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HEALTH SYSTEMS DIVISION  
Licensing and Certification Unit

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# Home and Community-Based Services (HCBS)

Presented by:

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Licensing and Certification Unit Lead

HCBS Lead Coordinator for Mental Health



HEALTH SYSTEMS DIVISION  
Licensing and Certification Unit

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# HCBS History

## The Shift to Community-Based Services

- 2006 Background Paper: “Rebalancing Long-Term Care: The Role of the Medicaid HCBS Waiver Program” by Cynthia Shirk, consultant with the National Health Policy Forum.
- Congress enacted section 1915(c) of the Social Security Act as part of the Omnibus Reconciliation Act (OBRA) of 1981.
- Until 1981, long-term care services through Medicaid were available only in institutional settings.
- Additionally, home and health services and optional personal care services were also available as Medicaid benefits prior to OBRA 1981; however, states had largely restricted their use (and often the amount of services), only allowing payment for medically oriented services, such as skilled nursing care provided in the home.

## The Shift to Community-Based Services

- Under the new 1915(c) services (OBRA 1981), States needed to apply for the 1915(c) waiver to allow for HCBS services.
- As of 1982, only six states had received approval for HCBS waivers due to a “cold bed” rule that required states to demonstrate that an institutional bed was available for each waiver participant (for financial reasons).
- In 1994, The Health Care Financing Administration (HCFA), now the Centers for Medicare and Medicaid Services (CMS) removed the “cold bed” rule allowing states more flexibility.
- On February 1, 2006, Congress enacted the Deficit Reduction Act (DRA) of 2005, which adds an option for states to offer HCBS under the Medicaid state plan (without requiring a waiver).

## The Shift to Community-Based Services

- States were/are not required to add HCBS to their state plan and will continue to have the option to use waivers to implement HCBS programs.
- Page 6 of a 2006 background paper “Rebalancing Long-Term Care: The Role of the Medicaid HCBS Waiver Program” by Cynthia Shirk, consultant with the National Health Policy Forum, list the summary of key Federal legislation on Home and Community-Based Services.
- It’s interesting to note that in 1987 when OBRA enacted section 1915(d) for HCBS waiver authority for individuals age 65 and older...Oregon was the only state to use this waiver authority.
- [https://www.nhpf.org/library/background-papers/BP\\_HCBS.Waivers\\_03-03-06.pdf](https://www.nhpf.org/library/background-papers/BP_HCBS.Waivers_03-03-06.pdf)

# The Shift to Community-Based Services

- In 2014 the Centers for Medicare and Medicaid Services (CMS) issued regulations further defining the settings in which it is permissible for states to pay for 1915(i) Medicaid Home and Community-Based Services (HCBS).
- To move each state's HCBS into compliance, states are required to obtain approval of their **Global Transition Plan** detailing the steps the state will take to meet the deadline.
- Oregon received initial approval in November 2016. The latest STP can be found here:
  - <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/Transition-Plan.aspx>

## Oregon's Home and Community-Based Services

- Defines, describes, and aligns HCBS setting requirements across three Medicaid funding authorities:
  - 1915 (c) – HCBS Waivers
  - **1915 (i) – HCBS State Plan Services**
  - 1915 (k) – Community First Choice State Plan Option
- The purpose of these updated regulations is to ensure individuals receive HCBS in settings that are integrated in and support full access to the greater community.
  - This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS.

**States must be in compliance to keep Medicaid HCBS funding!**

## Phases of the Transition Plan

Phase I  
Initial Regulatory  
Assessment

Phase II  
Community  
Education  
Efforts

Phase III  
Provider Self-  
Assessment and  
Individual  
Experience  
Assessment

Phase IV  
Heightened  
Scrutiny Process

Phase V  
Remediation  
Activities

Phase VI  
Ongoing  
Compliance and  
Oversight

## Dates to Know

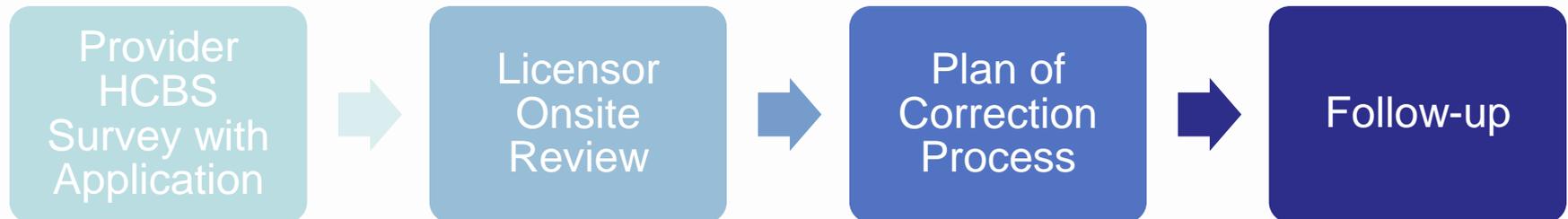
- In order to continue to receive HCBS funding, states must ensure that their service providers are in compliance with the regulations no later than **March 2019**.
- Non-Compliance letters will be sent starting **September 1, 2018**.
- HSD's compliance target date is **June 30, 2018**.
- HSD's onsite review of HCBS findings will start **January 1, 2017**.

# HSD Compliance (Remediation) Process

- Three areas to help with remediation
  - Onsite reviews
  - OARs
  - Oregon's HCBS Website

## HSD Compliance (Remediation) Process, Cont.

- Pre-Onsite Provider Self-Assessment Survey
- Onsite Review
- Plan of Correction Process (will need to be 100% with HCBS)
- Follow-up



# Pre-Onsite Provider Self-Assessment



HSD-HCBS Provider Self-Assessment

General Information	
Date:	
Provider Name:	
Person Completing Survey w/ Title:	
Phone Number of Person Completing Survey:	
Email of Person Completing Survey:	
Type of Facility (circle one):	AFH   RTF   RTH
Facility Address:	
Facility Phone Number:	

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HCBS Provider Self-Assessment Survey				
<ul style="list-style-type: none"> <li>Please mark whether you have met, partially met or have not met the following HCBS requirements.</li> <li>Please submit with your renewal application to your licensor.</li> <li>Further information regarding each requirement can be found in the "Information Guides" under "Provider Training Materials" on the HCBS website: <a href="http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/Resources-Oregon.aspx">http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/Resources-Oregon.aspx</a></li> </ul>				
Requirement	Met	Partial	Not Met	Comments
1. Is the setting integrated into the greater community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the setting facilitate the individual's full access to the greater community, in the same manner as individuals without disabilities? This includes: opportunities to seek employment and work in competitive integrated settings, engage in community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

# HSD Compliance (Remediation) Process

- Provider Status List

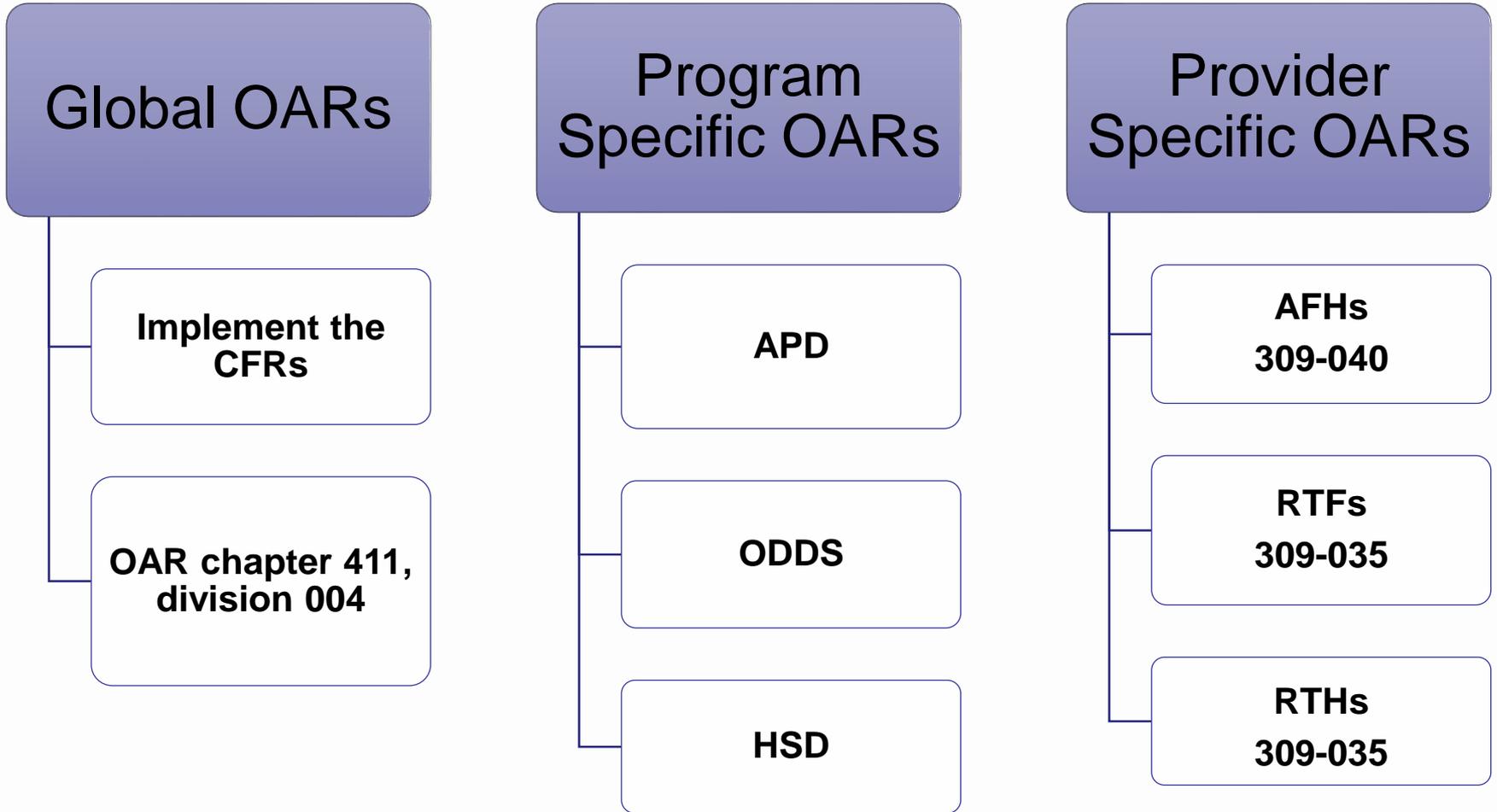
HSD-HCBS Provider Status Report 11-01-2016 - Excel

Mcnett Tamara N

Provider Name	Facility Name	County	Facility Type	Integrated and Facilitates Access to Greater	Freedom from Seclusion/Restraint	Freedom from Coercion	Freedom/Support to Control One's Schedule/Activity	Control Personal Resources	Privacy in Sleeping/Living Unit	Choice of Roommate	Freedom to Form/Decorate/Share Living Units	Access to Food at Any Time	Access to Visitors of Their Choosing at Any Time	Services/Supports for Communication	Homelike Accommodations	Current Assessment	
Aber Homes, L.L.C.	The Friday House	Umatilla	AFH	Pending Regulatory Onsite Visit	Pending Regulatory Onsite Visit	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Amphol, Cathleen	Lighthouse Foster Care 2	Jackson	AFH	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	
Andrade, Shawn Roy	Club House	Douglas	AFH	Pending Regulatory Onsite Visit	Pending Regulatory Onsite Visit	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Andrade, Shawn Roy	Club House - Bend	Deschutes	AFH	Pending Regulatory Onsite Visit	Pending Regulatory Onsite Visit	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Bender, Lyndee	Breeze Hill Foster Care	Josephine	AFH	Pending Regulatory Onsite Visit	Pending Regulatory Onsite Visit	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Benson, Shane and Charlotte	Alva Ave Foster Home	Klamath	AFH	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Does Not Meet Expectation	Meets Expectation	Does Not Meet Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Berg, Laurie	Silford's Adult Foster Home	Yamhill	AFH	Meets Expectation	Did Not Answer Question	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Billjeu, Karen	Crescent House	Lane	AFH	Does Not Meet Expectation	Meets Expectation	Meets Expectation	Does Not Meet Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Does Not Meet Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Billjeu, Karen	Montana Place, L.L.C.	Lane	AFH	Pending Regulatory Onsite Visit	Pending Regulatory Onsite Visit	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Pending Regulatory Onsite Visit	Pending Regulatory Onsite Visit	Pending Regulatory Onsite Visit	Pending Regulatory Onsite Visit	Pending Regulatory Onsite Visit	Expected to Meet Expectation	
Bodunov, Marina	Eastland	Malheur	AFH	Pending Regulatory Onsite Visit	Pending Regulatory Onsite Visit	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Bodunov, Marina	Boswood	Malheur	AFH	Pending Regulatory Onsite Visit	Pending Regulatory Onsite Visit	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Pending Regulatory Onsite Visit	Pending Regulatory Onsite Visit	Pending Regulatory Onsite Visit	Pending Regulatory Onsite Visit	Pending Regulatory Onsite Visit	Expected to Meet Expectation	
Brown, JR, Freddie L	Brown, JR, Freddie L	Multnomah	AFH	Did Not Answer Question	Meets Expectation	Meets Expectation	Does Not Meet Expectation	Does Not Meet Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Did Not Answer Question	Expected to Meet Expectation
Buntan, Kimberly	Kimarie East	Multnomah	AFH	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	
Burgess Adult Foster Homes, Inc.	Burgess Adult Foster Home #2	Malheur	AFH	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Does Not Meet Expectation	Meets Expectation	Did Not Answer Question	Did Not Answer Question	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Burgess Adult Foster Homes, Inc.	Burgess Adult Foster Home #1	Malheur	AFH	Did Not Answer Question	Meets Expectation	Does Not Meet Expectation	Meets Expectation	Meets Expectation	Does Not Meet Expectation	Does Not Meet Expectation	Does Not Meet Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Cameron Care, Inc.	Cameron Care, Inc. - Garfield	Multnomah	RTF	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	
Cameron Care, Inc.	Cameron Care, Inc. - Boise	Multnomah	RTF	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	
Cameron Care, Inc.	Cameron Care, Inc. - Powell	Multnomah	RTF	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	
Campbell, Elizabeth	Campbell Home	Lane	AFH	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	
Carroll's Group Care Home, Inc.	Carroll's Group Care Home, Inc.	Malheur	RTF	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Does Not Meet Expectation	Does Not Meet Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Carroll's Group Care Home, Inc.	Rosyone House	Malheur	RTF	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Does Not Meet Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Cascadia Behavioral Healthcare	234 Avenue	Multnomah	RTH	Meets Expectation	Meets Expectation	Meets Expectation	Did Not Answer Question	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Cascadia Behavioral Healthcare	75th Home	Multnomah	RTH	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Cascadia Behavioral Healthcare	Andrea's Place	Multnomah	RTF	Meets Expectation	Meets Expectation	Meets Expectation	Did Not Answer Question	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Cascadia Behavioral Healthcare	Biana's Vista Home	Multnomah	RTF	Meets Expectation	Meets Expectation	Meets Expectation	Did Not Answer Question	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Cascadia Behavioral Healthcare	El Dorado	Multnomah	RTH	Meets Expectation	Meets Expectation	Meets Expectation	Did Not Answer Question	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Cascadia Behavioral Healthcare	Fierth RTH	Multnomah	RTF	Meets Expectation	Meets Expectation	Meets Expectation	Did Not Answer Question	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Cascadia Behavioral Healthcare	Illian Street House	Multnomah	RTF	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	
Cascadia Behavioral Healthcare	Leland House	Clatsop	RTF	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation	Expected to Meet Expectation	

Provider Current Status

# Oregon Administrative Rule Updates



## Oregon Administrative Rules

### HSD Provider-Specific Rules for RTFs and RTHs:

- 309-035-0100 through 309-035-0600
- [http://arcweb.sos.state.or.us/pages/rules/oars\\_300/oar\\_309/309\\_035.html](http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_309/309_035.html)

### HSD Provider-Specific Rules for AFHs:

- 309-040-0300 through 309-040-0455
- [http://arcweb.sos.state.or.us/pages/rules/oars\\_300/oar\\_309/309\\_040.html](http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_309/309_040.html)

### Oregon's HCBS Overarching OAR

- 411-004-0000 through 411-004-0040
- [http://arcweb.sos.state.or.us/pages/rules/oars\\_400/oar\\_411/411\\_004.html](http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_411/411_004.html)

# Oregon HCBS Website

## Main Page

- <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/index.aspx>

## HSD Subpage

- <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/HSD.aspx>

## Main Informational Page

- <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/Resources-Oregon.aspx>

## Note

- By entering “HCBS Oregon” or “Oregon HCBS” on any web search tool (e.g. Google), the link for the HCBS Oregon website should be at the top or near the top of the results list.

# HCBS Rights/Components

**The residential setting is integrated with and supports the individuals full access to the broader community and does not isolate individuals. This includes opportunities to seek employment, engage in community life, and control personal resources.**

- Individuals have full access and have regular opportunity to engage in the broader community.
- The setting services include community access.
- Individuals are not isolated, and have regular opportunities to interact with people with and without disabilities beyond facility staff. For example, going to the park, shopping, attending community events and activities (movies, fairs, club meetings, church events, etc.), or going to a barber or beauty shop for hair care if desired.
- **The provider OPTIMIZES not REGIMENTS...**

- The provider places no limitations to an individual's, or their designated representatives, ability to access personal financial resources (personal spending monies, personal property, real estate, assets, savings, etc.).
- Personal resources may be safeguarded, but individuals have easy access to, experience no barriers, and are supported in obtaining and using personal resources, as desired.
- For individuals who want to work, the provider supports the individual's opportunities to seek employment and work in integrated settings for competitive wages (minimum wage or better).

**The individual's initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, communication, and with whom to interact are optimized and not regimented.**

- Individuals are able to control their own schedules.
- Services, such as mealtimes, bathing, when to get up or get to bed, are flexible and work around the individual's personal schedule.
- Requests for engaging in the broader community, such as going shopping or to the movies, are routinely supported/accommodated.
- There are no limitations to the individual's ability to communicate within the residential setting or with those outside of the setting.
- If the individual needs a phone, other accommodations, or other communication tools, they are provided one, independently and in a private space from which to hold conversations.

**The individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint protected.**

- Individuals have privacy in their sleeping or living unit.
- All individuals have locks available to them for use on their bedroom doors with appropriate staff having keys to doors.
- All individuals have bathroom facilities that allow for complete privacy through the ability to lock the door or stall.
- Individuals are free from coercion and restraints/seclusions.

**The unit or room is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement that provides the individual, at a minimum, the same responsibilities and protections from eviction that tenants have under Oregon's landlord tenant laws.**

**If individuals share rooms, they do so only at their choice of roommate.**

*This section is only applicable if there are shared bedrooms.*

- There are methods in place for individuals to seek a new roommate should they desire one.
- It may be possible and feasible to change roommates within the house if all agree or the individual may decide to move to have a different roommate.
- Individuals have the opportunity to meet new, potential roommates and have input in the selection of their roommate.

**Individuals have the freedom to furnish and decorate their sleeping or living units.**

- Individuals may bring their own furnishings and are supported and encouraged to personalize their space.
- Individuals may secure pictures to walls or use accessories, as needed or possibly paint their room a different color.
- There may be landlord/tenant type agreements regarding approval of painting, nails or holes in walls, but the individual experience is that obtaining necessary permissions is reasonable and does not inhibit their personal style or ability to decorate.

**Individuals have access to food at any time.**

- Individuals are provided three nutritious meals and two snacks/day.
- Individuals may assist with menu planning and their personal preferences are considered.
- If an individual misses a meal, alternatives such as a to-go sack meal or heatable meals, are available.
- Individuals have access to personal food storage, including refrigeration, freezer, and dry storage, that they can access at any time.

**Individuals are able to have visitors of their choosing at any time.**

- Individuals living in the residence understand there are no residential setting/provider-imposed limits to the time when visitors may be received.
- Individuals are encouraged and supported to have visitors.
- Visitors are respectful of the rights of others living in the residence.
- Visiting is not staying indefinitely, and not a mechanism for the person to move into the facility under the premise that they are visiting.

**The individual choice regarding services and supports, and who provides them, is facilitated.**

**The setting is physically accessible and offers a home-like setting.**

**Such as having full access to typical homelike accommodations such as a kitchen, dining area, family/living room, laundry, and bathroom.**

# Individual-Based Limitations (IBLs)

## Individual-Based Limitations

- Limitations due to health and safety may be appropriate for some individuals as determined on an individual basis as part of the individual's person centered plan and with their consent.

Any limits to these requirements must be supported by a specific assessed need and justified in the person-centered service plan.

Assessment and modifications must be completed by the case manager, service coordinator, or personal agent.

The individual must provide informed consent for any limitation.

## Individual-Based Limitations, Cont.

- Question: To apply Individually based limitations: does a threat to the health and safety must occur 'post facto', that is after the aggressive behavior already occurred, and IBL are to mitigate the future risk? Or does the provider have a right to apply IBL based on the clinically assessed and present safety risks, however without the aggressive/violent behavior occurring yet?
- Answer: No. You can submit for an individual-based limitation based on historically/clinical documentation.

## How can I get more information about the HCBS rules?

- To provide a resource for additional information, there is a website that includes Oregon specific information. The Oregon HCBS website includes:
  - Oregon’s Home and Community Based Settings and Services Global Transition Plan;
  - HCBS Fact and Information sheets;
  - Frequently Asked Questions (FAQ) section; and
  - Links to other websites, including the Federal Rules website and Kepro’s webinar training/website.

<http://www.oregon.gov/dhs/seniors-disabilities/HCBS/pages/index.aspx>

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**Thank You!**

**Home and Community-Based Services  
(HCBS)**

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