

Oregon’s Home and Community Based Services Setting Transition Plan

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Oregon's Home and Community Based Services Setting Global Transition Plan

The Oregon Department of Human Services (DHS) and the Oregon Health Authority (OHA) submits this Global Transition Plan (transition plan) in accordance with requirements set forth in the Centers for Medicare and Medicaid Services Home and Community Based Services (HCBS) Setting and Person Centered Planning Rule released on January 16, 2014. This transition plan includes programs and settings in which individuals receive Medicaid HCBS outside of their own or family home.

Transition Plan Overview

Oregon's HCBS Transition Plan is broken down into phases. Each phase builds on previous phases and is intended to provide additional information and guidance on the next phase. As an example, the development of the global scorecard described below, provided DHS, OHA and its Stakeholders an overview of the current regulatory status of DHS's and OHA's HCBS system. The next phase, through the Provider Self-Assessment and the Individual Experience Assessment, will define specific provider issues and will meet DHS's and OHA's requirements to assess specific settings. The phases in the plan are:

- Phase I – Initial Regulatory Assessment
- Phase II – Statewide Training and 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

Transition Plan Preparation

In preparation for development of Oregon's HCBS Transition Plan, DHS and OHA have worked across agencies and assembled a HCBS Transition Stakeholder Group (Stakeholders) comprised of individuals receiving services, family members, advocates, providers and service delivery system representatives to assess the current status of the HCBS settings' compliance with the new Code of Federal Regulations (CFRs). Three meetings of this group occurred prior to the submission

of this Transition Plan. DHS and OHA will continue meeting with Stakeholders throughout the transition period. DHS and OHA know that this ongoing engagement will improve the transition plan and the implementation process.

Oregon Transition Plan

Phase I. Initial Regulatory Assessment (June- 2014 – April 2015)

DHS and OHA have completed an initial assessment of Oregon Revised Statutes (ORS), Oregon Administrative Rules (OAR), policies and contracts to determine regulatory compliance with the new Code of Federal Regulations across three service delivery systems; Addictions and Mental Health (AMH), Aging and People with Disabilities (APD), and Office of Developmental Disability Services (ODDS). In general, DHS's and OHA's initial assessment has led to the conclusion that ORSs, OARs, policies, and contracts are in compliance with the HCBS regulations. Areas that need to be addressed are identified below. However, key activities in the transition plan will further assess compliance and remediate any remaining areas of concern.

The initial assessment of ORSs, OARs, policies, and contracts specific to provider-owned, controlled, or operated residential HCBS settings was completed on August 4, 2014. The three service delivery systems reviewed ORSs 409, 410, 413, 427, 430, and 443, OARs (see Appendix A), policies, and contracts.

This assessment led to the creation of a "global scorecard". The scorecard (Appendix B) evaluates rules and regulations related to provider-owned, controlled, or operated settings licensed/certified by APD, AMH and by DHS's Office of Licensing and Regulatory Oversight (OLRO) on behalf of APD and ODDS programs. These setting types include Adult Foster Homes for all three service delivery systems, Assisted Living Facilities, Group Homes, Residential Care Facilities, Residential Treatment Facilities and Residential Treatment Homes. These programs are included in Oregon's Medicaid State Plan and Waiver Authority (see Appendix C).

Upon release of CMS's guidance for non-residential settings, DHS and OHA completed the same initial regulatory assessment for certified and unlicensed settings, such as employment and adult day programs, providing HCBS to determine if the statutes, rules, policies and contracts for these settings are in compliance with the new regulations. The three service delivery systems reviewed pertinent ORSs, OARs (see Appendix A), policies, and contracts. The scorecard was updated with the results of this initial regulatory assessment of non-residential settings. That initial assessment was completed on January 22, 2015.

The scorecard is not intended to be the final determination of current individual site compliance or identification of any necessary changes, but it provides an initial snapshot of the status of Oregon's HCBS system. Through this initial assessment, DHS and OHA have found that no immediate changes were necessary to its Oregon Revised Statutes (ORS). However, since submitting the initial Transition Plan on October 13, 2014, Oregon has determined that changes are needed to OARs, not because of inherent areas of non-compliance, but to ensure clarity and facilitate initial and ongoing provider compliance. Specific changes in OARs, policies, practices and contracts and changes found necessary to 1915(c) waivers, and 1915(i) and 1915(k) State Plan Amendments will occur after the provider self-assessment and individual's experience assessment phase.

The scorecard was shared with the Stakeholders at a meeting on August 5, 2014, updated, and posted on Oregon's HCBS website (HCBS website) on March 9, 2015. Oregon's HCBS website address is <http://www.oregon.gov/dhs/dhsnews/pages/hcbs-transitionplan.aspx>. As updates to the transition plan and scorecard occur, the HCBS website will be updated with current materials. This allows Stakeholders and the broader public the chance to provide feedback on the scorecard as well as the transition plan. Their insight and input, based on their individual experience, into the actual level of compliance is vital as DHS and OHA move towards full compliance.

Based on the initial regulatory assessments, DHS and OHA have determined that Oregon's regulations meet the following requirements:

- The setting is selected by the individual, or their representative, from among all available options, including services and supports in the individual's home, unless there are legal impediments that prohibit the individual from being served in a particular setting.
- The setting choice is identified and documented in the person-centered service plan and are based on the individual's needs, and preferences.
- The delivery system facilitates individual choice regarding services and supports, and who provides them.

Based on the assessment of statutes, rules, policies and contracts, DHS and OHA have determined that regulations for most residential setting types meet the following requirements:

- Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

- In limited circumstances, some individuals may need appropriate supports that include personal protective interventions. This is limited to individuals who are a danger to themselves or others and need emergency interventions to be protected.
- Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
- The unit or dwelling can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, substantially similar responsibilities and protections from eviction.
- Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- The setting is physically accessible to the individual.

During Phase II and III, DHS and OHA will work to assure that each residential site meets the following requirements:

- Each individual has privacy in their sleeping or living unit.
- Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
- Individuals sharing units have a choice of roommates in that setting.
- Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
- Individuals receiving services in residential setting are able to have visitors of their choosing at any time.

Also, some non-residential sites may need to adapt and change to comply with the HCBS setting requirements. Facility-based non-residential services, including employment and other day services, must be provided 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.

As part of Oregon's efforts to address non-residential settings, DHS is actively pursuing its Employment First policy. Former Governor Kitzhaber issued an initial Executive Order in April 2013 which directs state agencies to take numerous steps that will advance the Employment First policy. In 2014, the Oregon Legislature provided significant additional funding to carry out the measures required by the

Order. The Executive Order was revised in January 2015. Oregon Administrative Rules (407-025) have been adopted to carry out the Executive Order, a wide array of stakeholders and advocacy groups are engaged in this initiative, and efforts to fully implement the Order are well under way.

Throughout the transition process, providers are being given concrete instructions and technical assistance regarding areas they must address before CMS's final compliance deadline. Providers will have until September 30, 2018 to make all necessary changes. This allows sufficient time for DHS and OHA to assist individuals in transitioning to other facilities that meet the HCBS requirements, if necessary.

Phase II. Statewide Training and Education Efforts (July- 2014 – March 2019)

Provider, Individual and Delivery System Education

DHS and OHA will develop a variety of ways to educate Stakeholders and the broader public. These methods include the use of electronic media and community meetings. DHS and OHA have developed a website designed to provide information and provider training materials in order to keep the broader community informed about the transition progress. The HCBS website will also allow the broader community to have continuous input into the transition process.

Individual and Family Education (July 2014 – March 2019)

In collaboration with Stakeholders, and based upon the results of compliance activities conducted by the agencies and their service delivery systems, DHS and OHA will develop educational materials for consumers/individuals, guardian, representatives and families. These materials will be posted on the HCBS website and provided in regional information meetings. The initial information will explain the new requirements and how they will be included in the assessment and transition process. The educational information will also explain the impact of the new CFRs and how programs and services are to be integrated in the community and that individuals' have the right to access the broader community in which they live. The information will be routinely updated and posted on the HCBS website. DHS and OHA will recommend that providers hold resident and family meetings.

Provider information meetings and trainings (July 2014 – September 2018)

DHS and OHA began meeting with providers and provider associations in July 2014 to inform them of the new regulations, Oregon's conceptual transition plan, and to give providers the opportunities to ask questions and provide initial process input. DHS and OHA will continue to meet with providers and their associations throughout the transition time period.

DHS and OHA are developing strategic technical assistance by drafting and issuing fact sheets, frequently asked questions (FAQs), and responding to questions from providers. DHS and OHA will post materials on the HCBS website and provide it in regional trainings. DHS and OHA will host regional trainings throughout the state. At the advice of the Stakeholders, DHS and OHA will invite providers, consumers, family members and delivery system staff members to the same training to ensure that the information is shared consistently to everyone. Trainings will be held during the day and in evenings to facilitate attendance. DHS and OHA will make recordings of the training content available on-line so that interested parties may watch it at their convenience.

Initial training activities will focus on the new requirements and how to complete the provider self-assessment. The training materials will be presented to Stakeholders for review by May 1, 2015. DHS and OHA will post the training materials on the HCBS website. Additional training will be developed and disseminated regarding individual's rights, protections, person-centered planning, community inclusion and how individual "Modifications to the Conditions" during the person-centered planning process will be implemented. DHS and OHA will continue to engage Stakeholders to develop educational materials on how to work with high risk and vulnerable individuals within the new requirements. Additionally, as these are the homes of the individuals we serve, DHS and OHA will provide clarity on the requirement that all provider-owned, operated, or controlled residential settings maintain a "home-like" quality. The information will be routinely updated and posted on the HCBS website.

Delivery System Education (November 2014 – March 2019)

DHS and OHA will ensure that service delivery system staff members (case managers, personal agents, service coordinators, licensing staff and protective service staff) receive additional training on Person-Centered Planning philosophy and practice, including the empowerment of the individual to fully understand the full range of options available to them, and their rights in making individual choices. The training will stress that individuals have the right to select where

they live and receive services from the full array of available options in Oregon, including services and supports in their own or family homes. The training will include curricula on supporting informed choice, identify areas that providers must address and support implementation of the transition plan. It will also include individuals' rights, protections, person-centered thinking, and community inclusion.

Phase III. Provider Self-Assessment and Individual Experience Assessment (August 2015 – September 2018)

Provider Self-Assessment Tool (August 2015 – September 2015)

In Phase I. of the transition plan, DHS and OHA described how they assessed regulatory compliance with the settings requirements for each type of provider-owned, controlled, or operated HCBS setting authorized and funded under 1915(c) waivers, and 1915(i) and 1915(k) State Plan Options. Phase III of the transition plan details how DHS and OHA will determine compliance with the settings requirements for individual sites within each type of provider-owned, controlled, or operated HCBS setting (e.g. Foster Homes, ALFs, RTFs, non-residential, etc.)

In consultation with Stakeholders, DHS and OHA have developed a Provider Self-Assessment Tool (PSAT) for providers of provider-owned, controlled, or operated residential and non-residential settings. The provider of each site will receive the Provider PSAT with instructions and required timelines for completion. All HCBS providers of provider-owned, controlled, or operated settings will be required to complete the self-assessment for each of those HCBS sites they operate. Providers will be encouraged to include the individuals receiving services, their family members/representatives, advocates and others in their assessment process. Providers will be required to include in their self-assessment a description of their self-assessment process, including participation of any individuals listed previously. DHS and OHA will provide guidance to providers on how to accomplish this activity. Some of the guidance will be factsheets, instructions, and FAQs.

Providers must complete and return the PSAT to DHS and OHA within 60 calendar days of receipt.

Individual Experience Assessment (August 2015 – September 2015)

DHS and OHA do not assume any of the individual HCBS sites meet the new regulations. To validate both DHS's and OHA's initial regulatory assessment and the provider self-assessment, DHS and OHA will actively engage with individuals receiving Medicaid-funded HCBS services as specified in this plan, their families and their advocacy organizations to gather their opinion and insight on how providers are meeting the HCBS requirements.

In consultation with Stakeholders, DHS and OHA are developing an Individual Experience Assessment (IEA) for individuals receiving Medicaid-funded HCBS services in provider-owned, controlled, or operated residential settings and non-residential settings. The IEA will focus primarily on whether the individual feels his or her service experiences align with what is required in the settings requirements.

With advice and feedback from Stakeholders, DHS and OHA are determining the best way to maximize individual participation in the IEA process. All Medicaid-eligible individuals receiving HCBS as identified in this transition plan will receive the opportunity to participate in the IEA process. The results of the IEAs will allow DHS and OHA to gain critical insight about how the individuals receiving services perceive their experiences both with the service delivery system and their service provider. The IEA will indicate if it was completed by the individual, the family, the individual's guardian, or others. Additionally, the IEA will ask if the individual felt that they were able to select their services from all available service options and all available providers. DHS and OHA will provide feedback to the provider, based on their analysis and evaluation of the IEA and require them to address the findings in their final adaptation plan.

Validation of Providers' Self-Assessment (September 2015 – February 2016)

The Individual Experience Assessment and Provider Self-Assessment will be conducted simultaneously.

DHS and OHA will use a variety of ways to validate the PSAT. The first step is the IEA. Ideally, at least one individual from each provider site will complete and return the IEA. As mentioned above, the IEA will validate or contradict the provider's self-assessment. DHS and OHA will also conduct site visits on a random sample of individual sites, separate from and in addition to licensing/certification reviews, to determine the validity of the assessment responses. Through education and technical assistance efforts, DHS and OHA will

be able to corroborate information provided by providers and service recipients. DHS and OHA will also provide and publicize the opportunity for the public to submit feedback on providers' compliance and/or progress. As a key component, DHS and OHA will ask advocacy organizations, such as the Oregon Long Term Care Ombudsman, to inform DHS and OHA if the Ombudsmen or other advocates have concerns about providers' attestations.

DHS and OHA will leverage existing organizational partners such as the Governor's Advocacy Office, adult protective service staff, licensing staff and case managers to assist in validation of assessment results and ongoing provider compliance. Staff from these entities will report concerns or areas of inconsistency. The reports from these staff members will allow the centralized HCBS team to compare complaints, issues and allegations against providers.

DHS and OHA anticipate that it will have the completed PSATs and IEAs returned by 09/30/2015. DHS and OHA expect to analyze approximately 4000 completed PSATs. IEAs will be sent to approximately 30,000 individuals receiving services in provider-owned, controlled, or operated residential settings and non-residential settings funded by 1915(c), 1915(i), and/or 1915(k). Dependent upon the rate of return of IEAs, DHS and OHA anticipate that it will take 5 months to compile, analyze and compare the results of the PSATs and IEAs.

After results are compiled, analyzed, and compared, as detailed in the attached timeline, DHS and OHA will amend the Global Transition Plan to include assessment results, analysis, and plan for remediation activities. Oregon anticipates submitting its amended Global Transition Plan on July 1, 2016. The amended plan will also include the aggregated number of sites that fully align with federal requirements, the aggregated number of sites that do not currently comply and require modifications, and the aggregated number of sites that cannot meet the requirements and will require termination of the provider's Medicaid HCBS contract.

Additionally, DHS and OHA will identify and provide justification/evidence of any sites not identified in Phase IV below, that are presumptively non-HCBS but for which DHS and OHA will request heightened scrutiny. Prior to submission to CMS of the amended Global Transition Plan, DHS and OHA will commence a 30 calendar day public notice and comment period with at least one public forum. The public notice will include information about how individuals can request a printed copy of the amended Transition Plan.

Phase IV. Heightened Scrutiny Process (October 2014 – June 2016)

Facilities and Programs Oregon has Initially Identified to Require Heightened Scrutiny

Based on an initial offsite review of provider-owned, controlled, or operated residential HCBS settings, Oregon is pro-actively asking CMS to approve the following facility or program types through the heightened scrutiny process. DHS and OHA do not believe that these types of facility or programs in Oregon have the effect of isolating individuals receiving HCBS from the broader community and they serve a critical function in meeting the needs of individuals receiving HCBS.

- *Facilities in the same building, on the grounds of, or immediately adjacent to, inpatient treatment facilities or public institutions*
 - These facilities or programs will meet the HCBS requirements regardless of the location and will not isolate individuals from the broader community.
 - In some cases, the facilities are co-located with institutions to provide individuals the ability to gain additional skills that allow them to transition to other settings in the community.
 - In other cases, the HCBS setting was not intentionally located adjacent to an inpatient treatment facility or public institution. As an example, an adult foster home, a traditional family home, may be adjacent to the Oregon State Hospital but is operated by an independent provider.
 - These settings are often located where a residential neighborhood begins and individuals have full access to the community.
 - In the few instances where the location of the setting creates concerns of potential isolation from the broader community, DHS and OHA will work with providers to identify additional resources that facilitate increased access to the broader community.

Review for Heightened Scrutiny (October 2014 – June 2016)

Throughout Phase III of the Global Transition Plan, DHS and OHA will assess each site to determine if it does not appear to meet the HCBS settings requirements and requires Heightened Scrutiny. This will include:

- Conducting an initial review of licensing and service delivery system records to determine if the site is in the building of, on the grounds of, or adjacent to an institution. (October 2014)
- Working with stakeholders to create criteria for determining which sites will require Heightened Scrutiny (June 2015).
- Using the provider assessment, IEA responses, and additional criteria to determine and propose if a site meets the definition of an HCBS site. (September 2015 - February 2016)
- Conduct on-site review of sites determined to require heightened scrutiny. (February 2016 – June 2016)
- Posting information on each site that requires Heightened Scrutiny on the HCBS website and asking for public comment. (July 2016)
- Providing opportunity for sites to request an Administrative Review of DHS's and OHA's determination. (August 2016 - September 2016)
- Compiling a report of the settings presumed to require heightened scrutiny and submit evidence and justification to CMS to apply review process (described in Phase III). (September 2016)
- Expected receipt of CMS response. (December 2016)
- Determining remediation strategies and next steps (September 2016 – September 2018)

Phase V. Remediation Activities (May 2015 – September 2018)

After the PSAT and IEA results for all providers are analyzed, DHS and OHA shall supply each provider an initial response detailing findings and the areas that they must change to come into compliance with the HCBS regulations. The initial response will be sent no later than February 2016. The initial response will include a template, developed with Stakeholders, for providers to use to develop a Provider-Specific Adaptation Plan. Upon receipt of the initial response, each provider will have 30 calendar days to provide DHS and OHA additional information rebutting the findings. This submission will trigger a review process through which an administrative review committee (ARC) will make a final determination on the areas that must be remediated. The ARC will make a final determination within 30 calendar days. DHS and OHA will then send the provider a final response detailing the ARC's determination and identify changes that must be addressed in the provider's Adaptation Plan.

Prior to December 2015, DHS and OHA will create an advisory panel, comprised of Stakeholders, to develop evaluation criteria for the Adaptation Plans. The advisory panel will also evaluate the Provider Adaptation Plans, using the developed criteria, and provide recommendations to DHS and OHA to ensure the plans meet HCBS regulations. This advisory panel will provide critical insight as DHS and OHA determine if providers have submitted satisfactory Adaptation Plans. Plans that do not meet the requirements will be returned to the providers/programs for necessary changes. Providers/programs who do not agree with DHS's and OHA's evaluation of the Adaptation Plan may request an administrative review of the determination within 30 calendar days of receiving DHS's and OHA's decision. DHS and OHA will make a final decision within 30 calendar days of receiving the request for an administrative review.

Approved Adaptation Plans will be posted on the HCBS website. DHS and OHA will redact any individually identifiable or confidential information before posting.

DHS and OHA will ensure that sites are making progress towards compliance through licensing and service delivery system staff visits. A reporting mechanism will be created by DHS and OHA to allow these staff to report individual providers' progress. For sites that are not licensed, contract compliance staff will review providers annually to ensure that these provider types are meeting the requirements.

DHS and OHA will also develop a scorecard of provider's progress towards implementing the new requirements and post it on the HCBS website. This scorecard will allow the public to view the provider's assessment of their status.

DHS and OHA will require that providers submit their FINAL Adaptation Plan no later than December 31, 2016. For providers needing assistance to come into compliance DHS and OHA shall:

- Facilitate regional focus groups of providers who can talk through provider specific issues and problem-solve how to achieve compliance together. Participation will be voluntary and can include individuals and family members who may aid in the problem solving process.
- Provide direct technical assistance at the request of the provider.
- Provide information on the HCBS website to guide providers in making the necessary changes.

Phase VI. Ongoing Compliance and Oversight (May 2015 – Ongoing)

Oregon will assess providers' progress towards compliance through reports, interviews and on-site inspections that include information from providers and individuals receiving services.

Licensing and service delivery system staff will be critical to ensuring compliance and assuring providers' progress on their adaptation plans. DHS and OHA will ensure that these staff members are appropriately trained on the new regulations and expectations. Additionally, ongoing surveys of individuals will ensure that providers reach compliance.

With the Stakeholders, DHS and OHA will develop processes, data elements and other aspects to measure the impact of the changes on individuals receiving services. DHS and OHA will report out the compiled data on a regular basis and post information on the HCBS website.

Once overall compliance is achieved, strategies to ensure ongoing compliance will include:

- Conducting the Individual Experience Assessment biennially;
- Building questions from the individual's experience assessment into annual service planning processes;
- Ongoing licensing inspections by licensing staff; and
- Oregon's quality management system will include ongoing HCBS setting compliance monitoring to ensure that settings continue to comply with the HCBS Setting Rule.

Throughout the Transition Plan, DHS and OHA will work closely with the Stakeholders to ensure that DHS and OHA have a robust view on the progress towards successful implementation of the Transition Plan and the changes necessary to reach lasting compliance. DHS and OHA will engage Stakeholders and other avenues to evaluate progress, identify areas of concern, and propose solutions. This transition process will be transparent to Stakeholders and the broader public.

Providers must be in full compliance with the regulations by September 30, 2018. This timeline assures that DHS and OHA have adequate time to assist individuals, using a person-centered planning process, to choose alternative services and settings options if their individual provider is unable to meet full compliance, If, by

September 30, 2018, the provider is not in full compliance, DHS and OHA will begin working with individuals and their family members or representatives to transition to a site that is in compliance. This will allow more than 5 full months to transition individuals by CMS's final compliance deadline. Individuals must be moved to compliant sites by February 28, 2019. Medicaid contracts for providers who are not willing or able to come into compliance with the regulations will be terminated no later than February 28, 2019.

DHS and OHA will notify service recipients in writing by 09/30/2018 if their current provider is not in compliance with the HCBS regulations. The notification will explain the individual's rights and options available to them. It will also define the process and timeline to help the individual make an informed choice of another site that is in compliance. Individuals will be able to select from all available settings. Service delivery system staff will assist individuals and their representatives in the person-centered service planning process and will ensure that all critical services and supports are in place prior to the individual transitioning to another site.

Providers who are unable to come into compliance will no longer be able to contract with DHS and OHA effective March 1, 2019. Providers who are not able to achieve full compliance by September 30, 2018 will be required to assist the DHS and OHA in transitioning individuals by February 28, 2019 to other sites that are in compliance.

Key Action Item Timeline

This timeline is intended to provide an overview of the timing involved in reaching full compliance. Some activities may start earlier and have a more rapid implementation process.

Key Action Items	Approx. Start Date (first day of month)	Approx. End Date (last day of month)
<i>Pre Plan Activities</i>		
Meetings with provider associations	Jul- 14	Sep- 14
Convene a HCBS Transition Stakeholder Group	Aug- 14	Sep- 19
HCBS Transition Stakeholder Kick-off meeting	Aug- 14	Aug- 14
<i>Phase I- Initial Regulatory Assessment</i>		
Complete an initial assessment of Oregon's residential and non-residential settings' regulatory compliance with the CFRs	Jun- 14	Jan - 15
Share scorecard with stakeholders	Aug- 14	Aug- 14 and Mar- 15
Post scorecard on Oregon HCBS Website	Aug- 14	Sep- 14 and Mar- 15
<i>Oregon Transition Plan Development and Submission</i>		
Write draft Transition Plan	Aug- 14	Aug- 14
Stakeholder review of draft transition plan	Aug- 14	Aug- 14
Public Comment Period: <i>September 5, 2014</i>	Sep- 14	Oct- 14
End of Public Comment Period: (October 5, 2014)	Oct- 14	Oct- 14
Transition Plan Submitted to CMS	Oct- 14	Oct- 14
Expected response from CMS	Jan- 15	Jan- 15
Response to CMS's request for additional information	Jan- 15	Apr- 15
<i>Phase II- Statewide Training and Education Efforts</i>		
Meet with providers and associations	Jul- 14	Ongoing
Develop educational materials for individuals, providers, and Case Managers including FAQs and Fact Sheets	Oct- 14	Ongoing
Share materials with stakeholders	Apr- 15	Ongoing

Oregon's Home and Community Based (HCB) Setting Transition Plan

Key Action Items	Approx. Start Date (first day of month)	Approx. End Date (last day of month)
Post materials on website	May- 15	Ongoing
Host regional training and information meetings for individuals, providers, and case managers.	Jun- 15	Jul- 15
Phase III- Provider Self-Assessment and Individual Experience Assessment		
Provider Self-Assessment		
Develop Provider Self-Assessment Tool (residential and non-residential providers)	Oct- 14	Apr- 15
Share with Transition Stakeholder Group	May- 15	May- 15
Develop online survey tool	Jun- 15	Jul- 15
Send provider self-assessment to residential and non-residential providers	Aug- 15	Aug- 15
Provider Self-Assessments completed and returned to State	Aug- 15	Sep- 15
Individual Experience Assessment		
Develop a survey for individuals receiving services	Oct- 14	Apr- 15
Share survey with Transition Stakeholder Group	May- 15	May- 15
Develop online survey tool	Jun- 15	Jul- 15
Send Individual Experience Assessments to individuals receiving HCBS	Aug- 15	Aug- 15
State and partners to conduct individual assessments, as necessary (<i>in-person, phone</i>)	Aug- 15	Sep- 15
Individual Experience Assessments completed and returned to State	Aug- 15	Sep- 15
Provide technical assistance to individuals	Aug- 15	Sep- 15
Provider Self-Assessment and Individual Experience Assessment Results and Responses		
Develop and disseminate Adaptation Plan template for providers to develop their individual Adaptation Plan	Jun- 15	Jul- 15
State evaluates Individual Experience Assessments and Provider Self-Assessments (comparison of results from both)	Sep- 15	Feb- 16
State to provide initial notice of findings, including Adaptation Plan template, to residential and non-residential providers and recommendations for Adaptation plans	Sep- 15	Feb- 16

Oregon's Home and Community Based (HCB) Setting Transition Plan

Key Action Items	Approx. Start Date (first day of month)	Approx. End Date (last day of month)
Providers may request a review of State's initial findings	Mar- 16	Mar- 16
State responds to provider's request for review of initial findings	Apr- 16	Apr- 16
Submission of Amended Global Transition Plan		
State evaluates Individual Experience Assessments and Provider Self-Assessments (comparison of results from both)	Sep- 15	Feb- 16
State identifies necessary Transition Plan changes	Sep- 15	Feb- 16
State identifies settings that require heightened scrutiny	Feb- 16	Jun- 16
State amends Global Transition Plan	Mar- 16	Mar- 16
Stakeholder review of draft transition plan	Apr- 16	Apr- 16
30- day Public Comment Period	May- 16	Jun- 16
Amended Global Transition Plan Submitted to CMS	Jul- 16	Jul- 16
Expected response from CMS	Oct- 16	Oct- 16
Phase IV. Heightened Scrutiny Process		
State evaluates Individual Experience Assessments and Provider Self-Assessments (comparison of results from both) and identifies settings that require heightened scrutiny	Sep- 15	Feb- 16
State conducts on-site reviews of settings identified to require heightened scrutiny per CMS's regulations	Feb- 16	Jun- 16
State submits evidence and justification to CMS for each setting that is presumed to be non-HCB but the State has determined to meet HCB requirements to apply heightened scrutiny review process	Sep- 16	Sep- 16
Phase V- Remediation Activities		
Adaptation Plans		
Update website to guide providers in making the necessary changes.	May- 15	Ongoing
Develop with Stakeholders an advisory panel and Adaptation Plan review criteria	May- 15	Dec- 15
Providers submit Adaptation Plans addressing State's findings	May- 16	Jun- 16
State and advisory panel review providers' Adaptation Plan and provides approval or denial of Plan	Jul- 16	Aug- 16

Oregon's Home and Community Based (HCB) Setting Transition Plan

Key Action Items	Approx. Start Date (first day of month)	Approx. End Date (last day of month)
Providers may appeal the State's denial	Sep- 16	Sep- 16
State's will review appeal evidence and issue a final decision	Oct- 16	Oct- 16
Providers submit FINAL Adaptation Plan addressing State's findings	Nov- 16	Dec- 16
Develop a scorecard of provider's compliance	Jan- 17	Feb- 17
Post scorecard on website	Mar- 17	Mar- 17
Gather public input on provider's assessment	Apr- 17	Sep- 18
<i>OAR, 1915(c) waivers, and 1915(i) and 1915(k) State Plan Amendment (SPA) Changes</i>		
Assess OARs, waivers, and SPAs for needed changes	Oct- 14	Apr- 15
Work with stakeholders to identify and address necessary OAR, waivers, and SPA changes	Apr- 15	May- 15
Conduct formal rule making process	Jun- 15	Jan- 16
Public Notice and Submission of any necessary waiver amendments and SPAs.	Mar- 16	Dec- 16
<i>Modifications to Conditions (Service Plans)</i>		
Develop policies and procedures on individual service plan modifications	Jan-15	Dec-15
Create expectations and a method for collecting data on an ongoing basis to measure the effectiveness of the modification	Jan- 15	Jul- 15
Develop timeframes for review of the data and effectiveness of the modification to ensure it continues to be appropriate.	Jan- 15	Dec- 15
<i>Achieving Initial Compliance</i>		
Develop procedures for interviewing providers, individuals, family members and program inspections.	Jan- 15	Jul- 15
Develop policies and procedures for Quality Assurance and Licensing staff to check progress on their adaptation plans.	May- 15	Jan- 16
<i>Phase VI- Ongoing Compliance and Oversight</i>		
Develop ongoing monitoring and quality assurance processes	May- 15	May- 18

Key Action Items	Approx. Start Date (first day of month)	Approx. End Date (last day of month)
Assist individuals in finding and transitioning to alternative settings	Sep- 18	Feb- 19
Terminate Medicaid contracts with non-compliant providers	Mar- 19	Mar- 19
2 nd Individual Experience Assessment	Jul- 17	Dec- 17
3 rd Individual Experience Assessment	Jul- 19	Dec- 19

Appendix A: Inventory of Oregon Administrative Rules Reviewed as part of HCBS Transition Plan

OAR	Title
<i>Oregon Health Authority, Addictions and Mental Health</i>	
309-035	Residential Treatment Facilities For Mentally Or Emotionally Disturbed Persons and Residential Treatment Homes
309-040	Adult Foster Homes
<i>Department of Human Services, Aging and People with Disabilities</i>	
411-015	Long-Term Care Service Priorities For Individuals Served
411-050	Adult Foster Homes
411-054	Residential Care And Assisted Living Facilities
411-057	Memory Care Communities
411-065	Specialized Living Services
411-066	Adult Day Services Programs
411-067	Continuing Care Retirement Community
<i>Department of Human Services, Office of Developmental Disability Services</i>	
407-025	Integrated Employment Services to Individuals with I/DD
411-308	In-Home Support for Children with Intellectual or Developmental Disabilities (I/DD)
411-318	Individual Rights, Complaints, Notification of Planned Action, and

	Contested Case Hearings for Developmental Disability Services
411-320	Community Developmental Disability Programs
411-323	Agency Certification and Endorsement to Provider Services to Individuals with I/DD in Community-Based Settings
411-325	24-Hour Residential Settings for Children and Adults with I/DD
411-328	Supported Living Settings for Individuals with I/DD
411-330	Comprehensive In-Home Support for Adults with I/DD
411-340	Support Services for Adults with I/DD
411-345	Employment and Alternatives To Employment Services for Individuals with I/DD
411-346	Foster Homes for Children with I/DD
411-360	Adult Foster Homes for Individuals with I/DD

Appendix C

Setting and Program Types with Medicaid Authority

Setting Type	Funding Authority	Rule Meets HCBS Criteria
<u>Assisted Living Facility (ALF)</u>	<u>1915 (k)</u>	<u>Yes</u>
Adult Foster Care (AFC)	<u>1915 (i)</u> <u>1915 (k)</u>	<u>Yes</u>
Adult Day Center	<u>1915 (k)</u>	Yes
Day Habilitation Provider	<u>1915 (k)</u>	Yes
Residential Care Facilities (RCF)	<u>1915 (k)</u>	Yes
Residential Treatment Facility/Home for Mentally or Emotionally Disturbed Persons	<u>1915 (i)</u> <u>1915 (k)</u>	Yes
Supported Living Providers	<u>1915 (k)</u>	Yes
Adult Group Home (GCH)	<u>1915 (k)</u>	Yes
Group Care Homes for Children (GCH)	<u>1915 (k)</u>	Yes
Developmental Disabilities Adult Foster Care	<u>1915 (k)</u>	Yes
Children's Developmental Disability Foster Care	<u>1915 (k)</u>	Yes

