0 | 43 | 394 | 0 | 437 |
| Residential Supports | 0 | 195 | 4101 | 1 | 4297 |
| Supported Employment | 0 | 53 | 824 | 0 | 877 |
| **Total** | **0** | **302** | **5829** | **1** | **6131** |

**Question 3:** Ensures the rights of privacy, dignity and respect, and freedom from coercion and restraint.

- Do people have the space and opportunity to speak on the phone, open and read mail, and visit with others, privately?
- Do people have a place and opportunity to be by themselves during the day?
- Is informed consent obtained prior to implementation of intrusive medical or behavioral interventions?
- For any restrictions imposed on the person, is there a plan for restoring the right/fading the restriction?
- For people using psychotropic medications, is the use based on specific psychiatric diagnoses?
- Do people receive the fewest psychotropic meds possible, at the lowest dosage possible?

**2016**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 0 | 26 | 0 | 26 |
| (b)(3) Supported Employment | 0 | 15 | 210 | 0 | 225 |

| | | | | | |
|---|---|---|---|---|---|
| (b)(3) DI Services | 0 | 5 | 9 | 0 | 14 |
| Day Support | 0 | 36 | 307 | 1 | 344 |
| Residential Supports | 0 | 368 | 2144 | 0 | 2512 |
| Supported Employment | 0 | 107 | 653 | 1 | 761 |
| **Total** | **0** | **531** | **3349** | **2** | **3882** |

**2017**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 0 | 45 | 0 | 45 |
| (b)(3) Supported Employment | 0 | 14 | 212 | 0 | 226 |
| (b)(3) DI Services | 0 | 5 | 19 | 0 | 24 |
| Day Support | 0 | 19 | 326 | 1 | 346 |
| Residential Supports | 0 | 219 | 2540 | 0 | 2759 |
| Supported Employment | 0 | 45 | 722 | 1 | 771 |
| **Total** | **0** | **305** | **3864** | **2** | **4171** |

**2018**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 0 | 50 | 0 | 50 |
| (b)(3) Supported Employment | 0 | 2 | 413 | 0 | 415 |
| (b)(3) DI Services | 0 | 1 | 54 | 0 | 55 |
| Day Support | 0 | 7 | 430 | 0 | 437 |
| Residential Supports | 0 | 69 | 4228 | 0 | 4297 |
| Supported Employment | 0 | 10 | 867 | 0 | 877 |

| | | | | | |
|---|---|---|---|---|---|
| **Total** | **0** | **89** | **6042** | **0** | **6131** |

**Question 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.

- Do people receive only the level of support needed to make their own decisions?
- 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?
- Do people choose their daily activities, their schedules, and locations of the activities?

**2016**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 1 | 45 | 0 | 46 |
| (b)(3) Supported Employment | 0 | 11 | 214 | 0 | 225 |
| (b)(3) DI Services | 0 | 4 | 10 | 0 | 14 |
| Day Support | 0 | 26 | 315 | 1 | 342 |
| Residential Supports | 0 | 362 | 2145 | 1 | 2508 |
| Supported Employment | 0 | 103 | 656 | 1 | 760 |
| **Total** | **0** | **507** | **3385** | **3** | **3895** |

**2017**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 1 | 44 | 0 | 45 |
| (b)(3) Supported Employment | 0 | 10 | 214 | 0 | 224 |
| (b)(3) DI Services | 0 | 3 | 19 | 0 | 22 |

| | | | | | |
|---|---|---|---|---|---|
| Day Support | 0 | 15 | 330 | 1 | 346 |
| Residential Supports | 0 | 222 | 2532 | 1 | 2755 |
| Supported Employment | 0 | 41 | 727 | 1 | 769 |
| **Total** | **0** | **292** | **3866** | **3** | **4161** |

**2018**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 4 | 46 | 0 | 50 |
| (b)(3) Supported Employment | 0 | 2 | 413 | 0 | 415 |
| (b)(3) DI Services | 0 | 3 | 52 | 0 | 55 |
| Day Support | 0 | 11 | 426 | 0 | 437 |
| Residential Supports | 0 | 114 | 4182 | 1 | 4297 |
| Supported Employment | 0 | 13 | 864 | 0 | 877 |
| **Total** | **0** | **147** | **5983** | **1** | **6131** |

**Question 5:** Individuals are free and supported to control their own schedules and activities as well as have access to food at all times.

- Do people choose their daily activities, their schedules, and the locations of the activities as opposed to being "told" what they are to do?
- Do people receive support needed to make choices about the kinds of work and activities they prefer?
- Is there evidence of personal preference assessments to identify the kinds of work and activities people want?
- Do the individuals have meals at the times and places of their choosing?
- Are snacks accessible and available at all times?

**2016**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 1 | 45 | 0 | 46 |
| (b)(3) Supported Employment | 0 | 6 | 219 | 0 | 225 |
| (b)(3) DI Services | 0 | 0 | 14 | 0 | 14 |
| Day Support | 0 | 35 | 308 | 1 | 344 |
| Residential Supports | 0 | 345 | 2161 | 2 | 2508 |
| Supported Employment | 0 | 60 | 701 | 1 | 762 |
| **Total** | **0** | **447** | **3448** | **4** | **3899** |

**2017**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 1 | 44 | 0 | 45 |
| (b)(3) Supported Employment | 0 | 4 | 220 | 0 | 224 |
| (b)(3) DI Services | 0 | 0 | 23 | 0 | 23 |
| Day Support | 0 | 17 | 326 | 1 | 344 |
| Residential Supports | 0 | 190 | 2562 | 1 | 2753 |
| Supported Employment | 0 | 32 | 736 | 1 | 769 |
| **Total** | **0** | **244** | **3911** | **3** | **4158** |

**2018**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 4 | 46 | 0 | 50 |

| | | | | | |
|---|---|---|---|---|---|
| (b)(3) Supported Employment | 0 | 0 | 415 | 0 | 415 |
| (b)(3) DI Services | 0 | 1 | 54 | 0 | 55 |
| Day Support | 0 | 24 | 413 | 0 | 437 |
| Residential Supports | 0 | 148 | 4148 | 1 | 4297 |
| Supported Employment | 0 | 42 | 835 | 0 | 877 |
| **Total** | **0** | **219** | **5912** | **1** | **6131** |

**Question 6:** Facilitates choice regarding services, supports, and who provides them.

- Do people select the services/supports that they receive (generic community services e.g., barber, restaurant, etc.)?
- Do people select the provider from a choice of providers?

**2016**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 0 | 46 | 0 | 46 |
| (b)(3) Supported Employment | 0 | 11 | 217 | 0 | 228 |
| (b)(3) DI Services | 0 | 7 | 7 | 0 | 14 |
| Day Support | 0 | 44 | 300 | 1 | 345 |
| Residential Supports | 0 | 366 | 2141 | 1 | 2508 |
| Supported Employment | 0 | 77 | 683 | 1 | 761 |
| **Total** | **0** | **505** | **3394** | **3** | **3902** |

**2017**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 0 | 45 | 0 | 45 |
| (b)(3) Supported Employment | 0 | 8 | 216 | 0 | 224 |

| | | | | | |
|---|---|---|---|---|---|
| (b)(3) DI Services | 0 | 4 | 19 | 0 | 23 |
| Day Support | 0 | 21 | 322 | 1 | 344 |
| Residential Supports | 0 | 233 | 2519 | 2 | 2754 |
| Supported Employment | 0 | 37 | 731 | 1 | 769 |
| **Total** | **0** | **303** | **3852** | **4** | **4159** |

**2018**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 3 | 47 | 0 | 50 |
| (b)(3) Supported Employment | 0 | 2 | 413 | 0 | 415 |
| (b)(3) DI Services | 0 | 2 | 53 | 0 | 55 |
| Day Support | 0 | 20 | 417 | 0 | 437 |
| Residential Supports | 0 | 135 | 4160 | 2 | 4297 |
| Supported Employment | 0 | 17 | 860 | 0 | 877 |
| **Total** | **0** | **179** | **5950** | **2** | **6131** |

**Question 7:** The setting is physically accessible to the individual.

- Have modifications been made to promote maximum access and use of physical environment for the person, if needed and requested?

**2016**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 0 | 46 | 0 | 46 |
| (b)(3) Supported Employment | 0 | 5 | 220 | 0 | 225 |
| (b)(3) DI Services | 0 | 0 | 14 | 0 | 14 |
| Day Support | 0 | 11 | 331 | 3 | 345 |

| | | | | | |
|---|---|---|---|---|---|
| Residential Supports | 0 | 173 | 2334 | 2 | 2509 |
| Supported Employment | 0 | 40 | 719 | 1 | 760 |
| **Total** | **0** | **229** | **3664** | **6** | **3899** |

**2017**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 0 | 45 | 0 | 45 |
| (b)(3) Supported Employment | 0 | 2 | 222 | 0 | 224 |
| (b)(3) DI Services | 0 | 0 | 23 | 0 | 23 |
| Day Support | 0 | 5 | 337 | 1 | 343 |
| Residential Supports | 0 | 99 | 2651 | 5 | 2755 |
| Supported Employment | 0 | 16 | 752 | 1 | 769 |
| **Total** | **0** | **122** | **4030** | **7** | **4159** |

**2018**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| Adult Day Health | 0 | 0 | 50 | 0 | 50 |
| (b)(3) Supported Employment | 0 | 2 | 413 | 0 | 415 |
| (b)(3) DI Services | 0 | 1 | 54 | 0 | 55 |
| Day Support | 0 | 2 | 435 | 0 | 437 |
| Residential Supports | 0 | 56 | 4236 | 5 | 4297 |
| Supported Employment | 0 | 11 | 866 | 0 | 877 |
| **Total** | **0** | **72** | **6054** | **5** | **6131** |

**Question 8:** Individuals have privacy in their sleeping or living unit.

- Can the individual close and lock their bedroom door?
- Is the furniture arranged as the individual prefers and does the arrangement assure privacy and comfort?

**2016**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| (b)(3) DI Services | 0 | 2 | 7 | 0 | 9 |
| Residential Supports | 0 | 949 | 1546 | 7 | 2502 |
| **Total** | | **951** | **1553** | **7** | **2511** |

**2017**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| (b)(3) DI Services | 0 | 3 | 14 | 0 | 17 |
| Residential Supports | 0 | 355 | 2388 | 4 | 2747 |
| **Total** | **0** | **358** | **2402** | **4** | **2764** |

**2018**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| (b)(3) DI Services | 0 | 29 | 26 | 0 | 55 |
| Residential Supports | 0 | 440 | 3853 | 4 | 4297 |
| **Total** | **0** | **469** | **3879** | **4** | **4352** |

**Question 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.

- Do people have the same responsibilities that other tenants have under landlord/tenant laws?
- Are people provided the same protections from eviction that other tenants have under landlord/tenant laws?

**2016**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| (b)(3) DI Services | | 5 | 4 | 0 | 9 |
| Residential Supports | | 948 | 1546 | 6 | 2500 |
| **Total** | | **953** | **1550** | **6** | **2509** |

**2017**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| (b)(3) DI Services | 0 | 1 | 16 | 0 | 17 |
| Residential Supports | 0 | 632 | 2108 | 1 | 2747 |
| **Total** | **0** | **633** | **2124** | **1** | **2758** |

**2018**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| (b)(3) DI Services | 0 | 29 | 26 | 0 | 55 |
| Residential Supports | 0 | 1036 | 3254 | 7 | 4297 |

| | | | | | |
|---|---|---|---|---|---|
| **Total** | **0** | **1065** | **3280** | **7** | **4352** |

**Question 10:** Units have entrance doors lockable by the individual with only appropriate staff having keys to doors.

- Each person living in the unit has a key or keys for that unit.
- Is there evidence that efforts are being made to teach use of a key to anyone who does not understand how to do this?

**2016**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| (b)(3) DI Services | | 3 | 6 | 0 | 9 |
| Residential Supports | | 301 | 2180 | 3 | 2484 |
| **Total** | | **304** | **2186** | **3** | **2493** |

**2017**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| (b)(3) DI Services | 0 | 3 | 14 | 0 | 17 |
| Residential Supports | 0 | 661 | 2080 | 5 | 2746 |
| **Total** | **0** | **664** | **2094** | **5** | **2763** |

**2018**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| (b)(3) DI Services | 0 | 32 | 23 | 0 | 55 |
| Residential Supports | 0 | 1097 | 3195 | 5 | 4297 |
| **Total** | **0** | **2258** | **3218** | **5** | **4352** |

**Question 11:** Individuals sharing units have a choice of roommates in the setting.

- Do people choose their roommates?

**2016**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| (b)(3) DI Services | 1 | 6 | 8 | 0 | 15 |
| Residential Supports | 17 | 392 | 1977 | 4 | 2390 |
| **Total** | **18** | **398** | **1985** | **4** | **2405** |

**2017**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| (b)(3) DI Services | 0 | 2 | 15 | 0 | 17 |
| Residential Supports | 0 | 296 | 2197 | 3 | 2496 |
| **Total** | **0** | **298** | **2212** | **3** | **2513** |

**2018**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| (b)(3) DI Services | 0 | 30 | 25 | 0 | 55 |
| Residential Supports | 0 | 696 | 3598 | 3 | 4297 |
| **Total** | **0** | **726** | **3623** | **3** | **4352** |

**Question 12:** Individuals are free to furnish and decorate sleeping and living units.

- Does each person pick the decorative items in their own private bedroom?
- Do people living in the same unit participate in the choices of decorative items in the shared living areas of the unit?

**2016**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| (b)(3) DI Services | | | | | 0 |

| | | | | | |
|---|---|---|---|---|---|
| Residential Supports | | 247 | 2250 | 3 | 2500 |
| **Total** | | **247** | **2250** | **3** | **2500** |

**2017**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| (b)(3) DI Services | 0 | 1 | 16 | 0 | 17 |
| Residential Supports | 0 | 200 | 2310 | 1 | 2511 |
| **Total** | **0** | **201** | **2326** | **1** | **2528** |

**2018**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| (b)(3) DI Services | | 28 | 27 | 0 | 55 |
| Residential Supports | | 278 | 4018 | 1 | 4297 |
| **Total** | | **306** | **4045** | **1** | **4352** |

**Question 13:** Individuals are free to have visitors of their choosing at any time.

- Are people supported in having visitors of their own choosing and to visit others frequently?

Are people satisfied with the amount of contact they have with their friends?

**2016**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| (b)(3) DI Services | | 2 | 7 | 0 | 9 |
| Residential Supports | | 312 | 2185 | 3 | 2500 |
| **Total** | **0** | **314** | **2192** | **3** | **2509** |

**2017**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (b)(3) DI Services | 0 | 1 | 16 | 0 | 17 |
| Residential Supports | 0 | 242 | 2267 | 2 | 2511 |
| **Total** | **0** | **243** | **2283** | **2** | **2528** |

**2018**

| Service | Need Additional Information | Emerging Integration | Full Integration | Insufficient Information | Total |
|---|---|---|---|---|---|
| (b)(3) DI Services | 0 | 29 | 26 | 0 | 55 |
| Residential Supports | 0 | 369 | 3927 | 1 | 4296 |
| **Total** | **0** | **398** | **3953** | **1** | **4352** |

## Provider Self-Assessment Outcomes

**Provider Self-Assessments Results**

HCBS providers completed electronic Provider Self Assessments in 2018. The Provider Self-Assessment was developed for providers to attest and provide evidence of compliance and integration with HCBS Final Rule. The Provider Self-Assessment allowed NC DHHS to assess the system of compliance, identify strength and weaknesses of the HCBS delivery system, increase dialogue with the LME/MCOs about their findings, which initiated an opportunity for NC DHHS to provide technical assistance for system improvement.

Each Provider Self-Assessment question was rated as Full Integration, Emerging Integration, Insufficient Integration, and additional information needed. NC DHHS chose to use the term 'integration' instead of 'compliance to ensure the 'integration' of the HCBS final rule would be included into provider's policies and procedure. This decision was implemented to ensure characteristics of HCBS Final Rule would be operationalized in provider practice and encourage providers to integrate the HCBS philosophy into their service delivery. DHHS provided a Self-Assessment companion Guide to the LME/MCOs and CAP/DA (see Appendix B), which outlined the expectations of Full Integration/Full Compliance, Emerging Integration/Partial Compliance, Insufficient Integration/Non-Complaint and Additional Information Needed.

An initial review of the Provider Self-Assessments (PSAs) was completed by the LME/MCOs and Community Alternatives Program for Disabled Adults (CAP/DA). The Companion Guide assisted

the reviewing entities to determining full compliance and integration with HCBS final rule. The initial review consisted of settings in the HCBS transitional period. The transitional period allowed settings providing Home and Community Based services prior to 2014 an opportunity to bring provider settings into compliance with the settings rule. Reviewing entities assessed policies and procedures to ensure sites were compliant with HCBS Final Rule. 4,141 HCBS provider self-assessments were reviewed for HCBS compliance. 2,181 settings reached Full integration/Full compliance and were validated through one of the four validation method as meeting HCBS compliance. Settings included sites that delivered Residential Support, Day Supports, Supported Employment, and Adult Day Health services (See Appendix C for data). 1,960 settings identified as unable or unwilling to comply. Provider sites were confirmed unable or unwilling to comply due to the provider: no longer contracting with the LME-MCO or CAP DA, acquired by another agency, or no longer in business.

## Remediation Plan

Providers who self-reported or were determined to be out of compliance during the validation process by the responsible LME/MCO/CAP DA were required to submit a plan of action to achieve conformity with the HCBS Final Rule, inclusive of timelines. The plan was required to be included within the comment section of the provider assessment tool and reviewed by the LME/MCO &CAP/DA as a part of the self-assessment. DHHS established expectations that the LME/MCO and CAP/DA would provide technical assistance to the provider in the specified area of concern(s) to ensure compliance during the remediation process, with the goal of full compliance for all providers by March 17, 2023.

If a site was unable to be remediated to full compliance with all aspects of the HCBS Final Rule and therefore unable to be validated, individuals receiving HCBS services were expected to transition to an HCBS setting validated fully compliant with all aspects of the HCBS Final Rule by December 31, 2022. These timeframes are the maximum amount of time between reviews and providers may submit evidence of progress towards compliance at any time. Self-assessments were required be submitted with plans of action to show remediation the provider would implement to ensure full compliance with all aspects of the HCBS Final Rule. Assessments/plans of action were reviewed at the forementioned intervals to determine if full compliance was achieved.

Remediation started the date of the PSA was accepted by the LME/MCO or CAP/DA. Acceptance indicated the information as presented was reviewed and the plan to meet all aspects of the HCBS Final Rule was sufficient. Technical assistance was provided throughout the process. The e-Review tool employed an operational function that facilitated the tracking/monitoring of the plans of action and correspondence between the provider, the LME/MCO, and CAP/DA. Reviewing entities adhered to the thresholds established in the plan and submitted ongoing analysis to the DHHS HCBS Internal Team. All reviews can be accessed by the DHHS HCBS Internal Team throughout any phase of this process, thus making it seamless, streamlined, and manageable in real time by all parties.

If the LME/MCO, CAP/DA, or DHB staff requested a self-assessment or follow-up information and did not receive the information via the web tool, then the staff reached out to the provider by phone or email and asked for the information to be provided within five business days. If the LME/MCO, CAP/DA, or DHB staff received no response within five business days, written correspondence was sent to the provider. If a response was not received within ten days of the correspondence being sent, the LME/MCO, CAP/DA, or DHB staff determined the provider was not interested/unwilling to come into compliance with the HCBS Final Rule.

**Providers That Are Unable or Unwilling to Comply**

For providers identified within the transition period, who are deemed unable or unwilling to comply with HCBS Final Rule, DHHS required a plan of remediation, with a thirty-day deadline from date of issuance to fully comply. If compliance did not occur within thirty days, the provider was prohibited from providing the HCBS service in question at that site until such time full compliance with the HCBS Final Rule as reached. The LME/MCO or Case Management entity, in collaboration with DHHS contractor determined if a provider was terminated from network for failure to fulfill HCBS criteria.

In the event the provider was unable to complete the remediation plan. The provider was obligated to:

1) Create and implement a plan, detailing how individuals 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 HCBS Final Rule.
2) Work with the LME-MCO or CAP/DA to ensure the seamless transition of individuals supported to an appropriate provider so there is no service interruption.

If a provider was unable to come into full compliance, the LME-MCO and CAP/DA facilitated the transition by ensuring:

- all beneficiaries received a minimum sixty-day notice before being relocated to an HCBS compliant site (unless was an imminent need to expedite the transition process). More notice was granted in instances where other housing options were secured (specific to the service of residential supports only),

- 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, to ensure the individual and family have been fully informed of any applicable due process rights,
- a comprehensive listing of providers to consider for continuation of services from the LME/MCO, or CAP/DA staff.

The assigned LME/MCO or CAP/DA staff scheduled a face-to-face visit with beneficiaries and their guardians (with subsequent visits occurring based on the specific needs of the individual) as soon as possible, but no later than fourteen days after becoming aware that a new service option needs to be pursued. During the face-to-face visits, the assigned LME/MCO or CAP/DA staff informed the individuals of any applicable due process rights. The LME-MCO and CAP/DA submitted approved plans of remediation and or transitional plans to the DHHS Internal Team for review, monitoring, and tracking.

The LME-MCO and CAP/DA, in partnership with the DHHS HCBS Internal team, ensured there were transitional supports in the event a beneficiary and their family required transition. However, an individual's choice to remain in the setting and decline waiver services, was respected. If transitional supports were required, the following process was implemented:

- Notice of relocation would be issued by October 31, 2022,
- The appropriate parties would ensure individuals could make a fully informed choice and decision,
- Person-Centered Planning meetings would be held, as determined by the individuals and their treatment team,
- Any identified transition would be completed by December 31, 2022,
- The DHHS HCBS Internal Team monitored the transition of individuals monthly until completion of the transition is complete, and

- The LME-MCOs, CAP/DA, and the DHHS HCBS Internal Team would oversee all necessary transition processes.

To date, no plans of remediation or transitional plans have been submitted to DHHS internal team.

In March 2022, NC DHHS requested reviewing entities to conduct an intermittent quarterly validation review of sites unable or unwilling to comply. NC DHHS requested these sites be identified and evaluated for service delivery; focusing on providers intent to comply with HCBS and the identification of individual receiving HCBS in those sites. The updated quarterly validation reports were submitted on April 15, 2022, and all sites identifying as unable or unwilling to comply were identified as sites no longer providing services. Therefore, these sites were not providing services to individuals receiving HCBS. As of May 31, 2022, the department confirmed there were no individuals receiving HCBS services in sites unable or unwilling to comply. All sites providing HCBS services indicated their intent to be compliant with HCBS Final Settings Rule.

**Integration Review**

Analysis of the self-assessment data from the LME/MCOs and CAP/DA were submitted to the DHHS HCBS Internal Team for review on March 31, 2016. This analysis included information of providers were unable to meet the HCBS Final Rule, those at risk for not meeting the HCBS Final Rule, and information on the status (full or emerging integration) of the remainder of the providers by characteristic. This information is based on assessments that were accepted by the LME/MCO and CAP/DA staff.

Acceptance of the assessment indicated the information submitted by the provider was either in full compliance with all aspects of the HCBS Final Rule or the action plans to come into compliance was sufficient. During the transition period, providers not in full compliance with the HCBS Final Rule received ongoing Technical Assistance (TA) as needed with the goal of full compliance for all providers by March 17, 2023. If a site was unable to be validated (the setting was unable to meet full compliance with all aspects of the HCBS Final Rule) individuals receiving an HCBS service would transition to a validated setting compliant with all aspects of the HCBS Final Rule by December 31, 2022.

## Validation Process

The DHHS HCBS Internal Staff in collaboration with LME/MCOs and DHB CAP/DA staff assured that at least one validation strategy was used to validate provider self-assessments. The term validate was used to confirm the accuracy of provider self-assessments, in conjunction with the lived experience of the beneficiary, met compliance with all aspects of the HCBS Final Rule by March 17, 2023. The CMS transition period applies to settings in the HCBS delivery system prior to March 2014. All HCBS settings identified within the transition period were validated compliant with all aspects of the HCBS Final Rule by at least one independent validation method. Setting types not existing in the delivery system as of the effective date of the rule were not afforded the transition period to comply.
The DHHS identified three methods to validate HCBS compliance with all aspects of the settings criteria. A fourth validation method through Telehealth was approved by CMS in March 2022. The four methods were used to validate the provider self-assessments, plan of actions noted within the provider self-assessment, and individual experience.

Please note, the use of the term 'monitoring' refers to both periodic and ongoing review of HCBS compliance within HCBS setting. (see Appendix D chart information)

**Validation Strategies**

- Face to face Care Coordination (on-site)
    - This has been in practice since 2016. The difference for LME/MCOs will be in how DHHS captures the data gained from the HCBS quarterly monitoring tab moving forward.
    - Care Coordination Tool: HCBS Quarterly Monitoring Tab will be completed quarterly and submitted to the LME/MCO quality management/provider network team for review and determination of remediation requirements. (See Appendix E)

- Desk Review
    - **Suggested Documents to Review:**
        - Provider Self-Assessment,
        - Provider Policies and Procedures,
        - Individual Support Plans.
    - **Desk Reviews Associated with Remediation Efforts:**

        - In addition to documents noted above,
        - Care Coordination Monitoring Tools,
        - Applicable MIE surveys.
- Intense On-site Review
  An Intense On-site Review was triggered if:
    - There is a significant discrepancy in agency policies presented in provider self-assessment and Care Coordination tool.
    - There are concerns for potential heightened scrutiny that was noted as not meeting the threshold on the provider self-assessment. Contact DHHS immediately.
    - Significant concern for isolation. Example: Documented use of a bus route; however, no bus route available at location.
    - The on-site review would be completed by an alternative LME/MCO staff person or CAP/DA staff member, not the care coordinator assigned to complete monitoring.
- Telehealth Visit
  The use of two-way real-time interactive audio and video to support monitoring when Individuals are in different physical locations.
    - **Provider Expectations During the Visit**
        - Have a secure HIPAA compliant mobile device (i.e., smartphone, tablet, laptop, other portable device) with live audio and video capabilities to allow for ease of mobility through the entire setting.
        - The LME/MCO/CAP/DA staff should make at least 1 request per visit to see other areas of the setting to observe the individual's ease of accessibility and monitoring of the entire setting.
        - To the beneficiary's ability and level of independence, the beneficiary should facilitate the call and guide the access of additional rooms in the setting as requested.
        - Staff are expected to be within view with the beneficiary (i.e., seated beside or behind the beneficiary) during the visit. At no time should staff be located behind the device being used for the visit.
        - The individual should be supported in being as independent as possible. Staff should support the individual to answer questions only as needed.
        - The 'mute' function should never be activated during the visit.
        - Providers and site staff should continue all operations as usual.

- The LME/MCO &CAP/DA staff reserve the right to speak with the individual alone without staff present, upon request.
- The individual shall reserve the right to speak with the LME-MCO and or CAP/DA staff alone without staff present, upon request.
- All beneficiaries reserve the right to speak with the LME/MCO or CAP/DA staff alone without staff present, upon request.
- In the event of any health and safety concern, the LME/MCO or CAP/DA staff should follow internal protocols to remediate the concern.
-

- **<u>Suggested Considerations</u>**
  - The LME/MCO or CAP/DA staff should proactively interface with the provider organization and site staff to schedule telehealth visits and ensure accessibility and that all Individuals are aware of expectations.
  - The LME/MCO or CAP/DA staff should attempt to support and mitigate concerns if a mobile device is not accessible.
  - The LME/MCO or CAP/DA staff shall follow all applicable HIPAA rules.
  - Any methods to prevent any type of coercion should be considered and implemented (i.e., any person accompanying the individual should be seated next to the individual, within view).
  - For any technical difficulties (i.e., internet outage, computer issues), LME/MCOs or CAP/DA staff should default to the allowances outlined for, "Personal Computer and Webcam or Device Without Video Capabilities".
- **Personal Computer and Webcam or Device Without Video Capabilities**
  - In the event the provider only has access to a stationary, personal computer and webcam or device without two-way real-time audio and video capabilities (i.e. landline telephone), validation of HCBS compliance may be supported by completion of the Care Coordination Monitoring tool: *HCBS quarterly monitoring tab* utilizing the available technology, submitting copies of the previous months' Care Coordination monitoring visits for all individuals receiving services at the setting, and completion of a desk review.

**<u>Tier One: Innovations</u>**

For all Innovations waiver services, DHHS validated sites by utilizing on-site care coordination or telehealth visits (telehealth method was effective March 2022). Face to face visitation or telehealth visit occurred monthly for residential services and at least quarterly for supported employment and day supports. This practice allowed on-site observation to be completed using a dedicated Care Coordination Tool: *HCBS quarterly monitoring Tab*, specific to validation. This process began January 2019.

1. Care Coordination Tool: HCBS Quarterly Monitoring Tab were completed quarterly and submitted to the LME/MCO quality management/provider network team for review and determination of remediation requirements.
2. DHHS developed an *LME/MCO HCBS Validation Reporting Tool* template to capture all sites required for validation.
3. Submission occurred on the 5th day of the second month, following the end of quarter. Example: If a care coordinator completed the HCBS tool on September 28th – the designated LME/MCO HCBS staff would submit quarterly report for July 1st-Sept 30th on November 5th. This provided adequate time for LME/MCO HCBS staff to review and provide remediation instruction to provider(s). Any outstanding remediation efforts not addressed within the quarterly report, were captured on the following report. A site was unable to be validated until all remediation efforts were completed. Technical Assistance and Remediation Guidance are noted below.
4. All validation efforts were completed by December 31, 2022. If a site was unable to be validated compliant with all aspects of the HCBS Final Rule, individuals receiving an HCBS service would transition to an HCBS setting validated compliant with all aspects of the HCBS Final Rule.

**Tier One: ADH and (b)(3) Services**

**Adult Day Health Services**

All Adult Day Health were validated using the following:

- CAP/DA Case Management quarterly on-site visits employing HCBS measures within monitoring tool; or
- Telehealth visits as outlined above; or
- Desk review using the HCBS Review Tool (see Appendix H)

**(b)(3) Services**

Note: A single provider site was allowed to deliver (b)(3) and Innovations services (same physical address). Validation only occurred once in this scenario. All (b)(3) sites not validated under an Innovations site, should be validated using the following validation strategies:

- Provider network/care coordination monthly monitoring; or
- Telehealth visits as outlined above; or
- Desk review using the HCBS Review Tool (see Appendix H)

**Tier Two: DHHS Validation**

The DHHS HCBS Internal Team reviewed a sample of LME/MCO and CAP/DA validated provider self-assessments this process began upon receipt of the first quarterly reports from LME/MCOs.

***Sampling***

1. The sample size selected for review was completed using Raosoft Sample Calculator http://www.raosoft.com/samplesize.html
2. DHHS used RatStats to determine the sample. Sampling was stratified, meaning it included all service categories.

Desk Review: Utilizing the HCBS Review Tool, DHHS requested documentation used to initially validate (i.e., Care Coordination Tool: HCBS Quarterly Monitoring Tab, Provider Self-Assessments, My Individual Experience surveys and any policies or procedures were used to support validation).

If a discrepancy was found during DHHS validation review, DHHS provided technical assistance and training to the LME/MCO or CAP/DA regarding its findings. All efforts were documented on the HCBS Quarterly Reporting Tool. Trainings and Frequently Asked Questions were maintained on the HCBS website and distributed to the HCBS Point of Contacts.

DHHS reviewed My Individual Experience surveys that reached the threshold within the time frame of January 1, 2018, through January 1, 2019, and will extend the review period at each quarter until the end of validation on March 17, 2023. This will provide additional oversight to LME/MCO's and identify providers that may require remediation.

## Summary of Validation and Remediation Process

The Covid-19 Public Health Emergency (PHE) delayed validation efforts in North Carolina from 2020 to 2022. On May 24, 2022, CMS updated the strategy for implementation of Home and Community Based settings regulation. This updated guidance focused on aligning federal support with state compliance activities. In 2018, Provider Self- Assessments were completed, and validation efforts initiated. NC DHHS, LME/MCO, and CAP/DA have collaborated to ensure compliance with the HCBS Final Rule by March 17, 2023. NC DHHS validations strategies were implemented to ensure all settings would reach Full compliance\Full integration with the regulatory settings. To align with CMS expectation and updated guidance, the department released a Joint communication Bulletin providing updated validation efforts and timelines to stakeholders.

**March 8, 2022:** HCBS validation and DHHS look-behind efforts relaunched.

**April 15, 2022:** Identification of all HCBS settings unwilling or unable to comply with HCBS settings requirements submitted to the DHHS HCBS Internal Team. Process begins for providing technical assistance to providers of non-compliant HCBS settings, beneficiary and family engagement, and transition planning for individuals receiving waiver services from sites unwilling or unable to comply with HCBS settings requirements.

**May 1, 2022:** Identification concludes of all non-compliant HCBS settings, HCBS settings unwilling or unable to comply with HCBS settings requirements, and individuals needing to transition to HCBS compliant settings.

**June 8, 2022**: Validation Quarterly Reporting tool (Final Submission) due to the DHHS HCBS Internal Team

**June 15, 2022:** Re-posting of Statewide Transition Plan for thirty-day public comment.

**July 31, 2022:** Re-submit Statewide Transition Plan for final approval to CMS.

**December 31, 2022**: Transitions conclude of individuals receiving waiver services from sites unwilling or unable to comply with HCBS settings requirements to HCBS compliant sites.
At this time, there are no sites providing services identified as unwilling or unable to comply.
All NC HCBS providers have confirmed their commitment to continue providing Home and

Community Based services in compliance with CMS Home and Community Based setting Final Rule.

## Validation Reporting

NC DHHS implemented a validation process to ensure 100% compliance with HCBS Final Rule. The validation process confirmed information submitted by providers on their provider self-assessment was accurate. During validation, provider sites were reviewed through a Care Coordination onsite monitoring tool, desk review, intense onsite review, or Telehealth visit as verification that sites met HCBS compliance. The Care Coordination monitoring tool was the preferred validation method, as the tools was used to monitor HCBS face to face. HCBS monitoring questions were added to the existing Care Coordination monitoring tool. This action allowed Care Coordinator to monitor services and sites for HCBS compliance. If HCBS compliance issues were identified during the validation process the provider site entered remediation. Reviewing entities provided technical assistance during the remediation process to support the provider site in reaching compliance with HCBS final rule. The reviewing entities submitted their final Quarterly Validation tool on June 8th, 2022. The HCBS internal team concluded the final review of validated sites on November 30, 2022, to ensure all sites reached Full compliance\ Full integration with HCBS Final Setting Rule.

The HCBS Validation Reporting Tool template captured data for all sites requiring validation. LME/MCOs and CAP-DA submitted reporting tools to the DHHS on a quarterly basis.

- This provided adequate time for LME/MCO HCBS staff to review and provide remediation instruction to provider(s). Any outstanding remediation efforts not addressed within the quarterly report, were captured on the next quarterly report.
- A site was unable to be validated until all remediation efforts are completed. *(See Appendix G).*

**Technical Assistance and Remediation Plan**

NC DHHS validations efforts concluded on November 30, 2022. The validation tool confirmed the date sites were validated and which validation method was used (Care coordination tool-HCBS quarterly reporting tab, desk review or intense on site, Telehealth). Reviewing entities added the validated information to the pre-populated validation spreadsheet, ensured any

plan of action items were completed for sites deemed emerging or insufficient status. Once completed, Provider Self-Assessments given Full compliance/Full integration status in the database, by LME/MCO/CAPDA staff.

Technical assistance and remediation occurred at any stage of the validation process.
The following was suggested criteria to identify sites that required an on-site review:

a. A significant discrepancy in agency policies presented in provider self-assessment and Care Coordination Tool: Quarterly Monitoring Tab.
b. Concerns for potential Heightened Scrutiny that were noted as not meeting the threshold on the provider self-assessment.
c. Significant concern for isolation. Example: Documented use of a bus route; however, no bus route available at location.

**The on-site review was completed by alternative LME/MCO staff member (if required), not the care coordinator assigned to complete monitoring. (i.e. – Care coordinator supervisor or alternate care coordinator)*

If substantial remediation and/or technical assistance was identified during validation, the LME/MCO and CAP/DA supported the provider using the following methods:

a. Telephonic; or
b. Webinar; or
c. Onsite; or
d. Other – to include the HCBS Review Tool.

A site must have successfully completed remediation in order to be considered validated.
The following documentation was used to remediate and bring the site into compliance should be maintained with validation materials:

- HCBS Provider Self-Assessment, and
- Care Coordination Monitoring Tools, and/or (see Appendix E)
- The provider's policies and procedures, and/or
- Beneficiaries' Individual Support Plans, and
- My Individual Experience Surveys, and
- Evidence of completed remediation.

**New sites are expected to be in full compliance at the time-of-service delivery. meaning new providers may not provide services to individuals until they are marked in full HCBS compliance.*

**Tier 2 DHHS Validation**

The DHHS HCBS Internal Team completed Tier 2 Validation (also referred to as look behind) reviews from a sample of LME/MCO and CAP/DA validated provider self-assessments. The HCBS Review Tool was utilized, DHHS requested documentation initially used to validate the sample sites. These documents included the Care Coordination Tool: HCBS Quarterly Monitoring Tab, Provider Self-Assessments, My Individual Experience surveys and any policies or procedures that may have been used to support validation. Discrepancies found during DHHS validation review were remediated through technical assistance and training to the LME/MCO or CAP/DA regarding its findings.

The HCBS Internal Team reviewed 143 sample sites; sites were stratified and included all service categories including Residential (Innovations and (b)(3), Day Support, Adult Day Health, and Supported Employment. The DHHS HCBS Internal Team conducted desk reviews for all sites part of the selected sample. The DHHS HCBS Internal Team provided a summary of concluding findings and any remediation efforts to each LME/MCO. The LME/MCOs and HCBS Internal team reviewed sites that entered remediation during Tier 2 DHHS Validation providing ongoing technical assistance throughout the process. Sites in remediation came into compliance with HCBS Final Rule on November 30, 2022. (See Appendix F)

## Ongoing Monitoring

North Carolina's ongoing monitoring activities and functions ensured continuous, long-term compliance to the HCBS settings regulation in Impacted and Non-Impacted Services. HCBS Efforts have been incorporated into existing monitoring and performance improvement processes as outlined in this statewide transition plan. Additional details on all ongoing monitoring activities can be found below.

**HCBS Setting(s) Monitoring- Post Transition Period**

To ensure long-term compliance to HCBS settings regulation for all HCBS settings (Impacted and non-Impacted services) beyond the transition period. The NC DHHS will continue to review

HCBS Provider Self-Assessments for 100% compliance of new sites through utilizing the HCBS Provider Self-Assessment that NC DHHS created during the transition period.

It is important to note that New HCBS settings related to Residential Supports, Day Supports, Adult Day Health, and Supported Employment Corporate setting, which were not part of the transition period must be in full compliance prior to the provision of HCBS waiver services. DHB, CAP/DA staff, and the LME/MCOs will continue to require completion of an HCBS Provider Self-Assessment and ensure that services do not begin at that site until it is determined to be in full compliance with the HCBS settings regulation.

Providers will submit Provider self-assessments along with the evidence of compliance to include the provider's policies and procedures, to the assigned LME/MCO or DHB CAP/DA staff. 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 DHHS, in collaboration with the LME/MCOs and CAP/DA staff will:

1) determine if individual provider assessments and provider policies and procedures are compliant with all aspects of the HCBS Final 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.

Like the assessment process during the transition period, this will be accomplished using a unified process using a standardized e-Review tool and companion document for evaluation of provider compliance. Additional evidence may be requested, or subsequent reviews conducted, as needed, to further assess compliance with all aspects of the HCBS. settings rule.

## Care Coordination Monitoring

Care Coordinator/Case Management monitoring will continue, ensuring that all Individuals are receiving services consistent with their person-centered plan and CMS requirements for HCBS settings. HCBS elements have been added into the existing Innovations Waiver Care Coordination Monitoring Tool. This will deliver a continuous monitoring and oversight system to ensure that providers are offering services and supports that are consistent with HCBS. Impacted and non-impacted Services will be monitor through the Care Coordination/Care

Management Monitoring Tool. It is important to note that LME/MCO Care Coordinators have face-to-face contact with individuals receiving Residential Supports at least one time per month and quarterly face-to-face contact with individuals receiving services in their private home; Day Supports and Supported Employment with monthly phone contact during months that do not have a face-to-face visit. Local Case Management Entities Case Managers have quarterly face-to-face visits with individuals who are receiving Adult Day Health.

Any concerns noted during HCBS monitoring for compliance will be reported to the Local Case Management Entities/LME/MCO for follow up. Additionally, concerns may be submitted by email to HCBSTransPlan@dhhs.nc.gov or through the Customer Service and Advocacy Line at DMH/DD/SAS (http://www.ncdhhs.gov/assistance/mental-health-substance-abuse/advocacy-customer-service).

## My Individual Experience (MIE) Survey Ongoing Monitoring

Within the MIE survey process, threshold probing questions have been implemented to notify LME/MCO or Local Case Management Entities and the DHHS HCBS Internal Team of disparities between consumer responses and provider assessment results. Initially, a response of "no" to five threshold question triggered a notification. As of April 2019, the response of "no" threshold was reduced to one or more threshold questions. A notification went to the appropriate parties to complete further review. Individuals are not to be made aware of trigger questions to protect the integrity of the assessment.

Prior to April 1, 2019, all actions taken by the LME/MCO or DHB CAP/DA regarding My Individual Experience surveys and/or threshold notifications were documented on the HCBS Threshold Questions Quarterly Report. These reports were submitted by the tenth of the month following the last month of the quarter. The DHHS HCBS Internal Team reviewed each report and determine if further follow up was required, in the form of desk reviews, agency conference calls and/or site reviews.

DHHS will continue ongoing monitoring of the MIE database for any MIE surveys that have responses that trigger the established threshold. DHHS will coordinate with LME/MCOs and CAP/DA staff to ensure remediation with providers to support continued compliance with the HCBS final rule.

The LME/MCO or the LLA will remain responsible for following up once notification is received that a threshold probing question(s) has been reached and will address concerns using a Quality Monitoring Model, to manage provider support needs. 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.

**NC DHHS Quality Assurance Monitoring**

On a quarterly basis, the DHHS HCBS Internal Team will complete Desk Reviews on a sample of HCBS Provider Self-Assessments the LME/MCO or CAP/DA staff assessed Full integration/Full compliant with all aspects of the HCBS settings regulation, similar to the process outlined under ***Tier Two: DHHS Validation.***

**Sampling**

- The sample size selected for review will be completed using Rao soft Sample Calculator http://www.raosoft.com/samplesize.html.
- DHHS will use Rat Stats to determine the sample. Sampling will be stratified, meaning it will include all service categories.

Desk Review: Utilizing the HCBS Review Tool, the NC DHHS will request documentation submitted to the LME/MCO or CAP/DA staff at the time the HCBS Provider Self-Assessment was completed (i.e., any policies or procedures) and any additional evidence used to assess the setting Full/integration-Full/compliant. (See Appendix H)

If a discrepancy is found during DHHS Quality Assurance monitoring, DHHS will provide technical assistance and training to the LME/MCO or CAP/DA regarding its findings. All efforts and findings will be documented on the HCBS Review Tool and written notification to the LME/MCOs or CAP/DA.

The DHHS will also continue to review My Individual Experience surveys that reach the threshold on a quarterly basis through reports submitted by the LME/MCOs and CAP/DA staff. This will provide additional oversight to LME/MCO's and CAP/DA and identify providers that may require remediation.

## Ongoing Monitoring: Addressing Non-Compliance

Any issue of non-compliance with the home and community-based setting rules identified during scheduled or ongoing monitoring activities may generate a request for a Corrective Action Plan which must be implemented by the provider within forty-five days, with evidence of compliance required within an additional forty-five days, for a total of ninety days from the initial request for a Corrective Action Plan. The same applies to My Individual Experience Threshold Reports and DHHS' ongoing quality assurance monitoring activities.

Additional Efforts to Ensure Ongoing Compliance will include:

- Trainings and FAQs will be regularly updated and maintained on the NC DHHS HCBS webpage and distributed to all HCBS Point-of-Contacts,
- Quarterly provision of HCBS Technical Assistance calls to LME/MCOs/LLAs or CAP/DA
- 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 ongoing compliance with standards,
- Identification or development of specific quality assurance/improvement measures that ensure compliance with the HCBS Final Rule,
- Continuation of a collaborative monitoring oversight process between the LME/MCOs or CAP/DA, and DHHS,
- Consideration, 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 provision of technical assistance and education to individuals and their families, Provider Community, and broader stakeholder community,
- DHHS will explore the use of National Core Indicators and other comparable data to support ongoing compliance and monitoring efforts,
- Continued partnership with the HCBS Stakeholder Committee, and
- HCBS characteristics will be integrated into quarterly reviews completed by CAP/DA and CAP/Choice, and the IMTs (Inter-Departmental Monitoring Teams) for the LME/MCOs.

## Grievance Process:

A grievance is an expression of dissatisfaction by or on behalf of an individual about any matter. Per 42 C.F.R. § 438.400; N.C.G.S. § 108D-1; An individual receiving Home and Community Based Services, or their legally responsible person has an opportunity to file a grievance. NC DHHS is required to ensure the LME-MCO establish internal grievance procedures.

Individuals receiving HCBS through the Innovations Waiver may file grievances through their LME-MCO listed below:

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| Alliance Health | 5200 Paramount Parkway, Suite 200<br>Morrisville, NC 27560<br>919-651-8401<br><br>Please send your written complaint to Complaints@AllianceHealthPlan.org or to Alliance's Quality Management Department at 5200 W. Paramount Parkway, Suite 200, Morrisville, NC 27560. You may use the form on this page to submit your complaint. You can also file a complaint or grievance by telephone by calling the Alliance Access and Information Center 24/7 at (800) 510-9132.<br><br>https://www.alliancehealthplan.org/members/information/rights/filing-a-grievance/ |
| Eastpointe | 514 East Main Street<br>Beulaville, NC 28518<br>1-800-913-6109<br><br>File Grievance: Grievances/Complaints can be received by telephone, the electronic form https://app.smartsheet.com/b/form/3c64366423f544b98c25bae901a5f3ee), fax, mail, email or in person. If you need assistance completing the electronic Complaint/Grievance form or prefer to have the form mailed, you may contact the Eastpointe Grievance and Appeals Department at 1- |

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| | 800-513-4002, Option #3. Eastpointe will assist you in completing forms to file a grievance/complaint.<br><br>https://www.eastpointe.net/members-and-families/complaints-grievances-and-appeals/ |
| Partners Behavioral Health Management | 901 South New Hope Road<br>Gastonia NC 28054<br>704-884-2501<br><br>File a grievance: Grievance/complaint can be received by telephone – Call **1-888-235-HOPE** (4673), Mail – Partners Health Management, C/o Grievance/Complaint, 901 South New Hope Road, Gastonia, NC 28054. Email Greivances@partnersbhm.org Online; Use our feedback form, Or in person Every employee at Partners is able to take your grievance/complaint.<br><br>https://www.partnersbhm.org/grievances-complaints-and-appeals/ |
| Sandhills Center | 1120 Seven Lakes Drive<br>West End, NC 27376<br>1-910-673-9111<br><br>File a Grievance: Grievance/complaints can be reported at the following link, https://www.sandhillscenter.org/for-consumers/grievance-form |
| Trillium Health Resources | 201 W. First Street<br>Greenville, NC 27858<br>866-998-2597<br><br>File a grievance : **You can contact us by phone or in writing: By phone**, call Member and Recipient Services at 1-877-685-2415, 24 hours a day, 7 |

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| | days a week. After business hours, you may leave a message, and we will contact you during the next business day. **You can write** us with your complaint to 201 West First Street, Greenville, NC 27858. You can also complete a form on the page below: **Complaint \| Grievance**<br><br>https://www.trilliumhealthresources.org/for-individuals-families/appeals-grievances |
| Vaya | File a Grievance: Member Services: 1-800-849-6127<br>Grievance Resolution and Incident Team: 828-225-2785, ext. 1600 24/7<br>Compliance Hotline: 1-866-916-4255 (allows for anonymous reporting).<br><br>Vaya Health: Attn: Grievance Resolution and Incident Team 200 Ridgefield Court Asheville, NC 28806<br><br>vayahealth.ethicspoint.com<br>(Allows for anonymous reporting) |
| Community Alternatives Program/Disabled Adults,<br><br>Community Alternative Program-Choice<br><br>Community Alternatives Program-Children | A grievance is a complaint or dispute other than a NC Medicaid determination, expressing dissatisfaction with any aspect of the operations, activities or behavior of CAP/DA or its providers. You may contact NC Medicaid at 919-855-4340 to make a complaint orally or in writing.<br><br>Medicaid.CAPDA@dhhs.nc.gov |

## Milestones

| General Milestones | Start date | End date |
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| **Section 1. Identification** | | |
| To ensure compliance with CMS HCBS Final Rule (March 17, 2014), while improving personal outcomes for waiver recipients across North Carolina.<br>**Outcome:** CMS Approval of Transitional Plan and Self-Assessment. | 3/17/2014 | 3/16/2015<br><br>Completion: 1st submission: 3/12/15 |
| Inventory of Settings and Day Services - CAP/DA (Community Alternatives Program - Disabled Adults) and CAP/C (Community Alternatives Program - Children): DHHS identifies comprehensive HCBS service provider type.<br>**Outcome:** Consolidated and verified HCBS inventory. | 11/25/2014 | 12/12/2014<br><br>Completion: 12/12/2014 |
| Inventory of Settings and Day Services – Innovations: DHHS identifies comprehensive HCBS service provider type.<br>**Outcome:** Consolidated and verified HCBS inventory. | 11/25/2014 | 12/12/2014<br><br>Completion: 12/12/2014 |
| Identified that (b)(3) services of Supported Employment, Day Supports, and Residential Supports to be included in HCBS transition plan:<br>**Outcome:** Consolidated and verified HCBS inventory. | 9/4/2015 | 9/4/2015<br><br>Completion: 9/4/2015 |
| Full inventory of service providers of CAP/DA and Innovations waiver providers: Requested information from DHB CAP/DA staff and LME/MCOs on providers contracted with, to provide identified services and individuals authorized for services.<br>**Outcome:** Consolidated and verified HCBS inventory. | 7/20/2015 | 9/16/2015<br><br>Completion: 9/16/2015 |
| Full inventory of service providers of (b)(3) providers of SE, DS, and RS: Requested information from LME/MCOs on providers contracted with to provide (b)(3) identified services and individuals authorized for services.<br>**Outcome:** Consolidated and verified HCBS inventory. | 10/12/2015 | 1/31/16<br><br>Completion:1/31/16 |
| Finalize specific HCBS Informational Portal for Department Website: Links dedicated to implementation of HCBS Final Rule - Detail will include HCBS Final Rule of settings, review process, | 11/25/2014 | 1/15/2015<br><br>Completion: |

| General Milestones | Start date | End date |
|---|---|---|
| deadlines for compliance and availability of technical assistance (Ongoing Process).<br>**Outcome:** Clear, streamlined, consistent information/communication for individuals, families, other valued stakeholders, LME/MCOs and DHHS Staff. | | 1/15/2015 |
| Evaluate need for LME/MCO Contract amendment or Local Lead Agency (Case Management Entity) agreement revision specific to implementation of CMS HCBS Final Rule (March 17, 2014): Review of current LME/MCO/Local Case Management Entities (Case Management Entity) contract/agreement to ensure global language regarding waiver compliance.<br>**Outcome:** Contractual language required to ensure compliance with HCBS Final Rule between DHHS and LME/MCOs/Local Lead Agencies (Case Management Entities). | 12/12/2014 | 12/19/2014<br><br>Completion: 12/19/2014 |
| **Section 2. Assessment** | | |
| DHHS developed the draft plan and the proposed Provider Self-Assessment with the HCBS Stakeholder Committee between October 2014 and January 2015.<br>Outcome: Draft plan completed. | 10/2014 | 1/9/2015<br>Completion: 1/9/15 |
| DHHS has incorporated into the e-Review process a function that immediately denotes if a setting/site has the qualities of an institution. DHHS anticipates having this form added to their electronic process by the end of September 2015.<br>Outcome: e-Review Heightened Scrutiny Tool | 8/12/2015 | 9/30/2015<br><br>Completion: 9/30/15 |
| Development of Provider Self-Assessment Tool: DHHS, with stakeholder input, develops self-assessment tool for providers to evaluate conformity to and compliance with the HCBS Final Rule.<br>**Outcome:** Assessment vetted and endorsed by key stakeholders. | 11/25/2014 | 3/2/2015<br><br>Completion: 3/1/2015 |
| NCAC/Standards/Rules Review: Assess need for change to applicable rules, NC Administrative Code to ensure compliance with HCBS Final Rule.<br>**Outcome:** Identify Administrative Code Changes per Legislative Process to ensure compliance with HCBS Final Rule. Regular | 11/25/2014 | 7/1/2019<br><br>Completion: NC § 108A-54.1B allows the department authority |

| General Milestones | Start date | End date |
|---|---|---|
| session of NCGS is held biennially convening in January after election –January. 14, 2015. | | to adopt temporary and permanent rules to implement or define federal law. Rules review was not required. |
| Development and distribution of companion document: Develop a companion document to the self-assessment tool to offer guidance to providers.<br>**Outcome:** Companion document completed. | 1/28/2015 | 5/8/2015<br><br>Completion: 5/8/2015 |
| LME/MCOs/Local Lead Agencies (Case Management Entities) complete self-assessment: Respective entities will complete self-assessment of policies, procedures, and practices.<br>**Outcome:** Ensure Compliance with HCBS Final Rule. | 2/1/2015 | 3/31/16<br><br>Completion 4/15/16 |
| 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.<br>**Outcome:** Validated Tool. | 3/16/2015 | 6/1/2015<br><br>Completion: 5/22/2015 |
| Pilot providers complete self-assessment: Pilot providers will submit completed provider self-assessment to assigned LME/MCO/Local Case Management Entities (Case Management Entity).<br>**Outcome:** Pilot self-assessments competed. | 5/11/2015 | 5/24/2015<br><br>Completion: 5/24/2015 |
| Changes to tool based on pilot provider feedback: DHHS, with stakeholder input, makes changes to self-assessment tool for providers based on feedback from pilot sites.<br>**Outcome:** Changes made to self-assessment based on pilot feedback. | 5/24/2015 | 7/15/2015<br><br>Completion: 8/14/2015 |
| All Providers Complete Self-Assessment: HCBS Providers will submit completed provider self-assessment to assigned LME/MCO/Local Case Management Entities (Case Management Entity).<br>**Outcome:** 100% Completion of Self-Assessments by CAP/DA, CAP/Choice, and Innovations waiver providers. | 7/15/2015 | 9/15/2015<br><br>Completion: 9/15/2015 |

| General Milestones | Start date | End date |
|---|---|---|
| DHHS requested an extension to the six months within which assessments should be completed as we had published the timeframe of July 15, 2015, through September. 15, 2015, for the Statewide provider self-assessment process. **Outcome**: CMS granted this three-day extension in August. 25, 2015. Assessments completed. | 7/15/2015 | 9/15/15<br><br>Completion: 9/15/2015 |
| (b)(3) providers complete self-assessment: (b)(3) providers will submit completed provider self-assessment to assigned LME/MCO<br>**Outcome:** Completion of self-assessments by (b)(3) providers. | 9/16/2015 | 10/15/2015<br><br>Completion: 10/15/2015 |
| Develop e-Review tool: Develop an e-Review tool for LME/MCO and DHB CAP/DA staff to review self-assessments.<br>**Outcome:** e-Review tool developed. | 5/4/2015 | 8/31/2015<br><br>Completion: 8/18/2015 |
| Develop and distribute e-Review companion document: Develop an e-Review companion document to offer guidance to LME/MCO and DHB CAP/DA staff and to ensure consistency of reviews.<br>**Outcome:** e-Review companion document completed. | 5/15/2015 | 8/14/2015<br><br>Completion: 8/18/2015 |
| Pilot self-assessments reviewed by LME/MCOs and DHB CAP/DA: LME/MCOs and DHB CAP/DA staff will review pilot self-assessments.<br>**Outcome:** Provider self-assessments reviewed by LME/MCO and DHB CAP/DA. | 7/16/2015 | 9/30/2015<br><br>Completion: 9/30/2015 |
| Develop heightened scrutiny threshold document and process: Develop tool and process to identify sites that will require heightened scrutiny.<br>**Outcome:** Heighted scrutiny document and process established. | 7/21/2015 | 9/30/2015<br><br>Completion: 9/30/2015 |
| Identification of settings that overcome the presumption and will be submitted for heightened scrutiny and notification to provider,<br>**Outcome:** List of settings that will be submitted to CMS. | 9/30/2015 | 1/1/18<br><br>Completion: 1/1/18 |
| Complete gathering information and evidence on settings requiring heightened scrutiny that it will present to CMS.<br>**Outcome:** Packet of information to be submitted to CMS. | 9/30/2015 | 3/1/18<br><br>Completion: 3/1/18 |

| General Milestones | Start date | End date |
|---|---|---|
| Incorporate list of settings requiring heightened scrutiny and information and evidence referenced above into the final version of STP and release for public comment.<br>**Outcome:** Statewide Transition Plan posted for public comment. | 3/2/2018 | 6/1/18<br>Completion:<br>No sites were submitted to CMS. |
| Submit STP with Heightened Scrutiny information to CMS for review.<br>**Outcome:** STP submitted to CMS. | 6/1/18 | 6/30/18<br>Completion:<br>No sites were submitted to CMS. |
| Provider Self-Assessment Data (pilot and Statewide) 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 Case Management Entities (Case Management Entity) designated staff compile the self-assessment data to determine those HCBS service providers who meet, do not meet, and those who could meet HCBS Final Rule with HCBS technical assistance.<br>**Outcome:** Comprehensive report of results/findings and inventory reflecting compliance status. | 10/1/2015 | 3/31/2016<br><br>Completion:<br><br>3/31/16 |
| Develop tool/disseminate to submit analysis of self-assessment: Develop a tool to ensure consistency in the submission of information form the LME/MCOs and DHB CAP/DA.<br>**Outcome**: Analysis Tool. | 9/28/2015 | 11/15/2015<br><br>Completion:<br>11/15/2015 |
| LME/MCO/Local Case Management Entities (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.<br>**Outcome:** Comprehensive report of results/findings and inventory reflecting compliance status. | 8/1/2015 | 3/31/16<br><br>Completion:<br>4/15/16 |
| Vet need for an Individual "My Life" Experience Assessment Tool: Concurrent with validation process of representative sample, evaluate need for individual assessment to occur | 10/1/2015 | 11/30/2015 |

| General Milestones | Start date | End date |
|---|---|---|
| concurrently with the PCP process acknowledging the individual is "the expert" specific to their support, services, and personal outcomes.<br>**Outcome:** Determination of Need for Individualized Self-Assessment. | | Completion: 2/20/2015 |
| My Individual Experience Tool: Development of the tool and process.<br>**Outcome:** Individual Experience Assessment. Implemented 8/25/16. | 7/21/2015 | 8/25/2016<br>Completion: 8/25/2016 |
| Establish a Monitoring Oversight Process to ensure integrity of the self-assessment process. LME/MCO Designated Departments, e.g., Care Coordination / Quality Management and DHHS / DHB / DMH/DD/SAS Accountability and Quality Management Sections and Local Lead Agencies (Case Management Entities) will continue utilizing the Care Coordination Tool and MIE Surveys for ongoing monitoring.<br>**Outcome:** Validate Provider Self-Assessments. | 12/31/17 | 12/31/2020<br>Completion: 11/30/2022 |
| Analysis of the self-assessment data from the LME/MCOs and DHB CAP/DA is due by March 31, 2016.<br>**Outcome**: | 1/1/2016 | 3/31/2016<br>Completion: 3/31/16 |
| **Section 3. Remediation** | | |
| Remediation will occur on an ongoing basis with progress reviewed at the following intervals: six months, one year, two years, and three years with the goal of full compliance for all providers by March 15, 2021.<br>**Outcome**: All network providers in compliance with HCBS. | 9/16/2016 | 6/30/19<br>Completion: 11/30/2022 |
| NCAC/Standards/Rules Remediation: Develop, adopt, and implement a comprehensive plan that will ensure compliance of State Regulatory Authority with the HCBS Final Rule.<br>**Outcome:** Proposed language will be submitted to Rules Commission for consideration. | 11/25/2014 | 6/30/18<br>Completion: NC § 108A-54.1B allows the department authority to adopt temporary and permanent rules to implement or |

| General Milestones | Start date | End date |
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| | | define federal law. Rules review was not required |
| Rules Commission will consider proposed language or removal of rule.<br><br>**Outcome:** Institute Rule changes to ensure compliance with HCBS Final Rule. | 6/30/17 | 6/30/19<br><br>Completion: NC § 108A-54.1B allows the department authority to adopt temporary and permanent rules to implement or define federal law. Rules review was not required |
| Respond to notice from CMS on transition plan questions: Submitted written response to questions from CMS.<br>**Outcome:** Correspondence with CMS | 5/1/2015 | 5/6/2015<br><br>Completion:<br><br>5/6/2015 |
| Update transition plan based on discussion with CMS: Received letter from CMS. Submitted written response. Had a discussion with CMS on September 25, 2015. Will submit response as requested by CMS.<br>**Outcome:** Updated Transition Plan submitted. | 8/12/2015 | 10/22/2015<br><br>Completion: 10/23/2015 |
| Plan of Action Oversight: POAs, as submitted by Providers, will be vetted by LME/MCO Designated Departments, e.g., QM, Network and Local Case Management Entities (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 and reviewed and approved by DHHS.<br>**Outcome:** Ensure Providers meet requirements of HCBS Final Rule. | 10/1/2015 | 06/30/2021<br><br>Completion: 12/31/2022 |
| Policy Development: HCBS will develop/revise Innovations policy to ensure compliance with HCBS Final Rule. | 12/12/2014 | 03/16/2017 |

| General Milestones | Start date | End date |
|---|---|---|
| **Outcome:** Approved Policy. | | Completion: 11/1/16 |
| Policy Development: DHHS will develop/revise CAP/DA policy to ensure compliance with HCBS Final Rule.<br>**Outcome:** Approved Policy. | 12/12/2014 | 3/16/2017<br><br>Completion: 1/1/17 |
| Policy Development: DHHS will develop/revise Innovations CAP/DA policies to ensure compliance with HCBS Final Rule specifically to include lockable entries for private rooms in facilities.<br>**Outcome:** Approved Policy. | 3/16/2017 | 07/01/2019<br><br>Completion date: 07/01/2019 |
| Technical Assistance/Advisement to LME/MCOs/Local Lead Agencies and Provider Community: DHHS/-DHB - Clinical Policy Section and DMH/DD/SAS - I/DD Community Policy Section will provide technical assistance to any LME/MCO/Local Case Management Entities or provider requesting support to ensure full compliance with the HCBS Final Rule.<br>**Outcome:** Ensure providers are implementing necessary steps to obtain full compliance with the HCBS Final Rule. | 12/19/2014 | 6/30/21<br><br>Completion: 12/31/2022 |
| Continuation of Monitoring for Compliance with HCBS Final Rule: DHHS 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 and other out of compliance issues.<br>**Outcome:** Integrity of the Program; Provider Compliance with HCBS Final Rule; Established Audit Process. | 3/16/2015 | 06/30/2021<br><br>Completion: 04/30/2022 |
| HCBS Technical Amendment - *CAP/DA Waiver*: Submission of Technical Amendment that includes elements from submitted March 17, 2015. Transition Plan Language will be incorporated into template once approved. | 4/1/2015 | Original End Date: 12/31/2016<br><br>Completion: Amendment effective 7/1/19 |

| General Milestones | Start date | End date |
|---|---|---|
| **Outcome**: Waiver Amendment with encumbered language reflected from Transition Plan. | | |
| HCBS Technical Amendment – *Innovations Waiver*: Submission of Technical Amendment that includes elements from submitted March 17, 2015, Transition Plan. Language will be incorporated into template once approved.<br>**Outcome:** Waiver Amendment with encumbered language reflected from Transition Plan. | 4/1/2015 | 10/31/2015<br><br>Completion: Amendment effective 11/1/16. |
| HCBS Final Rule Transition Plan Update: Upon completion of provider network assessment, DHHS summarizes findings and revises plan, as indicated, to ensure all components of compliance with HCBS Final Rule and appropriately reflects the DHHS's related mission and values. Remedial strategies will be included for providers not in compliance with HCBS Regulations.<br>**Outcome:** Plan Update with Revised Remediation Strategy, as warranted. | 10/1/2015 | 12/31/2016<br><br>Completion: 1/13/17 |
| For providers needing compliance assistance, DHHS proposes the following strategies from July 1, 2015, through December 31, 2022, 30, 2020:<br>Facilitate focus groups for providers that are both in and out of compliance with the HCBS Final Rule to encourage peer-to-peer support, problem solving process.<br>Provide technical assistance through the development and scheduling of ongoing training regarding the Community Rule compliance, changes to the broader waiver and the overall effect on services.<br>**Outcome:** Technical assistance provided as needed. | 7/1/2015 | 6/30/2020<br><br>Completion: 12/31/2022 |
| **Section 4. Outreach, Engagement and Public Notice/Comment** | | |
| Develop Initial Draft Plan: Gather Stakeholders, Division Leadership and LME/MCO/Local Case Management Entities (Case Management Entity) input via multiple frameworks. Revisions to occur as warranted. Feedback will occur through | 1/16/2014 | 2/25/2015<br><br>Completion: 3/1/2015 |

| General Milestones | Start date | End date |
|---|---|---|
| face-to-face opportunities, fax, email, website submission and Listening Sessions.<br><br>**Outcome:** 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 Final Rule will be shared. Such will occur, at a minimum, through DHHS website, LME/MCO/Local Case Management Entities (Case Management Entity) collaborative, Provider Organizations, and valued Stakeholder Community. This will serve as interactive working opportunities between all vested partners.<br><br>**Outcome:** Meet CMS HCBS Requirement of Public Notice. | 1/21/2015 | 2/20/2015<br><br>Completion: 2/20/2015 |
| Statewide Listening Sessions: DHHS Staff will share information regarding HCBS Final Rule and will obtain critical feedback from vested Stakeholders.<br><br>**Outcome:** Feedback results in consensus and adoption of proposed transition plan. | 2/1/2015 | 2/25/2015<br><br>Completion: 2/12/2015 |
| Training for pilot sites on self-assessment: DHHS Staff will share information regarding HCBS Final Rule and will obtain critical feedback from vested Stakeholders. Provided face-to-face training on HCBS and self-assessment process.<br><br>**Outcome:** Training completed. | 5/22/2015 | 5/26/2015<br><br>Completion: 5/26/2015 |
| Statewide provider training: Provided face-to-face training on HCBS and self-assessment process.<br><br>**Outcome:** Training completed. | 7/7/2015 | 7/17/2015<br><br>Completion: 7/17/2015 |
| Training and Education on HCBS Final 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 ongoing waiver compliance, changes, and overall effect on individualized services. | 2/1/2015 | This milestone will remain Ongoing through HCBS transitional period and beyond March 17, 2023. |

| General Milestones | Start date | End date |
|---|---|---|
| **Outcome:** Informed understanding of changes and impact for waiver recipients. | | |
| Dissemination of Revisions to Transition Plan Draft Initially Posted: Office of Communications will post any significant change to the plan following public comment.<br>**Outcome:** Meet CMS HCBS Requirement of Public Notice. | 3/2/2015 | 3/31/2015<br><br>Completion: 3/31/15 |
| Presentations at conferences: Presentation at NC Provider Council, North Carolina Association for Rehabilitation Facilities, NC TIDE (the training organization for LME/MCOs), NC Council on Community Programs - Pinehurst.<br>**Outcome:** Increase and improve public awareness and knowledge of HCBS. | 3/1/2015 | This milestone will remain Ongoing through HCBS transitional period and beyond March 17, 2023. |
| Continued Input/Comment: DHHS with LME/MCOs/ Local Lead Agencies (Case Management Entities) will solicit feedback periodically to ensure ongoing waiver compliance, identify barriers, and areas of success and concern in preparation for submission of future waiver amendments and/or comprehensive plan.<br>**Outcome:** Valued Feedback that will be incorporated into Comprehensive Waiver Plan as well as Department Policy and NCAC as warranted. | 3/16/2015 | This milestone will remain Ongoing through HCBS transitional period and beyond March 17, 2023. |
| Question and Answer Documents: Regular posing of questions received from LME/MCO staff, providers and other stakeholders and answered by DHHS.<br>**Outcome:** Consistent and timely responses to questions. | 5/8/2015 | 6/30/19<br><br>Completion: This milestone was ongoing through validation process which ended 11/30/2022. |
| Call with CMS September. 25, 2015.<br>Plan text: The final plan, as submitted, is posted to the North Carolina DHHS website www.ncdhhs.gov/hcbs/index.html. Please note that this updated transition plan is being submitted at the request of CMS based on its call with the State September. 25, 2015. | 9/25/2015 | 9/25/2015<br><br>Completion: 9/25/15 |

| General Milestones | Start date | End date |
|---|---|---|
| **Outcome**: Updated Transition Plan. | | |

## 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. 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 everyone. 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.

Appendix A

*NC HCBS Standard Operating Procedures: HCBS Heightened Scrutiny Process*

# NC DHHS HOME AND COMMUNITY BASED SERVICES (HCBS) HEIGHTENED SCRUTINY REVIEW TOOL

**Review Date**: **Reviewer/s:**

## Required Documentation from the Provider for Desk Review

1. Agency Policies and Procedures.

   Examples of policies and procedures expected to be submitted include but not limited to:

   - Participant rights and due process
   - Participant dignity and respect
   - Grievances and Complaints (reported to the provider and the LME-MCO/LLA)
   - Modifications to the HCBS Settings Rule for provider owned or controlled residential setting. (Any modification of the additional conditions for provider owned or controlled residential setting must be supported by a specific assessed need and justified in the person-centered plan.)
   - Staff training curriculums related to the policies and procedures listed above.
   - Any additional policies and procedures referenced in the provider site's self-assessment and plan of action.

2. Agency's provider site Self-Assessment and Plan of Action. The Agency's current self-assessment and plan of action for the site. This document will be accessed by DHHS staff from HCBS database.

3. Agency Heightened Scrutiny Threshold Assessment. This document will be pulled from HCBS database by DHHS staff.

4. Supporting Documentation to show:

    - Descriptions of community interaction and how close a setting is to community activities and public transportation.
    - Descriptions of how the facility is connected, or not, with any related institutional facility. Finances, shared administration, shared resources, shared staff, etc.
    - Evidence of how the general community considers the setting as part of the community.
    - Evidence that Individuals are involved in the community outside of the setting.

    Supporting documents that must be included:

    - Pictures and/or maps of the site, which may include nearby or related institutional or disability-specific sites. (This may be part of the HS assessment packet. If not, this should be included when submitting information for desk review.),
    - Service Notes - documentation supporting utilization of services as identified in the Person-Centered Plan for the individual to be interviewed (most recent month only),
    - Individual Support Plans (ISP) – individuals' current ISPs (provided by LME-MCO),
    - My Individual Experience Surveys – completed MIEs (preferably from database if available.) for individuals accessing waiver services.

      Sample Size:

        - All residential sites and site serving 10 or less – All individuals.
        - Site serving 11 - 30 – 3 individuals.
        - Site serving 31 - 60 – 4 individuals.

- Site serving 61 - 100 – 5 individuals.
- Site serving 101 or more – 5% up to a maximum of 15 individuals.
  DHHS will ask the LME-MCO/DMA to randomly select, using the approved software the individuals for services notes, ISP, and MIE review.

## Desk Review Assessment Tool

Services Provided at Site: Residential Supports ☐ Day Supports ☐

Supported Employment ☐ Adult Day Health ☐

| | | | |
|---|---|---|---|
| Agency Name: | | | |
| Site Name: | | | |
| Provider NPI Number: | MHL Number or Certificate Date: | | |
| Contact Name: | Contact email: | | |
| Site Address: | City: | State: | Zip: |
| Are there policies/procedures that promote development and maintenance of community connections? | Yes ☐ No ☐ | | |
| Are there any noted grievances and/or complaints against the site related to HCBS standards (access to the community, rights restrictions without process being followed, etc.)? | Yes ☐ No ☐<br><br>If yes, were they appropriately addressed?<br><br>Yes ☐ No ☐<br><br>Please describe: | | |
| **Provider Site Self-assessment:**<br><br>Assessment status<br><br>HS reviewer questions or follow-up noted: | Full ☐ Emerging ☐ Insufficient ☐ | | |

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| **Provider Site HS Threshold Assessment:**<br><br>Sites identified to be on the same contiguous property.<br><br>Additional sites under HS review?<br><br>Sites identified to be on adjacent or nearby property?<br><br>Additional sites under HS review?<br><br>HS reviewer questions or follow-up noted: | Yes ☐ No ☐<br><br>Yes ☐ No ☐<br><br>Yes ☐ No ☐<br><br>Yes ☐ No ☐ |
| HS reviewer questions or follow-up regarding description of how site is integrated in and supports full access to the greater community. | |
| Review of site maps and pictures:<br><br>HS reviewer questions or follow-up noted: | Yes ☐ No ☐ |
| **Residential Setting Only** | |
| Are there policies and procedures that support individuals inviting and having family and friends over to their home? | |

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| Desk Review Follow-up for Onsite:<br>* Reviewer may note any questions he/she would like follow-up on at the provider onsite review. | |

# Appendix B

***HCBS Provider Self-Assessment Companion Guide***

***The provider Self-Assessment Companion Guide was implemented to guide the LME/MCO OC and CAP/DA Agencies, by outlining the expectations of Full Integration/Full compliance, Emerging Integration/Partial Compliance, Insufficient Integration/Non-Compliant and Additional Information needed.***

**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 (for providers of NC Innovations Services only) OR*** **Local Case Management Entities: (Case Management Entity)** ***Designated Lead Agency (for providers of CAP/DA and CAP/Choice only).***

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

**MHL License/ Certificate Date (as 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.**

*If you provide the following services, you need to complete a self-assessment.*

**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.**

| *Waiver Type* | *Service* | *Number of Surveys* |
|---|---|---|
| *CAP/DA which includes self-direction* | *Adult Day Health* | *One per physical site* |
| *NC Innovations* | *Residential Supports* | *One per physical site* |
| *NC Innovations* | *Day Supports/Day Supports in Certified Adult Day Health* | *One per physical site* |
| *NC Innovations* | *Supported Employment* | *One per corporate site and a minimum of 10 assessments or 10%, whichever is greater.* |

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| 1. Is the facility one of the following?<br>• *Nursing facility*<br>• *Institution for Mental Diseases*<br>• *Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)*<br>• *Hospital*<br><br>**If any of these are checked yes, the facility cannot meet HCBS Criteria for community-based settings.** | ***If there is a specific question, contact assigned LME-MCO Network Department or Local Case Management Entities (Case Management Entity)***<br><br>***Nursing Facility – a Medicaid Nursing Facility – (42 CFR 488.301)***<br><br>***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.***<br><br>***ICFIID – 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).***<br><br>***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.*** |

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| | *—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* |
| **2.** Is the facility in one of the following locations?<br>• *a building that is also a publicly or privately operated facility that provides inpatient institutional treatment.*<br>• *a building on the grounds of, or immediately adjacent to, a public institution*<br>• *a setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.*<br><br>**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).** | • **Examples include State Developmental Centers, State Psychiatric Hospitals, Nursing Homes, etc.**<br>• **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.**<br>• **Other examples include Gated communities, settings that are isolated from the community at large, residential, or boarding schools that are disability specific, etc.**<br>• **Any other setting that has the effect of isolating individuals receiving HCBS from the broader community.**<br>• **The term public institution is defined in Medicaid regulations for the purposes of determining the availability of Federal Financial Participation (FFP). Section 435.1010 specifies that the term public institution means an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control. Medical institutions, intermediate care facilities, childcare institutions and publicly operated community residences are not included in the definition, nor does the term apply to universities, public libraries, or other similar settings.** |

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| | • **If there are questions about a facility type/location, contact your assigned LME-MCO Department or Local Case Management Entities (Case Management Entity) to seek clarification.**<br><br>*—42 C.F.R. § 441.301(c)(5) (about HCBS waivers); § 441.530(a)(2) (about Community First Choice programs); § 441.710(a)(2)* |

**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 must be maintained, by the provider, 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 typically 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 Supports.**

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| 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.<br><br>• *Are transportation and other supports provided so that people can regularly access services like those used by the community at large?*<br>• *Can people regularly interact directly with other members of the community who are not paid to do so?* | ***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:***<br><br>*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*<br><br>*Additional information can be found at the following links:*<br><br>CAP/DA and Choice:<br>http://www.ncdhhs.gov/dma/mp/3K2.pdf<br><br>Innovations:<br>http://www.ncdhhs.gov/dma/mp/8P.pdf<br><br>***Integration can be most readily defined as any situation/circumstance that does not meet the definition of isolated as defined by CMS.*** |

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| | ***Some community integration examples are:***<br>• ***The opportunity to get a job and work alongside people without disabilities.***<br>• ***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.***<br>• ***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.***<br>• ***Control their own money, possessions, and all other resources with appropriate help, which may include a financial coach, dual payee responsibility, etc.***<br>• ***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".***<br><br>*—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* |
| 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.<br>• *The setting is selected by people from among residential and day options that include generic settings.*<br>• *Do people choose their rooms (if residence) or the area they work in, etc.?* | • ***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, information contained in the person's individual plan, individual outcome measures, etc.***<br>• ***To ensure a person's preferences are being respected, were the choices presented in such a way that it was clearly understood by the person, e.g., conversation, picture, written, object format.***<br>• ***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).*** |

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| | • ***Options provided align with the individual's available resources, e.g., SSI, VA, Special Assistance, Social Security, earned income, trusts, etc. (residential only).***<br><br>*—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)* |
| 3. Ensures the rights of privacy, dignity and respect, and freedom from coercion and restraint.<br>• *Do people have the space and opportunity to speak on the phone, open and read mail, and visit with others, privately?*<br>• *Do people have a place and opportunity to be by themselves during the day?*<br>• *Is **informed** consent obtained **prior to** implementation of intrusive medical or behavioral interventions?*<br>• *For any restrictions imposed on the person, is there a plan for restoring the right/fading the restriction?*<br>• *For people using psychotropic medications, is the use based on specific psychiatric diagnoses?*<br>• *Do people receive the fewest psychotropic meds possible, at the lowest dosage possible?* | • ***There must always be the availability of space and time to ensure 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).***<br>• ***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 based on what is reasonable for that living setting and considering house/roommates. 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.***<br>• ***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.***<br>• ***Plan for right restoration must be included in the person-centered plan at the time of restriction.***<br>• ***Behavioral Interventions/Physical Restraint: 10A NCAC 27E***<br>• ***Psychotropic Medication - Psychiatric diagnosis must be established prior to use of psychotropic medication to treat a mental health disorder. Other uses of psychotropic medication as prescribed by a health care practitioner for non-mental health disorders do not apply.***<br><br>*—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)* |

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| 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.<br>• *Do people receive only the level of support needed to make their own decisions?*<br>• *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?*<br>• *Do people choose their daily activities, their schedules, and locations of the activities?* | • ***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. The consequence may be termination of my employment.***<br>• ***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.***<br>• ***Adherence to 'typical rules' like paying rent, utilities, noise control, pets, etc. are expected, but there are not arbitrarily imposed rules such as who can visit, established curfews, restrictions on visits with family members or other people that the person chooses.***<br>• ***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.***<br>• ***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.*** |

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| | • ***Rights are not privileges. 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.***<br>• ***Having the choices and freedoms does not mean people who receive HCBS should never have to do certain things at certain times. For example, 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.***<br>• ***All adults should be afforded dignity of risk which balances individual choice and the responsibilities of support systems. Dignity of risk is reasonable movement to have the opportunity to fully experience the self-respect and self-esteem of being human.***<br><br>*—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)* |
| 5. Individuals are free and supported to control their own schedules and activities as well as have access to food at all times.<br>• *Do people choose their daily activities, their schedules, and the locations of the activities as opposed to being "told" what they are to do?*<br>• *Do people receive support needed to make choices about the kinds of work and activities they prefer?*<br>• *Is there evidence of personal preference assessments to identify the kinds of work and activities people want?*<br>• *Do the individuals have meals at the times and places of their choosing?* | • ***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? For example, if a person chooses to not go to the movies at the last minute this does not present a problem?***<br>• ***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*** |

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| • *Are snacks accessible and available at all times?* | ***day could be examples – these are reasonable boundaries not restrictions.***<br>• ***There must be availability and noted use of preferred activities/ "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.***<br>• ***Evidence of free/supported control of an individuals' daily choice of preferred activities may include personal preference assessments or interest inventories to help identify what individuals like to do.***<br><br>*—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)* |
| 6. Facilitates choice regarding services, supports, and who provides them.<br>• *Do people select the services/supports that they receive (generic community services e.g., barber, restaurant, etc.*<br>• *Do people select the provider from a choice of providers?* | • ***Individuals are provided a choice regarding the services, provider and settings and the opportunity to tour, visit and understand the options available.***<br>• ***Choices of individuals may not align with selected vendors of provider agencies and must be carefully considered. For example, people using the same barber, pharmacy or for the convenience of being able to charge to a pre-established account. Individuals should be able to choose their retail and community service businesses.***<br>• ***The setting affords individuals the opportunity to update or change their preferences and can demonstrate this as an operating practice, e.g., educational support, house meetings, self-advocacy meetings.***<br>• ***The setting must ensure that individuals are supported to make decisions and exercise autonomy to the greatest possible degree.***<br>• ***The setting affords the individual with the opportunity to participate in activities that they prefer/like, but that are not work related.***<br>• ***The meaningful activities should occur within the person's community specific to their individual preferences while taking into account their needs.***<br>• ***Support staff must be able to demonstrate their understanding and knowledge of a person's capabilities, interests, likes as well as their dislikes.*** |

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| | • ***Individuals should be involved, if they desire, to choose their own support workers, e.g., involved in the interview process, meeting applicants when they visit potential work sites.***<br>• ***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(s).***<br>• ***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.***<br><br>*—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* |
| 7. The setting is physically accessible to the individual.<br>• *Have modifications been made to promote maximum access and use of physical environment for the person, if needed and requested?* | • ***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 his or her living areas.***<br>• ***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.***<br>• ***This requirement cannot be changed/modified as it meets ADA.***<br><br>*10A NCAC 27G.-0205; 10A NCAC 27G .0304 (a), (b) (1) (2) (3) (4) (5); ADA.gov* |
| 8. Individuals have privacy in their sleeping or living unit.<br>• *Can the individual close and lock their bedroom door?*<br>• *Is the furniture arranged as the individual prefers and does the arrangement assure privacy and comfort?* | • ***Individuals must be able to close and lock their personal living area (bedroom and bathroom) if they desire.***<br>• ***If they cannot close and lock their personal living area, it must be clearly addressed in the person-centered plan or assessment. For example, is it a health and safety issue that makes it a rights restriction? The restrictive intervention must also be reviewed/approved by a human rights committee before implementing with a plan to restore the right. Is it a training issue? Is it that the person does not have an interest after there has*** |

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| | ***been opportunity for informed choice or is it that the person will never possess the ability based on individual circumstances?***<br>• ***A training plan must be 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, (e.g., a person that may be medically fragile and has no movement and requires total staff assistance).***<br>• ***The furniture must be adequate to meet the person's needs/preferences and must be arranged the way the person desires without posing an egress hazard.***<br>• ***The arrangement must ensure privacy and comfort for the person.***<br>• ***Staff and other housemates must always knock and receive permission prior to entering a person's bedroom, living area, or bathroom.***<br><br>***—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*** |
| 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.<br>• *Do people have the same responsibilities that other tenants have under landlord/tenant laws?*<br>• *Are people provided the same protections from eviction that other tenants have under landlord/tenant laws?* | • ***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 remain paramount. This includes eviction/discharge without proper and justified notice. Individuals must know their rights and responsibilities regarding housing and when they could be required to move, and this information included in their ISP or assessment.***<br>• ***Is there a lease, residency agreement, memorandum of agreement or other agreed upon form of documentation between the individual and the landlord?***<br><br>***—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.*** |

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| 10. Units have entrance doors lockable by the individual with only appropriate staff having keys to doors.<br>• *Each person living in the unit has a key or keys for that unit.*<br>*Is there evidence that efforts are being made to teach use of a key to anyone who does not understand how to do this?* | • ***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.***<br>• ***Support staff does not indiscriminately use master keys to gain 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. Support staff should only gain access without permission in the event of a health and safety concern, or the person is considered to be at risk.***<br>• ***The plan and/or assessment reflects that the person has the ability to 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.***<br><br>***—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).*** |
| 11. Individuals sharing units have a choice of roommates in the setting.<br>• *Do people choose their roommates?* | • ***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.***<br>• ***Married couples are afforded a choice of sharing a room.***<br>• ***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.***<br>• ***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 (ISP) meeting.***<br>• ***A consideration may be for homes to have a process for existing individuals to be a part of screening/choosing for persons interested in moving into their home.***<br>• ***Married couples are afforded a choice of sharing a room.***<br><br>***—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)*** |

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| 12. Individuals are free to furnish and decorate sleeping and living units.<br>• *Does each person pick the decorative items in their own private bedroom?*<br>• *Do people living in the same unit participate in the choices of decorative items in the shared living areas of the unit?* | • ***Individuals are supported and encouraged to choose items of their preference for their specific room/living area, e.g., this would include the person's individual bedroom and other shared common areas of the home, however reasonable consideration must be given to all persons residing within the home in making these decisions/choices.***<br>• ***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 choice to accompany or assist them with shopping. Consideration must be given to an individual's financial resources.***<br><br>***—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*** |
| 13. Individuals are free to have visitors of their choosing at any time.<br>• *Are people supported in having visitors of their own choosing and to visit others frequently?*<br>• *Are people satisfied with the amount of contact they have with their friends?* | • ***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.***<br>• ***Help the individual understand what acceptable social practices are.***<br>• ***Visitors cannot infringe on the rights/space of an individual's house or roommates.***<br><br>***—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)*** |
| 14. Any modification of the additional conditions 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.<br>1. *Identify a specific and individualized assessed need.*<br>2. *Document the positive interventions and supports used prior to any* | ***If any modifications are needed for any of the characteristics, assist the person to contact their responsible Care Coordinator/Case Manager to schedule a meeting. The meeting will be for the sole purpose to discuss, address and modify the person's individual plan.***<br><br>***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*** |

| | |
|---|---|
| *modifications to the person-centered service plan.*<br>3. *Document less intrusive methods of meeting the need that have been tried but did not work.*<br>4. *Include a clear description of the condition that is directly proportionate to the specific assessed need.*<br>5. *Include regular collection and review of data to measure the ongoing effectiveness of the modification.*<br>6. *Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.*<br>7. *Include the informed consent of the individual.*<br>8. *Include an assurance that interventions and supports will cause no harm to the individual.* | |

# Appendix C
## Provide Self Assessments Results of HCBS Settings

The transitional period allowed settings providing Home and Community Based services prior to 2014 an opportunity to bring provider settings into compliance with the HCBS settings rule. 5,423 HCBS provider self-assessments were reviewed for HCBS compliance. 2,180 settings reached Full integration/Full compliance and were validated through one of the four validation method (Appendix D) as meeting HCBS compliance. Settings included Residential Support, Day Supports, Supported Employment, and Adult Day Health services. 1,960 settings identified as unable or unwilling to comply.

| Settings | Yes- Full Integration/Full Compliance (Fully compliant) | No- Emerging integration/Partial Compliance/ (Do not Comply, but could with modifications) | Cannot Comply (Unable or unwilling to comply) | Submitted Application for Heighten Scrutiny to CMS | Total |
|---|---|---|---|---|---|
| Adult Day Health | 27 | 0 | **24** | **0** | **51** |
| Day Support (2300 licensed) | 228 | 0 | **77** | **0** | **305** |
| (b)(3) DI Services | 17 | 0 | **25** | **0** | **42** |
| Licensed 5600(b) Residential | 11 | 0 | **22** | **0** | **33**<br>**0** |
| Licensed 5600(c) Residential | 535 | 0 | 109 | 0 | **644** |
| | 129 | 0 | 109 | 0 | **238** |

| | | | | | |
|---|---|---|---|---|---|
| Licensed 5600(f) Residential | | | | | **0** |
| Unlicensed Alternative Family living home (provides services to only one individual) | 771 | 0 | 1180 | 0 | **1951** |
| Supported Employment (1915i) | 326 | 0 | **287** | **0** | **613** |
| Supported Employment (b)(3) | 137 | 0 | **127** | **0** | **264** |
| **0** | **2181** | **0** | **1960** | **0** | **4141** |

**Results have been updated as 100 % provider site Validation efforts were concluded on November 30, 2022.*

# Appendix D

***Validation Method Chart***

***The validation method chart identifies the HCBS service types and the approved validation methods for each site.***

| Service Type | Care Coordination (On-site) | Desk Review | Intense On-site Review | Telehealth | My Individual Experience Surveys |
|---|---|---|---|---|---|
| **Residential (Innovations & (b)(3))** | X | X | X | X | X |
| **Day Support & Adult Day Health** | X | X | X | X | X |
| **Supported Employment (Innovations & (b)(3))** | X | X | | | X |
| **Supported Employment- Corporate Site** | Only if an individual is working at corporate site agency. | X | X | X | |

# Appendix E

***Care Coordination HCBS Criteria Tool:***

***Elements of HCBS settings criteria was added to the existing Innovations wavier Care Coordination Tool. The HCBS monitoring tool was adopted and implemented by CAP/DA to ensure consistency of monitoring HCBS Services. The Care Coordination or HCBS monitoring Tool is used to monitor sites providing HCBS services.***

Care Coordinator:
Site Name:
Site Address:

| | | | | |
|---|---|---|---|---|
| **HCBS MONITORING CHECK SHEET** | | | | |
| | **Type of Monitoring** (In-Person, Telehealth, Telephonic): | | | |
| | If an In-Person or Telehealth Visit was not completed, indicate the reason why not: | | | |
| **PROVIDER:**<br>**INDIVIDUAL:** | | | **DATE:** | |
| | **Minimum responsibility for general monitoring is to be alert for these items, ask individual about items, discuss with provider QP as applicable to confirm that all requirements are met, follow-up further as indicated.** | | **Check/Comments** | |

| | | | | |
|---|---|---|---|---|
| | Does the individual live/receive services in the same areas of setting as an individual not receiving Medicaid HCBS (Individual receiving waiver services is not separated or unable to interact with other individuals in the setting.) | | | |
| | Does the setting fit in with surrounding neighborhood? (No permanent parking spaces; no signs in yard indicating the home are a group home; another group home or day program is not located on the same property or immediately adjacent.) | Residential Only | | |
| | Is the home in location that supports full access to the greater | Residential Only | | |

| | | | | |
|---|---|---|---|---|
| | community or is transportation available to access the community? | | | |
| | Observation indicates that staff communicate with individuals in a respectful manner with individuals in the setting while providing assistance and during the regular daily activities. | | | |
| | Observation/report indicates individuals are not required to sit at an assigned seat in the dining area and may choose with whom to eat; individuals are not required to wear bibs, clothing protectors, or use disposable cutlery, plates, and cups (in their home). | | | |

| | | | | |
|---|---|---|---|---|
| There is no evidence/report that visitors are restricted to specified visiting hours or restricted to a specific 'visitors' area'. | | | | |
| Observation/report that individual has privacy in his/her living space. | Residential Only | | | |
| Do staff or other residents always knock and receive permission prior to entering an individual's living space? | Residential Only | | | |
| Observation that the individual has a key to the home and his/her room. | Residential Only | | | |
| Does staff only use a key to enter a living area or privacy space under limited circumstances agreed upon with the individual? | Residential Only | | | |

| | | | | |
|---|---|---|---|---|
| | Observation at site indicates that schedules of individuals for physical therapy (PT), occupational therapy (OT), medications, restricted diet, etc., are not posted in a general area for all to view. | | | |
| | Observation/report that furniture arrange as individual prefers in his/her living space and they are allowed to decorate? | Residential Only | | |
| | Evidence/Observations of personal preference assessments to identify the kinds of work and activities individual wants to participate in? | | | |
| | Observation indicates the individual is working in an integrated setting. | Supported Employment Only | | |

| | | | | | |
|---|---|---|---|---|---|
| | Observation indicates that the individual has unrestricted access in the setting. (There are no gates, Velcro strips, locked doors, or other barriers preventing individuals' entrance to or exit from certain areas of the setting (excluding staff office/staff living quarters; individual has unscheduled access to food, phone, internet, etc.) | | | | |
| | Observation/report indicates that tables and chairs are at a convenient height and location so that individuals can access and use the furniture; that appliances are accessible to individuals (e.g., the microwave at the day | | | | |

| | | | | |
|---|---|---|---|---|
| | program or the home washer/dryer are front loading for individuals in wheelchairs). | | | |
| | Does the individual have telephone or other technology in their own room or in a location that has space around it to ensure privacy? | Residential Only | | |

# Appendix F

Tier 2 DHHS Validation (also referred to as look behind)

## Tier 2 DHHS Validation:

The DHHS HCBS Internal Team completed Tier 2 Validation (also referred to as look behind) reviews; from a sample of LME/MCO validated provider self-assessments. 143 have been selected for review, sites were stratified and include all service categories listed below. Thirty-four sites are currently in remediation due to Tier 1 DHHS Validation (look behind efforts).

| Service Type | Sites fully Integrated Compliant | Sites in remediation | Total |
|---|---|---|---|
| Residential Innovations & (b)(3) | **113** | **0** | **113** |
| Day Support & Adult Day Health | **11** | **0** | **11** |
| Supported Employment - | **20** | **0** | **20** |
| Total | **143** | **0** | **143** |

**Results have been updated as 100 % provider site Validation efforts were concluded on November 30, 2022*.

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# Appendix G

***HCBS Validation Tool (Sample)***

The HCBS Validation Tool was implemented to capture data for all sites requiring validation. All HCBS sites were listed in the LME-MCO and CAP/DA validation tool. Tools were submitted on a quarterly basis, with the last submission being June 8th, 2022. The validation tool served as a communication method between the LME-MCO, CAP/DA and the DHHS to review site data, ensure validation methods, confirm the month/year site was validated, and if a plan of action was required due to non HCBS compliance issues, and the action completed to bring the site into compliance.

| Site Name | Address | City | State | Zip | Service type | Facility Type | Facility Other | Validation Method | Month/ Year site was validation | Date new plan of Action Assigned to provider | Date New plan of action completed/verified | Actions | Transfer to the Following LME-MCO (Receiving LME-MCO Must be aware) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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# Appendix H

Desk Review Tool (Sample)

The Desk Review Tool during a Tier 2, DHHS Validation (also known as Look behind). DHHS Internal team requested documentation (inclusive of policies and procedures), any additional evidence used to assess the setting as Full/integration- Fully/compliant, and the Provider Self-Assessment. The documents were reviewed as part of look behind. The Desk Review Tool below was used to note DHHS findings.

**Enter the information requested in the yellow highlighted cells in Column B.**
**Information entered here will automatically be entered in all applicable worksheets in this workbook.**

| Workbook Set-up Information | |
|---|---|
| LME/MCO or CAP/DA: | |
| PROVIDER NAME: | |
| FACILITY NAME (Service Site): | |
| LOCATION (Address): | |
| NPI #: | |
| PROVIDER #: | |
| MHL #: | |
| NAME OF REVIEWER(S): | |

| | |
|---|---|
| **BEGIN REVIEW DATE:** | |
| **END REVIEW DATE:** | |
| **TYPE OF REVIEW:** | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | [Name of LME/MCO] | | | | | | | | | | | |
| **PROVIDER NAME:** | | | | | | | | | | | | |
| **FACILITY NAME:** | | | | | | | | | | | | |
| **NAME OF REVIEWER(S):** | | | | | | | | | | | | |
| **REVIEW DATE(S):** | | | | | | | | | | | | |
| **TYPE OF REVIEW:** | | **ITEM SCORE** | | | | | **SECTION SCORE** | | | | | **COMMENTS** |
| **REVIEW ITEM:** | **FINDING** | **# MET** | **% MET** | **# NOT MET** | **% NOT MET** | **# N/A** | **# MET** | **# NOT MET** | **# N/A** | **% MET** | **SECTION SCORE** | **DHHS Comments** |
| [Requires 100% across the section] | **INTEGRATION** | | | | | | | | | | | |
| Are transportation and other supports provided so people can regularly access public amenities and other transportation resources similar to those used by the community at large? | **Met** | 1 | 100% | 0 | 0% | 0 | 4 | 0 | 0 | 100% | **MET THRESHOLD** | |
| Can people regularly interact directly with other members of the community who are not paid to do so? | **Met** | 1 | 100% | 0 | 0% | 0 | | | | | | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Efforts to obtain employment opportunities are pursued that will allow the individual to work alongside those of all abilities. | **Met** | 1 | 100% | 0 | 0% | 0 | | | | | | |
| Setting is in the community among other private residences, and/or retail businesses, is in an appropriate location based on function. | **Met** | 1 | 100% | 0 | 0% | 0 | | | | | | |
| [Requires 100% across the section] | **CHOICE OF SETTING** | | | | | | | | | | | |
| The setting is selected by people from among residential and day options that include generic settings | **Met** | 1 | 100% | 0 | 0% | 0 | 2 | 0 | 0 | 100% | **MET THRESHOLD** | |
| Do people choose their rooms (if residence) or the area they work in, etc.? | **Met** | 1 | 100% | 0 | 0% | 0 | | | | | | |
| [Requires 100% across the section] | **HUMAN RIGHTS** | | | | | | | | | | | |
| Settings ensure protection of the individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. | **Met** | 1 | 100% | 0 | 0% | 0 | 7 | 0 | 1 | 100% | **MET THRESHOLD** | |
| Do people have the space and opportunity to speak on the phone, use technology, open, and read mail, and visit with others, privately and, where appropriate, overnight? (Residential Only) | **Met** | 1 | 100% | 0 | 0% | 0 | | | | | | |
| Do people have a place and opportunity to be by themselves during the day? (Excludes Supported Employment) | **Met** | 1 | 100% | 0 | 0% | 0 | | | | | | |
| Is informed consent obtained prior to implementation of | **Met** | 1 | 100% | 0 | 0% | 0 | | | | | | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| intrusive medical or behavioral interventions? | | | | | | | | | | | | |
| For any restrictions imposed on the person, is there a plan for restoring the right/fading the restriction? | **Met** | 1 | 100% | 0 | 0% | 0 | | | | | | |
| For people using psychotropic medications, have all the less-restrictive interventions been considered and determined to be inappropriate? | **Met** | 1 | 100% | 0 | 0% | 0 | | | | | | |
| Do people receive the fewest psychotropic medications possible, at the lowest dosage possible? | **Met** | 1 | 100% | 0 | 0% | 0 | | | | | | |
| Do people receive supports and education in understanding one's own health and opportunities to change and improve? | **N/A** | 0 | 0% | 0 | 0% | 1 | | | | | | |
| [Requires 100% across the section] | **INDEPENDENCE & AUTONOMY** | | | | | | | | | | | |
| Do people receive only the level of support needed to make their own decisions? | **Met** | 1 | 100% | 0 | 0% | 0 | | | | | | |
| 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 | **Met** | 1 | 100% | 0 | 0% | 0 | 2 | 0 | 0 | 100% | **MET THRESHOLD** | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| that are important to them? | | | | | | | | | | | | |
| [Requires 100% across the section] | **SCHEDULES & ACTIVITIES** | | | | | | | | | | | |
| Do people choose their daily activities, their schedules, and the locations of the activities as opposed to being "told" what they are to do? | **Met** | 1 | 100% | 0 | 0% | 0 | 5 | 0 | 0 | 100% | **MET THRESHOLD** | |
| Do people receive support needed to make choices about the kinds of work and activities they prefer? | **Met** | 1 | 100% | 0 | 0% | 0 | | | | | | |
| Is there evidence of conversations and/or assessments to help identify personal preference for the kind of work and activities people want? | **Met** | 1 | 100% | 0 | 0% | 0 | | | | | | |
| Do the individuals have meals at the times and places of their choosing? | **Met** | 1 | 100% | 0 | 0% | 0 | | | | | | |
| Are snacks accessible and available at all times? (Excludes Supported Employment) | **Met** | 1 | 100% | 0 | 0% | 0 | | | | | | |
| [Requires 100% across the section] | **SERVICE DECISIONS** | | | | | | | | | | | |
| Do people select the services/supports that they receive (generic community services e.g., barber, restaurant, retail stores). Do people shop, attend religious services, scheduled appointments, have lunch with family and friends, etc., in the community, as the choose? | **Met** | 1 | 100% | 0 | 0% | 0 | 2 | 0 | 1 | 100% | **MET THRESHOLD** | |
| Do people select the provider from a choice of providers? | **Met** | 1 | 100% | 0 | 0% | 0 | | | | | | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Are risks identified and methods for minimizing them addressed? | **N/A** | 0 | 0% | 0 | 0% | 1 | | | | | | |

# Appendix I

## Initial Public Comment 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. |
| | | | | | |
| | | | | | |
| | | | | | |

| | 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 need and wants to life 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). |
| 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 need 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). |
| 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 were 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 speak to those criteria that apply to all services. Residential criteria apply 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 statues 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 HBCS 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 HBCS 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 HBCS 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@dhhs.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. |

## HCBS Feedback Worksheet - Narrative

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| 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 lifelong 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 life 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 is 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 is 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 changes 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. |

## HCBS Feedback Worksheet - Narrative

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| 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 is 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 choose 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 changes 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. |

## HCBS Feedback Worksheet - Narrative

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| 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 changes 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 waivers 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 changes 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 changes 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 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 changes 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 missed 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 changes 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 changes 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 changes 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 nurse, case managers, etc. | Stakeholders | Email | C | 05-Feb-15 | Specific waiver changes 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 changes 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 changes 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 changes 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 changes 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, in service, and emergencies. | Stakeholders | Session Attendees | A | 09-Feb-15 | Specific waiver changes 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 [they] 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 changes 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. |

## HCBS Feedback Worksheet - Narrative

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| 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 can't 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 need 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-directions are 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 changes 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 changes 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 changes 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 changes 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. |
| AFLs 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 changes 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 come 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 for 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. |

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| 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 choose 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. |

## HCBS Feedback Worksheet - Narrative

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|---|---|---|---|---|---|
| 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 changes 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 today 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. |

## HCBS Feedback Worksheet - Narrative

| 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. |

## HCBS Feedback Worksheet - Narrative

| 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 is a setting that is integrated in and supports full access to the greater community. |
| Someday 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 changes 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 changes 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 changes 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. |

## HCBS Feedback Worksheet - Narrative

| 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 cost 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. |

## HCBS Feedback Worksheet - Narrative

| 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 state's 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. |

## HCBS Feedback Worksheet - Narrative

| 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 |
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| 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 being developed for the purpose of initial and on- going compliance. |
| Extensive training on the implementation and assessment of these regulations is need 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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| 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 peoplepower 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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| 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 HBCS 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. |

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| 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 an 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 are not 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 is 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 is 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. |

## HCBS Feedback Worksheet - Narrative

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

## HCBS Feedback Worksheet - Narrative

| Feedback | Affiliation | Source | Accept- A Consider- C | Date Received | Action Plan/Disposition |
|---|---|---|---|---|---|
| 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 blueprint 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 service 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. |

## HCBS Feedback Worksheet - Narrative

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

| 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 other's 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. |
| | | | | | |

| | 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 an 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 is 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. |

| 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. |

| 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 provide 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. |
| | | | | | This is part of the definition for |

| | | | | | |
|---|---|---|---|---|---|
| Adult Day - We are not reimbursed enough to offer transportation. | Stakeholder Committee | Email | C | 14-Jan-15 | 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 need 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 need 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. |

| 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 need 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- 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. |

| 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 need 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). |
| 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 need 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). 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 need 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). This could be presented as evidence of meeting requirements for modification. Review of the State Statutes is part of the transition plan process. |

| 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 need 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). |
| 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 need 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). |
| 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 need and wants to life 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). |
| 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. |

| 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 has 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. |

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| 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. |

| Feedback | Affiliation | Source | Accept- A Consider- C | Date Received | Action Plan/Disposition |
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| Licensure language | Stakeholder Committee | Email | A | 15-Jan-15 | Additional language has been included in the Companion Document. A review of the licensure rules is 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. |

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| 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.<br>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. |

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| 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 individuals need and wants to live his/her life. The person-centered process does not happen in just one planning meeting. |

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

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| | | | | | 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 |

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| | | | | | offered as a group or individual service. Group size can vary depending on need. |
| Psychiatric medication - day supports program has not input on medications. | Stakeholder Committee | Email | C | 17-Jan-15 | The person-centered plan is a blueprint 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.). |

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

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| | | | | | 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 need and wants to life 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). |
| 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 |

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| | | | | | 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. |

| Feedback | Affiliation | Source | Accept- A Consider- C | Date Received | Action Plan/Disposition |
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| 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 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 support and services the individuals need 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 |

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| | | | | | 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 be documented in the person-centered plan as outlined in 42 CFR 435.905 (b) (xiii) (A) through |

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| | | | | | (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 need 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. |

| Feedback | Affiliation | Source | Accept- A Consider- C | Date Received | Action Plan/Disposition |
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| 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.<br>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 | Advocacy | Email | A | 03-Feb-15 | Completed assessments will be made available to any interested |

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| going to be provided to the consumers of the providers? | Groups | | | | 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 are 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 |

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| 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. |

| Feedback | Affiliation | Source | Accept- A Consider- C | Date Received | Action Plan/Disposition |
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| "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 caregiver. | 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 have 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 |

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| | | | | | 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 |

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| | | | | | 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. |

| Feedback | Affiliation | Source | Accept- A Consider- C | Date Received | Action Plan/Disposition |
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| 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 need 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 an 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. |

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| | | | | | 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 solutions outside 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. |

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| 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. |

| Feedback | Affiliation | Source | Accept-A Consider-C | Date Received | Action Plan/Disposition |
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| Page 3 - first 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 |

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| | | | | | 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 |

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| | | | | | 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. |

| Feedback | Affiliation | Source | Accept-A Consider-C | Date Received | Action Plan/Disposition |
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| 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 need 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). |

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| 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 regard to decision making, how does this apply when there is a guardian? | Providers/Provider Orgs | Email | C | 20-Feb-15 | If the individuals have 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 need 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. |

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| 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. |

| 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. |

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| 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 individual's 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. |

| | | | | | |
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| 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. |
| **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** | **Stakeholder** | **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 |

| | | | | | |
|---|---|---|---|---|---|
| **Care Coordinator to capture.** | **Committee** | | | | 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 into 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 need 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). |
| **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 need 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 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%** |

**HCBS Feedback Worksheet - Listening Tours Analysis**

| | 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% |

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. |

| 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, |

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| | | | | | 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 |

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| | | | | | 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. |

| 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 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 | Advocacy | Email | A | 03-Feb-15 | Five self-advocate and family listening sessions were held in. |

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| or in consumer groups, verbally. | Groups | | | | 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 contraction 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 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 |

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|---|---|---|---|---|---|
| | | | | | 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 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. |

| 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 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 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 | | | | | |
|---|---|---|---|---|---|---|
| **Grand Totals** | Email | Phone | Correspondence | Fax | Session Attendees | Total of All |
| | 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**

| | 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 |

| 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 is 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 |
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| 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 |

| 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 |
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# 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. | Stakeho | Email | 9-Feb-15 |

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| | lders | | |
| What are 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 |
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| 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 |
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# Appendix J

Second Public Feedback/Comment

Posted for Public Comment (November 17, 2016- December 16, 2016)

| Feedback | Affiliation | Source | Accept -A Consider-C | Date Revied | Action Plan/Disposition |
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| Diana, DDRinc.org, HCBS TransPlan Feedback. Hello, In the HCBS transition plan the services that are affected are mentioned as well as the standards that must be met. I was wondering if it is possible to get a list of general statutes that will be revised in order to meet the standard and criteria for HCBS. Thank you for your assistance. | Providers/Provider Orgs | Email | A | 22-Nov-16 | A copy of the NC DHHS Rules Review Worksheet regarding the rules which are in conflict with the federal mandate was attached in a PDF file and sent by email to the provider. The Rules Review Worksheet will also be posted on the state's HCBS website. |
| Matthew Herr, DRNC, HCBS TransPlan Feedback. We want to reiterate the Plan technically only applies to North Carolina's 1915(c) waiver programs, home and community-based services should be available to all North Carolinians with disabilities who want to live, work, and spend time in their communities. | Stakeholder Committee | Email | C | 16-Dec-16 | The HCBS regulation applies only to Medicaid waiver services. |

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| Matthew Herr, DRNC, HCBS TransPlan Feedback. Tens of thousands of North Carolinians with disabilities are waiting for waiver services or are residing in institutional settings because they do not have access to community supports. Without broad, meaningful access to HCBS services, the promise of community integration and the requirements of Olmstead will remain unmet for too many North Carolinians for the foreseeable future. | Stakeholder Committee | Email | C | 16-Dec-16 | Thank you for your feedback. |
| Matthew Herr, DRNC, HCBS Transplan Feedback. We are concerned language in the Plan indicating any given MIE Survey will be " flagged" for follow-up only if a consumer answers all "threshold" questions on the Survey in a manner that suggests provider HCBS non-compliance. | Stakeholder Committee | Email | C | 16-Dec-16 | The LME-MCO and Local Lead Agencies/DMA are responsible for the monitoring of compliances for HCBS including review and needed follow-up of all MIE surveys, as warranted. At this time, the quarterly reporting to DHHS is specific to those surveys that have been triggered. |
| Matthew Herr, DRNC, HCBS Transplan Feedback. HCBS standards compliance does not exist on a continuum. A provider can only ever be compliant with HCBS standards or not compliant. The State risks fostering a weakened HCBS system and widespread Medicaid fraud if it does not investigate and take corrective actions against all | Stakeholder Committee | Email | C | 16-Dec-16 | The LME-MCO and Local Lead Agencies/DMA are responsible for the monitoring of and ensuring compliance for HCBS rules. Allegations of fraud and abuse may be reported to DMA or the LME-MCO. |

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| providers that are measurably non-compliant with HCBS standards. | | | | | |
| Matthew Herr, DRNC, HCBS Transplan Feedback. We do recognize the depth of investigation into allegations of provider non-compliance will often correlate with the magnitude of the alleged non-compliance. Any meaningful indication that a provider is falling short of the HCBS requirements requires follow-up, and we will consider it a failure of the HCBS implementation if the State chooses to systematically disregard reports of provider non-compliance by consumers. | Stakeholder Committee | Email | C | 16-Dec-16 | Non-compliance issues may be reported. All allegations of non-compliance will be investigated. |
| Matthew Herr, DRNC, HCBS Transplan Feedback. DHHS has received approximately 728 MIE Surveys from consumers which represent a small fraction of the total consumers receiving home and community-based waiver services in the state. The Plan is unclear about whether the representative sample is going to be "representative" of services being provided statewide, | Stakeholder Committee | Email | A | 16-Dec-16 | DHHS has updated the HCBS Transition Plan to reflect the random sample for the MIE is per LME-MCO, per services authorized. For CAP-DA, the surveys will be randomly selected statewide. |

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| by LME/MCOs, or by providers- each of which requires different "representatives" samples and provides very different kinds of information. | | | | | |
| Matthew Herr, DRNC, HCBS Transplan Feedback. The accuracy of representative sampling is largely premised on the assumption the population being sampled presents in a " normal" distribution. In our experience with other aspects of North Carolina's behavioral health system, this is unlikely to be the case. There can be wide variations in LME-MCO and provider compliance that may be occluded or over-represented when aggregated in state-wide "representative" data. | Stakeholder Committee | Email | A | 16-Dec-16 | DHHS has updated the HCBS Transition Plan to reflect the random sample for the MIE is per LME-MCO, per services authorized. For CAP-DA, the surveys will be randomly selected statewide. |
| Matthew Herr, DRNC, HCBS Transplan Feedback. It is substantively and mathematically inappropriate to use the tools of representative sampling to assess compliance measures that are fundamentally individualized. | Stakeholder Committee | Email | C | 16-Dec-16 | We disagree with your assertion and believe our sample is appropriate. |

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| Matthew Herr, DRNC, HCBS Transplan Feedback. We need clarification on what proposed measures will look like in practice for identification or development of specific quality assurance/improvement measures that ensure compliance with the HCBS Final Rule. | Stakeholder Committee | Email | C | 16-Dec-16 | Providers will be monitored for compliance per the requirements of the rule. |
| Matthew Herr, DRNC, HCBS Transplan Feedback. We need clarification on what proposed measures will look like in practice for continuation of a collaborative monitoring oversight process between the LME-MCOs/Local Lead Agencies and DHHS. | Stakeholder Committee | Email | C | 16-Dec-16 | Monitoring and oversite will be provided in accordance with the rule. |
| Matthew Herr, DRNC, HCBS Transplan Feedback. We need clarification on what proposed measures will look like in practice for DHHS to explore the use of National Core Indicators and other comparable data supporting ongoing compliance and monitoring efforts. | Stakeholder Committee | Email | C | 16-Dec-16 | DHHS receives and reviews data from NCI, however we have not opted to use NCI due to the low sampling numbers for waiver participants. DHHS will continue to explore data sources as we move forward. |

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| Matthew Herr, DRNC, HCBS Transplan Feedback. We need clarification on the status of providers that are deemed to have "emerging integration." this is a catch-all term that includes all providers that are not fully HCBS compliant—those who are entirely non-compliant, somewhat compliant, or mostly compliant for a particular measure. It is difficult to review the pace and extent to which providers are coming into compliance with this metric | Stakeholder Committee | Email | A | 16-Dec-16 | DHHS has updated the HCBS Provider Self-Assessment Analysis document to include the total number of provider sites in full and out of compliance based on the provider self-assessment review process. DHHS has also updated the HCBS database to allow reviewers to document a site that has met full compliance status. |
| Matthew Herr, DRNC, HCBS Transplan Feedback. We need clarification on how " action plans come into compliance" are created for those providers and on the process for determining whether those plans are " sufficient." | Stakeholder Committee | Email | C | 16-Dec-16 | Plan of action plan are included within the comment section of the provider assessment and are reviewed as a part of the self-assessment. The provider submits it based on where the site is at in the compliance process of the individual being reviewed. Action plans should include proposed dates when action items will be completed, and compliance met. The LME-MCO/CAP-DA/DMA monitor progress at the 6 month and year status of each assessment. |
| Matthew Herr, DRNC, HCBS Transplan Feedback. (Transitions)We urge DHHS to clarify the specific roles that LME-MCO and DMA staff will play in the process in | Stakeholder Committee | Email | C | 16-Dec-16 | DHHS will work to further clarify the roles of all involved parties in the transition process. |

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| order to avoid confusion and ensure their obligations to consumers will be met. | | | | | |
| Matthew Herr, DRNC, HCBS Transplan Feedback. The Plan only discusses notices of relocation being issued in March 2018, at the end of the Plan transition period, with the subsequent relocation or removal from the waiver by a consumer in June of that year, DHHS should develop a timeframe for giving notices or relocation and subsequent relocations/removals for after the Plan transition period ends. | Stakeholder Committee | Email | C | 16-Dec-16 | DHHS will develop timeframes/processes for relocations that occur after the transition plan period ends. |
| | Providers/Provider Orgs | Email | C | 16-Dec-16 | Waiver requirements are part of the process for fiscal analysis for waiver services. |

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| Bob Hedrick, NC Providers Council. HCBS Transplan Feedback. Providers are very supportive of meeting the individual needs of people receiving services, but in group settings where one on one support cannot be provided this becomes particularly challenging. In accommodating individual choice and in giving the opportunity of with whom and at what time/when the activities of interest can be provided, additional staff is required. DHHS must include the increased cost of this additional staffing in the rate methodology for services. (Page 4, first bullet - Providing freedom and support to control individual schedules; and Page 8, Group Activities, and Community Activities. ) | Providers/Provider Orgs | Email | C | 16-Dec-16 | Waiver requirements are part of the process for fiscal analysis for waiver services. |

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| Elaine Nell, Stakeholder. HCBS Transplan Feedback. The following statement on page 5 is concerning to me. It is presumed that individual's homes meet the HCBS Rule. I am really confused about the statement because the HCBS Final Rule was referred to numerous times in CAP/C workgroup meetings throughout the past 6 months, and it is very clear it was being used as a reference in guiding policy decisions. In addition, the HCBS Transition Team did not appear to even include any CAP/C consumers/families so how you know our thoughts about how the Final Rule impacts our children and families to officially as a state determine that it does not impact us? | Stakeholders | Email | C | 16-Dec-16 | The HCBS rule affects all of the states, 1915 (c) waivers and the rule should be followed when developing and amending all HCBS waivers. DHHS continues to seek representation from the CAP-DA and CAP-C communities for the HCBS Stakeholder Committee. The DHHS HCBS transition team is an internal DHHS group. The state transition plan focuses on service sites that have the potential of being separate from the community. CMS allows states to presume an individual's own/family home meets the setting rule unless it is determined the home was built for the purpose of isolating individuals from the greater community. CAP-C services are provided to individuals who reside in their family home or foster care. Foster care sites must be assessed. |

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| Elaine Nell, Stakeholder. HCBS Transplan Feedback. One area particular comes to mind as applying to CAP/C and that is "conflict free case management." Depending upon how DMA interprets this phrase will determine the level of impact on CAP/C and the need for inclusion in the transition plan. For example, if per the Final Rule. as they said in CAP/C workgroup meetings, DMA will no longer be able to allow CAP/C case managers who regularly provide case management services to a client to continue completing the Continued Needs Reviews, this will significantly impact our kids and their care because an outside case manager will not know our medically fragile kids (especially the day to day of how their disability impact their lives or families nearly as well as a case manager we've worked closely with over the past year or more. | Stakeholders | Email | C | 16-Dec-16 | Conflict free case management is outside of the transition plan. |

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| Elaine Nell, Stakeholder. HCBS Transplan Feedback. Please consider discussing the Final Rule and its potential impact with members of the CAP/C work group and /or additional CAP/C stakeholders before just assuming it does not impact participants on the waiver. | Stakeholders | Email | C | 16-Dec-16 | Specific suggestions have been sent to the appropriate waiver staff within DMA. |
| DRNC - Now that LME-MCOs/Local Lead Agencies and providers have conducted informative HCBS self-assessments during the transition period, we urge against overreliance on these self-assessments after the transition period is over—when providers will actually be at risk of losing funds for HCBS non-compliance. | Stakeholder Committee | Email | C | 16-Dec-16 | Ongoing monitoring for HCBS compliance will be included at many different levels once the transition period is concluded. Ongoing monitoring efforts included Innovations provider monitoring, Care coordination monitoring quarterly (monthly for residential), MIE surveys and LME-MCO annual monitoring. (CAP DA/C information should be added. ) |
| DRNC: we applaud DHHS for exploring a number of additional ongoing compliance measures, including geo-mapping, which will continue beyond the transition period, although we seek clarification on several of those measures in this document. Without meaningful, ongoing oversight of provider HCBS compliance, the state | Stakeholder Committee | Email | C | 16-Dec-16 | The LME-MCO and Local Lead Agencies/DMA are responsible for the monitoring of and ensuring compliance for HCBS rules. Allegations of fraud and abuse may be reported to DMA or the LME-MCO. |

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| risks having an HCBS system that may look good on paper but not in practice. | | | | | |
| DRNC -DHHS is far more likely to obtain meaningful non-compliance data by directly engaging with all consumers and encouraging their timely reporting of instances of HCBS non-compliance, rather than waiting for non-compliance to reveal itself through random, voluntary, periodic sampling. | Stakeholder Committee | Email | C | 16-Dec-16 | Non-compliance issues may be reported. All allegations of non-compliance will be investigated. |
| DRNC- one of the Plan's "ongoing compliance" measures is an annual "consumer satisfaction" survey, which is collected in addition to the proposed sampling of MIE Surveys each year. We seek clarification on how these two surveys differ and why, as collecting both of these seems redundant. | Stakeholder Committee | Email | C | 16-Dec-16 | They are two different surveys that serve two different processes. There is a consumer satisfaction survey that is part of the EQRO requirements. While some individuals on the waivers may be sampled, it is not tailored specifically to HCBS or the waiver population. |
| DRNC- We urge DHHS to consider simply sending out the MIE Survey to all consumers receiving HCBS services annually in the place of the "consumer satisfaction" survey and random MIE Survey sampling. Doing so would encourage timely reporting of HCBS non-compliance, streamline the ongoing monitoring | Stakeholder Committee | Email | C | 16-Dec-16 | In the interested of avoiding survey fatigue, we have chosen to use a sample. |

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| process, and avoid the identified issues with "representative" sampling in this context, which are discussed above. | | | | | |
| DRNC - Without more information, we are unable to fully comment on the Plan or assess the robustness of the Plan's proposed ongoing compliance measures—although we do suggest including formal stakeholder involvement as much as possible in the development of those measures, particularly in whatever the continuing "collaborative monitoring oversight process" will be. | Stakeholder Committee | Email | C | 16-Dec-16 | We will continue to have stakeholder feedback in this process. |
| DRNC - We also ask that the Innovations Waiver Care Coordination Monitoring Tool be made publicly available and open to stakeholder and public feedback | Stakeholder Committee | Email | A | 16-Dec-16 | The care coordination monitoring tool was vetted through the HCBS stakeholder committee and the members networks and LME-MCO I/DD clinical directors and care coordination. The final version of the Care Coordination Monitoring Tool was implemented January 1, 2017. |

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| DRNC - providers that are unwilling or unable to comply with HCBS requirements, we applaud DHHS's obligating those providers to create and implement a plan for the "seamless transition" of consumers to other HCBS compliant providers—although we do have concerns that generally non-compliant providers may have trouble complying with this requirement, which means that the State will necessarily have a larger role in supporting such transitions. | Stakeholder Committee | Email | C | 16-Dec-16 | DHHS will work with those providers who are not willing to and cannot meet HCBS requirements to transition individuals. The state, in partnership with LME-MCO/Local Lead Agency will ensure there is transitional support for the beneficiary, and their family during this process. |

# Appendix K

Third Public Feedback/Comment

Posted for Public Comment (May 25, 2018- June 24, 2018)

| Feedback | Affiliation | Source | Accept -A Consider-C | Date Revied | 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 information. 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 | 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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| 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 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 | 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 |

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| 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? | | | | | adding one additional language based on the need of population served. |

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| 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. |

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| 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. | Providers/Provider Orgs | 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. | Providers/Provider Orgs | 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. | Providers/Provider Orgs | 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 |
| 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 | Providers/Provider Orgs | 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. |

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| 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? | | | | | |
| 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. | Providers/Provider Orgs | 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. | Providers/Provider Orgs | 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. |

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| 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? | Providers/Provider Orgs | 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? | Providers/Provider Orgs | 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? | Providers/Provider Orgs | 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 | Providers/Provider Orgs | 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. |

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| training on the interpretation and application of these requirements to help assure uniformity and reduce the administrative burden on providers? | | | | | |
| 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. | Providers/Provider Orgs | 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? | Providers/Provider Orgs | 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. |

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| Pg. 9 – Non-Disability Specific Settings - Please provide clarification on who is responsible for providing education on alternatives to Day Supports (Care Coordination)? | Providers/Provider Orgs | 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? | Providers/Provider Orgs | 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. |
| 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. | Providers/Provider Orgs | 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 is 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 is 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 |

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| | | | | | 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?” | Providers/Provider Orgs | 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? | Providers/Provider Orgs | Email | A | 24-Jun-18 | The submission of written evidence can be updated through the online Provider Self -Assessment portal. |

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| 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? | Providers/Provider Orgs | 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.) | Providers/Provider Orgs | 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 individual’s 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 quality monitoring model. Please refer to question 39 for reference on MIE formatting. |

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| 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. | Providers/Provider Orgs | 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. | Providers/Provider Orgs | 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 | State Gov | Email | A | 24-Jun-18 | Staff provider requirements Training on client rights is identified in statute 122.C. |

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| constitutes clients' rights or violation of the rights. | | | | | |
| 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 is 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.<br><br>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 the LME-MCO's would need to | 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.<br>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 |

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| 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). | | | | | capture monitoring and validation steps taken by LME-MCO's |
| Issue: HCBS requirements would be routinely assess during Care Coordination site visit – pg. 43<br><br>Comment — Alliance requests 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 | LME-MCOs | Email | C | 23-Jun-18 | 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. |

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| carry out the Individual Service Plan. | | | | | |
| Issue: LME-MCO Responsibility – HCBS Monitoring for compliance through July 2022; starting in July 2018. Section pg. 42.<br><br>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 | 23-Jun-18 | 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. |

# Appendix L

Fourth Feedback/Comment

Posted Public Comment Period from (June 19, 2022-July 22, 2022)

| | Source Breakdown | | | | | |
|---|---|---|---|---|---|---|
| | Email | Phone | Correspondence | Fax | Session Attendees | Total of All |
| **Grand Totals** | 45 | 0 | 0 | 0 | 8 | 53 |
| **Stakeholders** | 4 | 0 | 0 | 0 | 8 | 12 |
| Per Cent of Source Group | **8.9%** | **0.0%** | **0.0%** | **0.0%** | **100.0%** | **22.6%** |
| **Advocacy Groups** | 24 | 0 | 0 | 0 | 0 | 24 |
| Per Cent of Source Group | **53.3%** | **0.0%** | **0.0%** | **0.0%** | **0.0%** | **45.3%** |
| **Providers/Provider Organizations** | 2 | 0 | 0 | 0 | 0 | 2 |
| Per Cent of Source Group | **4.4%** | **0.0%** | **0.0%** | **0.0%** | **0.0%** | **3.8%** |
| **LME-MCOs** | 9 | 0 | 0 | 0 | 0 | 9 |
| Per Cent of Source Group | **20.0%** | **0.0%** | **0.0%** | **0.0%** | **0.0%** | **17.0%** |
| **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** | 6 | 0 | 0 | 0 | 0 | 6 |
| Per Cent of Source Group | **13.3%** | **0.0%** | **0.0%** | **0.0%** | **0.0%** | **11.3%** |

| | Accept/Consider Breakdown | | |
|---|---|---|---|
| | Accept - A | Consider - C | Total of All |
| **Grand Totals** | 16 | 36 | 52 |
| **Stakeholders** | 0 | 4 | 4 |
| Per Cent of Source Group | **0.0%** | **11.1%** | **7.7%** |
| **Advocacy Groups** | 10 | 13 | 23 |
| Per Cent of Source Group | **62.5%** | **36.1%** | **44.2%** |
| **Providers/Provider Organizations** | 0 | 2 | 2 |
| Per Cent of Source Group | **0.0%** | **5.6%** | **3.8%** |
| **LME-MCOs** | 1 | 8 | 9 |
| Per Cent of Source Group | **6.3%** | **22.2%** | **17.3%** |
| **Stakeholder Committee** | 0 | 0 | 0 |
| Per Cent of Source Group | **0.0%** | **0.0%** | **0.0%** |
| **State Gov** | 5 | 1 | 6 |
| Per Cent of Source Group | **31.3%** | **2.8%** | **11.5%** |

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

# Home and Community Based Services Feedback

| Feedback | Affiliation | Source | Accept - A Consider - C | Date Received | Action Plan/Disposition |
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| HCBS gets in the way of innovative alternatives where people with I/DD CHOOSE to live and work in close proximity to their peers. | Stakeholders | Session Attendees | C | 08-May-22 | Thank you for your valuable feedback. The Intent HCBS is not to be restrictive, but to ensure people with I/DD who choose to live and work in close proximity to peers; are also able access into integrated settings whenever they choose. |
| Community integration is the goal, but community-integration *choice* should be the principle and goal. | Stakeholders | Session Attendees | C | 08-May-22 | Thank you for your valuable feedback. The Intent HCBS is not to be restrictive, but to ensure people with I/DD who choose to live and work in close proximity to peers; are also able access into integrated settings whenever they choose. |
| Why are we having HCBS look backs on sites that have been closed for years? | Stakeholders | Session Attendees | C | 08-May-22 | The sample size selected for look behind review was completed using Raosoft Sample calculator. DHHS used RatStats to determine the sample. Sites that closed after the submission of a Provider Self-Assessment, and where the LME-MCO confirmed no services were provided from these sites, were not reviewed for look behind. |

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| How do we know what sites are noncompliant? Are families getting information about that from somewhere? | Stakeholders | Session Attendees | C | 08-May-22 | The LME-MCO and DHHS worked with sites with non-compliant features to HCBS Final Settings Rule. These sites indicated intent to comply and meet Final Rule Requirements. Sites having non-compliant HSBC features have addressed and updated the t issue and is now a validated site - meaning they are fully compliant and fully integrated. |
| Some providers have made decisions to move to a 3 (three) person unlicensed model so that they are able to also incorporate the use of smart home technology and offer members more innovative options. Current licensure rules do not allow this type of innovation. How are those providers impacted by this rule? | Stakeholders | Session Attendees | C | 08-May-22 | Residential providers of waiver services must be in compliance with the final rule. |
| Does this mean group homes with 6 (six) residents are doomed? 4 (four) - bed group homes are not financially sustainable. Where will people go? | Stakeholders | Session Attendees | C | 08-May-22 | 4-6 bed group homes are permitted by the waiver? |

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| How often is the MIE distributed? | Stakeholders | Session Attendees | C | 08-May-22 | The MIE is disseminated through a statistical software annually based upon the individual's date of birth. |
| Has the most recent version of the HCBS transition plan been posted for public comment? If so, please provide the link. | Stakeholders | Session Attendees | C | 08-May-22 | Yes. The recent HCBS STP was posted for 30 - day public comment during June 20, 2022, through July 22, 2022. |
| Moving forward, if the State receives a request for a facility that has multiple group homes or a day program co-located, which could have the effect of isolating individuals from the broader community, the State will perform a desk review of materials to determine if the site could overcome the institutional presumption and meet HCBS characteristics. Using the Heightened Scrutiny Review Tool, the desk review will examine the provider self-assessment, Heightened Scrutiny | Providers/Provider Orgs | Email | C | 13-Jul-22 | This is information that will need to be reviewed whether it is done before or after a site visit. There are criteria of isolation can be determined prior to a site visit. |

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| assessments, and additional supporting NO to DESK Review. Get up, go out, see the site. As one of the programs listed, I can assure you that the people displaced are in a worse place now than they were when we were "desk Reviewed" for the location of services. In my opinion, a massive disservice was done to those individuals' documentation (policies, site maps, schedules, etc.) | | | | | |
| Why are these questions even required for Competitive Integrated Employment in a typical employment setting? [questions related to human rights, schedules and activities, and service decision] | Providers/Provider Orgs | Email | C | 13-Jul-22 | Thank you for your valuable feedback. This point will be considered during the next phase of HCBS database uplift. |

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| Pg 61, telehealth option described in the Transition Plan allows provider staff to be present in the room while the beneficiary is interviewed, which has likely chilled reporting of issues by beneficiaries. This practice also violates the right to privacy mandated in the HCBS Rule. Beneficiaries may fear retaliation after the interview if they report problems. | Advocacy Groups | Email | A | 18-Jul-22 | The STP indicates staff should be in view with the beneficiary during the visit, this is to reduce Coercion. The STP also indicates the LME/MCO/CAP-DA staff reserve the right to speak with the individual alone without staff present, upon request. The internal team will add language to Pg. 61 Validation Strategies, supporting the individual's right to request being alone without staff present to speak with the LME/MCO/CAP-DA staff |
| Staffing shortages will necessarily contribute to more isolating and regimented living situations, especially for those living in group settings. The Public commenter has heard complaints about group homes making all residents attend an activity and that if one person does not attend an activity, then no one can go on the planned | Advocacy Groups | Email | A | 18-Jul-22 | DSP staffing requirements for HCBS services are required according to 10A NCAC 27G. In addition, the DSP wage was increased through the American Rescue Act. DSP staffing requirements for HCBS services are required according to 10A NCAC 27G. |

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| activity. There is no choice in that scenario. Given the lack of providers for day programs and residential services, as well as ongoing staff shortages, it is actually often the provider's choice, not the beneficiary's choice, about acceptance into the day program or residential setting. Beneficiaries have beneficiary's choice, about acceptance into the day program or residential setting. Beneficiaries have little real choice due to the lack of robust community options. | | | | | |

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| Pg 32, DHHS asserts that all settings will be compliant by the deadline of March 17, 2023. Those that are not currently compliant must go through remediation. However, DHHS does not give enough information about the settings that are not compliant (e.g., why are they not compliant?) nor does it expand on how it intends to remediate the settings that are not currently compliant. Finally, it is not clear which entity develops the remediation plan, the LME/MCO or DHHS | Advocacy Groups | Email | A | 18-Jul-22 | The first paragraph of the remediation section has been changed to reflect "Providers that self-report or are determined to be out of compliance during the validation process by the responsible LME/MCO/CAP DA will be required to submit a plan of action to achieve conformity with the HCBS Final Rule, inclusive of timelines. This plan of action is included within the comment section of the provider assessment tool and reviewed by the LME/MCO/CAP DA as a part of the self-assessment. DHHS has established expectations that LME/MCO and CAP DA will provide technical assistance to the provider in the specified area of concern(s) to ensure compliance during the remediation process with the goal of full compliance for all providers by March 17, 2023". |

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| Pg 59, for settings. that cannot be fully validated, meaning they are not fully compliant by October 31, 2022, the providers are then tasked with discharging and finding new placement for its residents, who must transition to the new setting by the end of December. This is unfair to beneficiaries in several ways. If the beneficiary chooses not to leave the noncompliant setting, they sacrifice their Waiver slot to remain in the setting. The known housing and provider crisis may limit beneficiary/family belief that they have real options, and they may choose to stay with the provider or placement they have rather than risk trying to locate another one. That | Advocacy Groups | Email | C | 18-Jul-22 | The STP advises "In March 2022, NC DHHS requested reviewing entities to conduct an intermittent quarterly validation review of sites unable or unwilling to comply. NC DHHS requested these sites be identified and evaluated for service delivery; focusing on providers intent to comply with HCBS and the identification of individual receiving HCBS in those sites. The updated quarterly validation reports were submitted on April 15, all sites identifying as unable or unwilling to comply were identified as sites no longer providing services. Therefore, these sites were not providing services to individuals receiving HCBS. As of May 31, 2022, the department has confirmed there are not individuals receiving HCBS services in sites unable or unwilling to comply. All sites providing HCBS services have indicated an intent to be in compliance with HCBS Final Settings Rule". |

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| would mean losing access to the Waiver to keep the non-compliant provider and in some cases, a place to live. Additionally, beneficiaries may experience pressure from providers to remain in the non-compliant setting. | | | | | |

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| Communication and Education: What is the plan for on-going communication and education for individuals who are receiving services? The plan should include how to ensure: 1) Plain language postings of summary of the settings rule, 2) Plain language postings describing each person's rights, and 3) Plain language description of the grievance process. | State Gov | Email | A | 18-Jul-22 | DHHS will provide a plain language version of the HCBS Transition Plan. The plain language version will be disseminated through our continued HCBS stakeholder engagement via email blast, stakeholder meetings, and posting to HCBS website. |
| Pg 36, it is unlikely that no setting in North Carolina meets the standard of heightened scrutiny, particularly when applying CMS' third criteria, any setting that has the effect of isolating...individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. Settings that | Advocacy Groups | Email | A | 18-Jul-22 | DHHS is currently reviewing Heightened Scrutiny Assessments. Upon disposition of the review sites that meet Heightened Scrutiny will be shared with HCBS Stakeholders. Please note that a large number of potential heightened scrutiny sites were removed in the CAP MR/DD waiver (Adult Care Homes removed, group homes of over seven beds grandfathered in with no new admissions, residential placements on the grounds of an ICF IID removed). Also, in the STP to disallow sites on ICFIID grounds, gated communities, and farms. |

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| require heightened scrutiny are likely underestimated, as DHHS places the primary responsibility of making this determination on the LME/MCOs, the Local Lead Agencies, and on the provider agencies themselves. | | | | | |
| Pg 6, DHHS plans to require that residential placements follow rules similar to existing landlord-tenant rules to provide protections and due process for beneficiaries. Even though there are already rules in place to prevent discharge without proper notice, the public commenter is aware of residential providers discharging residents to local emergency departments without | Advocacy Groups | Email | A | 18-Jul-22 | It can be presumed that a reason for the requirement in the rule was to afford the additional protections of the lease which would offer additional legal recourse. We work with MCO in these situations who manage their networks. 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 |

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| proper notice and failing to assist the beneficiary or the family with finding a new provider. DHHS is also aware of this issue as beneficiaries' families and advocates have reached out for assistance on this issue. The LME/MCOs have been unable to prevent those discharges. | | | | | |
| Pg 6, Similarly, day programs have discharged beneficiaries and not helped the beneficiary find an alternative program or service. It is not clear how this issue is going to be adequately addressed by DHHS' Transition Plan. | Advocacy Groups | Email | C | 18-Jul-22 | DHHS works with the LME-MCO in these situations. Day program provider agencies may, under certain circumstances, discharge a member and must provide discharge notice. The provider must also take steps to assist with locating a new provider during the discharge process |
| Pg 107**,** To protect the interests of the beneficiaries, the primary responsibility for finding a new provider and program/residence should be placed on | Advocacy Groups | Email | C | 18-Jul-22 | The Care Coordinator and LME-MCO are responsible for locating a new provider; however, the provider must also take steps to locate a new provider is they are discharging the member. |

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| the LME/MCO and DHHS, rather than left to the discharging provider. | | | | | |
| The public comment period does not meet CMS guidelines, as both time allowed, and information supplied are inadequate. | Advocacy Groups | Email | A | 18-Jul-22 | Pursuant to 42 CFR 431.301(c)(6)(iii):<br>A State must provide at least a 30-day public notice and comment period regarding the transition plan(s) that the State intends to submit to CMS for review and consideration, as follows:<br>(A) The State must at a minimum provide two (2) statements of public notice and public input procedures.<br>(B) The State must ensure the full transition plan(s) is available to the public for public comment.<br>(C) The State must consider and modify the transition plan, as the State deems appropriate, to account for public comment. In addition, the Public Comment period was extended two days. |

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| I sit here having to spend yet more time devoted to advocating for policy that works for the DD population, which require something sustainable, and as it related to long term housing supports. Current policy will not allow supports that are sustainable/workable for all. I wonder what will happen to my daughter with autism after I am unable to provide a safe environment for her. That time is fast approaching as I am in my seventy's. The HCBS policy draft will not work for everyone with significant needs. The regulations may be well intended but leave many individuals without what is needed given the current realities and funding. | Stakeholders | Email | C | 20-Jul-22 | The HCBS Final Rule does allow for adaptations based on the person's needs defined through the person-centered plans. |

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| I want to advocate for more flexibility in choosing where people with I/DD, in particular, want to live and work. People with moderate to severe intellectual disability may WANT to live in close proximity to others like themselves. The idea that four is the maximum number who can live together is antithetical to real choice. Living "in the community" can merely isolate people with ID. Likewise, some people with ID may PREFER working alongside others with ID. Modern businesses, such as Extraordinary Ventures in Chapel Hill, employ a mix of able and disabled individuals, yet because there are "too many" people with ID working at the same level of | Stakeholders | Email | C | 20-Jul-22 | The NC Innovations waiver requires the new residential programs are 4 (four) beds or less. Existing group homes that are 5 (five) or 6 (six) beds can continue to provide NC Innovations Services. The NC Innovations supports employment in Competitive and Integrated Settings. |

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| functionality they are disqualified from using Vocational Rehabilitation supports. This is not fair to people with ID. | | | | | |
| - | Stakeholders | Email | C | 20-Jul-22 | Refer to https://medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/money-follows-person |
| Our son has lived in an ICF facility for a year, and we have found it way too restrictive for him. He has been approved for MFP. Living at home, living in an AFL, or living independently with supported living do not work for him. The group home model in the community is the best option for him but we are not going to find any because 4 | Stakeholders | Email | C | 20-Jul-22 | Refer to https://medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/money-follows-person |

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| (four) or less beds can't stay operational. | | | | | |
| Pg 61, It appears that the State is going to finish remediation and validation by Fall for settings that may not comply so that people can be moved, if necessary, but that is not entirely clear since the STP consistently says remediation will be done by March 2023. | Advocacy Groups | Email | A | 19-Jul-22 | The STP Pg 61, states "As of May 31, 2022, the department has confirmed there are not individuals receiving HCBS services in sites unable or unwilling to comply. All sites providing HCBS services have indicated an intent to be in compliance with HCBS Final Settings Rule " |
| Pg 59, We request that more intensive care coordination or case management be provided for anyone that has to move settings such that the burden for finding a new setting does not fall on individuals or their families, and that the LME/MCOs or lead agencies are given the | Advocacy Groups | Email | A | 19-Jul-22 | The STP has been updated to reflect the providers are obligation to, "2) Work with the LME-MCO or CAP/DA to ensure Facilitate the seamless transition of individuals supported to an appropriate provider so there is no service interruption". The LME-MCO and/or CAP/DA will facilitate the transition..." |

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| tools needed to find and incentivize placements for these affected individuals. | | | | | |
| We are particularly concerned about the impact of the COVID-19 pandemic on the assessments and compliance. We appreciate that the State checked with reviewing entities in April 2022 regarding compliance. However, did those reviewing entities ask or given any indication as to whether any compliance was reliant on pandemic related flexibilities, including rates or other funding, or American Rescue Plan Act funds? If provider compliance is reliant on such flexibilities or funds, they may not be actually in compliance with the Rule when | Advocacy Groups | Email | C | 19-Jul-22 | No, provider compliance was not reliant upon pandemic related flexibilities. |

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| the transition period ends, depending on the timing of the end of the public health emergency and the end of those flexibilities. | | | | | |
| As mentioned below with ongoing compliance and monitoring, and set forth in previous comments on the STP, we are deeply concerned about the role of the care coordinator and case manager due to conflicts of interest. This concern lies especially with the LME/MCO care coordinators and the various ways in which they have every incentive to not finding a setting out of compliance or trigger a complaint by an HCBS participant. We | Advocacy Groups | Email | A | 19-Jul-22 | Thank you for your valuable feedback, the state is currently working on Ongoing Monitoring Standard Operations Procedures (SOP) regarding grievances or complaints. DHHS accepts your comment and will use it to inform the SOP. |

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| appreciate that an intense on-site review is done by a person that is not the individual's care coordinator, but such a review must first be triggered by a care coordinator. We are concerned about the likelihood of such an intense on-site review being triggered. It is unclear in the STP, but we would ask that such a review could also be triggered by a complaint or grievance, a DHSR complaint relevant to HCBS Rule requirements, or significant incident report that indicates HCBS Rule issues, including requirements of provider owned and controlled settings requirements. | | | | | |

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| Pg 61**,** While we appreciate that the intent of having the staff visible on the camera is likely so that they cannot be coaching the individual from behind the monitor/camera, we are concerned that the staff are in such close proximity at all. | Advocacy Groups | Email | A | 19-Jul-22 | The STP indicates staff should be in view with the beneficiary during the visit, this is to reduce Coercion. The STP also indicates the LME/MCO/CAP-DA staff reserve the right to speak with the individual alone without staff present, upon request. The internal team will add language to Pg. 61 Validation Strategies, supporting the individual's right to request being alone without staff present to speak with the LME/MCO/CAP-DA staff. |
| Pg 61, So for those individuals for whom that level of privacy is within the care plan, the staff should not be within the room. | Advocacy Groups | Email | A | 19-Jul-22 | The STP indicates staff should be in view with the beneficiary during the visit, this is to reduce Coercion. The STP also indicates the LME/MCO/CAP-DA staff reserve the right to speak with the individual alone without staff present, upon request. The internal team will add language to Pg. 61 Validation Strategies, supporting the individual's right to request being alone without staff present to speak with the LME/MCO/CAP-DA staff. |

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| Pg 61**,** We would suggest that the LME/MCO/CAP-DA staff always have part of the telehealth visit be without staff and with privacy for the individual where appropriate for part of the interview so certain questions about the individual's experience can be asked, including about visitors, activities of their choice, etc. to get a better understanding of the individual's experience. | Advocacy Groups | Email | A | 19-Jul-22 | The STP indicates staff should be in view with the beneficiary during the visit, this is to reduce Coercion. The STP also indicates the LME/MCO/CAP-DA staff reserve the right to speak with the individual alone without staff present, upon request. The internal team will add language to Pg.61 Validation Strategies, supporting the individual's right to request being alone without staff present to speak with the LME/MCO/CAP-DA staff. |

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| The reliance on the LME/MCOs for monitoring compliance, handling complaints and grievances, and ensuring settings meet the HCBS requirements and do not isolate participants is wholly insufficient due to the degree of conflict inherent in this scheme. The LME/MCOs are the same entities responsible for developing provider networks sufficient to meet the needs of the Innovations waiver participants—they have every incentive to not create work for themselves by identifying settings as noncompliant. This is especially true as HCBS providers struggle with workforce and capacity issues. Even pre-pandemic, many | Advocacy Groups | Email | A | 19-Jul-22 | Thank you for your valuable feedback. DHHS will take your concerns into consideration as we continue to update the SOP ongoing monitoring requirements.<br><br>Ongoing monitoring for HCBS compliance will be included at many different levels once the transition period is concluded. Ongoing monitoring efforts included Innovations provider monitoring, Care coordination/ Care Management monitoring quarterly (monthly for residential), MIE surveys and LME-MCO annual monitoring. (CAP DA/C information should be added.). In addition, DHHS will continue oversight through Quality Assurance monitoring (**NC DHHS Quality Assurance Monitoring)** |

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| Innovations waiver participants struggled to find providers to meet their needs, much less their preferences. In addition, given the experience of many participants with their LME/MCO, there is very little trust or incentive that complaining to the LME/MCO will accomplish anything in terms of improving a given client's situation. While we appreciate there is some role for state validation and that there will be ongoing MIEs, we are deeply concerned with the over-reliance on the LME/MCOs for ongoing compliance for the Innovations waiver. We expect these circumstances to deteriorate, not improve, with the transition to Tailored Plans. | | | | | |

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| We are particularly concerned about the lack of a mechanism to file a complaint about HCBS Rule compliance outside of the LME/MCO for Innovations waiver participants. In addition, there is no indication in the STP whether DHHS Desk Reviews will be triggered by complaints or external information, like DHSR complaints or violations. Or whether LME/MCOs will be instructed to not deter HCBS rule grievances, as they do for many other participant complaints under the guise of customer service, so that the information can be used to identify potentially problematic settings. Will the MIE surveys be used to prompt desk reviews for CAP/DA and | Advocacy Groups | Email | A | 19-Jul-22 | Thank you for your valuable feedback, the state is currently working on Ongoing Monitoring Standard Operations Procedures (SOP) regarding grievances or complaints. DHHS accepts your comment and will use it to inform the SOP.<br>. |

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| Innovations? We are also concerned that desk reviews may not give DHHS staff a true understanding of the experience of individuals in a setting, which is the true measure of whether the setting is in compliance. What, if anything, will trigger some type of review other than a desk review by the State? We are very concerned that the list of discrepancies in validation does not incorporate outside information, such as beneficiary experience, complaints, etc. If the STP indicates reliance on MIEs, beneficiary ISPs, etc. to track remediation, which do these things do not trigger further review? | | | | | |

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| We strenuously urge that there be other education mechanisms about rights under the HCBS Rule. We support the ongoing use of the MIE to help identify issues with settings. However, we think that the information about trigger questions should be made available to certain stakeholders for input. We are also not clear how often the MIEs will be given and what process will be used so that everyone has an MIE within a given period of time if the state is staggering MIEs. | Advocacy Groups | Email | A | 19-Jul-22 | Thank you for your valuable feedback. DHHS is currently developing additional trainings to ensure individuals understand their rights as defined under the HCBS Rule. This training will also include retraining on MIE survey for individuals and families. In addition to the LME-MCO dissemination of the MIE Survey to individuals within their catchment area, the MIE Survey is available at all times for individuals and families on DHHS website (MIE SURVEY) scroll to the bottom of the page to complete survey. This information will be reiterated in the upcoming MIE trainings. |
| We renew our concerns with the HCBS monitoring tools and think improvements should be made, such as with the transportation question which fails to indicate whether the person can actually | Advocacy Groups | Email | A | 19-Jul-22 | Thank you for your valuable feedback. DHHS HCBS Internal Team plans to update the CC Monitoring tool. Your concern has been noted and will be used to inform any updates to the monitoring tool. |

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| use the transportation (i.e., has funds, appropriate supervision available, skill). It seems likely a review and updating of the tools and process would be necessary for ongoing compliance. We request that the State include a compliance review timeline, such as every 10 (ten) years. | | | | | |
| We think public reporting of MIE, assessment, complaints and grievances, and related information is critical to ongoing compliance and to assessing whether ongoing monitoring is effective. We think annual or biannual reporting or at least making the documents available without a formal FOIA request, is an important part of ongoing compliance. | Advocacy Groups | Email | C | 19-Jul-22 | Thank you for your feedback. DHHS is working to provide dashboards of aggerate data related to MIE assessments, complaints, and grievances. |

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| We are also concerned about the lack of information about new settings. We recognize that the STP identifies that new settings will have to be assessed, etc., but the experiences of advocates in other states indicates to us that the State should have a more active role in ensuring that new settings are only being built in a way that furthers the goals of the HCBS Rule and helps fulfill the State's need for (and obligation to have) more integrated settings, rather than settings that barely meet the Rule's standards. In particularly, we have heard from other advocates about settings that are presented as independent settings, but in reality, are essentially provider | Advocacy Groups | Email | A | 19-Jul-22 | Thank you for your valuable feedback. Full HCBS Integration/Full Compliance and Validation of a new site is expected before services can be provided from that location. Provider sites are required to meet HCBS Settings Rule. DHHS encourages individuals, families, and stakeholders to report any concerns or grievances regarding HCBS compliance in any settings. |

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| owned and controlled; disability specific settings; and settings that are portrayed as integrated but in reality, isolate the people with disabilities in specific parts of the settings (an issue for both residential and non-residential settings). We recognize that the State's ability to intervene early in the construction phase of a setting may be limited, but we believe that the State can make its expectations of new settings clear in terms of what standards will meet the HCBS Rule and what it needs for its array of settings | | | | | |
| We also think that more information from the findings of the HCBS internal review team should have been made available with this comment period. The | Advocacy Groups | Email | C | 19-Jul-22 | The status in the STP is a point and time, all sites will need to be compliant (Fully integrated, Fully Validated) by November 30, 2022. The LME-MCO are following the process established by NC DHHS. The DHHS completed look behind (Quality Reviews) of LME-MCO sites during the transitional review period. DHB CAP/DA staff and the LME/MCOs will use Raosoft |

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| information in Appendix F only indicates previous status of the sites reviewed and gives no information on whether there were concerns about the LME/MCO process; perfection in this process seems unlikely and would be important information for comment. We request that the State provide the information regarding settings from Appendix C, D & F so that we may offer comment on those settings and allow for sufficient time to review, solicit feedback from others, and offer comment. | | | | | (http://www.raosoft.com/samplesize.html). DHB CAP/DA staff and the LME/MCOs will use RatStats (https://oig.hhs.gov/compliance/rat-stats/) to determine the sample Sites. This review is noted as look behind process in the STP. |
| Pg 33**,** We have concerns about DHHS' processes in determining whether a site requires heightened scrutiny. Care Coordinators assess each setting's | Advocacy Groups | Email | C | 19-Jul-22 | The STP advises, "The e-Review process includes a function that immediately denotes if a setting or site has the qualities of an institution. Guidance was given through the HCBS Self-Assessment Companion Document to help ensure a provider site responds accurately; specifically, as it relates to a setting that may have the effect of isolating. The DHHS HCBS Internal Team also receives feedback from |

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| compliance. This presents a conflict of interest, as LME/MCOs are well aware of the provider, housing, and staffing that a heightened scrutiny assessment is warranted will create additional work, both in the assessment shortages in North Carolina, and a determination process and possibly in finding new services for enrollees if the setting fails the heightened scrutiny assessment. This may make reviewers more likely to find a setting in compliance. | | | | | stakeholders if they have concerns about a setting that may isolate individuals from the greater community". |
| Recommend that we enter only HCBS Self Assessments into the Innovations HCBS database. LME/MCOs may need to develop other internal processes to track unlicensed AFLs for health and safety checks. | LME-MCOs | Email | C | 22-Jul-22 | Thank you for your valuable feedback. The HCBS database was developed to ensure provider compliance with HCBS settings rule. |

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| With (b)(3) and (b)(3) DI rolling into 1915(i), the HCBS database should be cleaner (only Innovations Waiver applicable services). | LME-MCOs | Email | A | 22-Jul-22 | Thank you for your valuable feedback. The HCBS Database will be updated to reflect any changes in service types to align with system changes. |
| Some Adult Day Health facilities are seen as similar to Day Activity/ADVPs under Day Supports, but truly have no transportation to ensure community inclusion and integration. | LME-MCOs | Email | C | 22-Jul-22 | Thank you for your valuable feedback. While in attendance at an AHD during service hours, AHD providers must ensure access to all CAP/DA waiver participants to participate in planned community outings/events.<br><br>For CAP/DA waiver participants wishing to access the community during service hours, the AHD will assist waiver participants in accessing transportation resources. |
| Guardianship is a true barrier to member choice and a barrier to dignity of risk for independence and freedom. Recommend increasing Assisted Decision-Making options to see better outcomes and quality of life across the State. | LME-MCOs | Email | A | 22-Jul-22 | Thank you for your valuable feedback. DHHS has published decision-making support options resources, which previews alternatives to guardianship and promotes the least restrictive decision-making supports. This information can be found at https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/intellectual-and-developmental-disabilities . |
| Our team supports incorporating the National Core | LME-MCOs | Email | C | 22-Jul-22 | Thank you for your valuable feedback. The Person-Centered Planning process and the Individual Support plan are critical as this process is driven by |

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| Indicators into our QI efforts and addressing HCBS in each member's ISP into our QA processes. | | | | | the individual. CMS has released HCBS Quality Measures. The DHHS plans to include these measures will use this information to assess and improve quality and outcomes in their HCBS programs. CMS has also requested that states include Quality Assurance measures in the HCBS waivers and State Plan Amendments. |
| Unfortunately, there is some concern that the current DSP crisis will have an effect on Member Choice. Continue to campaign for better pay, benefits, professional category under DOL, essential workers | LME-MCOs | Email | C | 22-Jul-22 | DSP staffing requirements for HCBS services are required according to 10A NCAC 27G. In addition, the NC Innovations Rates were increased through the American Rescue Act and will be made permanent. |
| Consider additional probing questions for Care Managers to ensure ADA compliance when monitoring for accessibility (e.g., wheelchairs, ramps, shower bars, step-in and step-out shower fall risk, door widths, and two-story homes. Campaign for sidewalks, elevators, handicap parking, etc. | LME-MCOs | Email | C | 22-Jul-22 | Thank you for your valuable feedback. DHHS will continue to provide the LME-MCO with technical assistance to ensure the expectation of HCBS Characteristics are met. |

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| Pg 36**,** Through its reviews, DHHS has determined that there are no settings in NC that meet the requirements for heightened scrutiny. The reviews involved LME-MCO Care Coordinators assessing compliance for settings. How did DHHS ensure consistent and accountable assessment across the state? It seems unlikely that there were no settings that require heightened scrutiny. | State Gov | Email | A | 22-Jul-22 | DHHS is currently reviewing Heighten Scrutiny Assessments. Upon disposition of the review sites that meet Heighten Scrutiny will be shared with HCBS Stakeholders. |
| Given that the assessments were conducted in 2017, how is DHHS providing oversight to ensure that settings remain in compliance with the settings rule? Is there a plan for oversight in the future? | State Gov | Email | A | 22-Jul-22 | DHHS will implement CMS Quality Measures to ensure ongoing monitoring and compliance with setting rules. |

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| The DSP Crisis, Low Wages and the Current Plan and Ability of Providers to Comply with the Settings Rule: As you know, many providers are currently understaffed due to the DSP workforce crisis and low wages DSPs are paid. What is the plan to ensure compliance during this workforce crisis? | State Gov | Email | C | 22-Jul-22 | DSP staffing requirements for HCBS services are required according to 10A NCAC 27G. In addition, the NC Innovations Rates were increased through the American Rescue Act and will be made permanent. |
| 1915(i): As stated above, deeply values the state's efforts to incorporate 1915(i) services into the array of community supports and the need for 1915(i) to be implemented in December 2022. Is there a plan to ensure compliance with the settings rule when these services become available? | State Gov | Email | A | 22-Jul-22 | b (3) and b (3) DI services will transition into the 1915(i) waiver. These services will continue to be monitored for compliance with HCBS settings rules. |

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| The plain language version of the transition plan that is available on the website. There is a need to create a shorter, simpler version that is accessible to more people. The longer version of the final draft plan is difficult to follow and understand. | State Gov | Email | A | 22-Jul-22 | DHHS will provide a plain language version of the HCBS Transition Plan. The plain language version forthcoming. |