

**Home and Community Based Services
Statewide Transition Plan**



Georgia Department of Community Health

Division of Medicaid

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Draft for Public Comment

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Foreword

Summary

Effective March 17, 2014, GPCs for Medicare and Medicaid Services (CMS) issued new regulations that require home and community-based waiver services to be provided in community-like settings commonly referred to as the Home and Community-Based Services Settings Rule (Rule). The new Rule defines settings that are and are not community-like. Service settings that do not have characteristics determined to be community-based cannot be reimbursed by Medicaid. The purpose of the Rule is to ensure that people who receive home and community-based waiver services have opportunities to access their community and receive services in the most integrated settings. The Rule stresses the importance of ensuring that individuals who rely on home and community-based services are not isolated or segregated and are able to exercise rights, optimize independence, and choose from an array of integrated service options and settings. This includes opportunities to seek employment and work in competitive environments, engage in community life, control personal resources and participate in the community just as people who do not receive home and community-based services do. The Rule reiterates and emphasizes that services must reflect individual needs and preferences as documented by a person-centered plan.

States are required to transition to a status of full compliance with the Rule by March 2019. To demonstrate compliance with the new Rule, states are required to develop a Statewide Transition Plan that describes how it will assess all settings subject to the Rule and apply a methodology whereby the state will fully comply by the end of the transition period.

This document outlines Georgia's transition plan, hereinafter called Statewide Transition Plan or STP. Georgia published its first STP in December 2014 as required by the Rule in correlation to a series of Home and Community Based Services 1915(c) waiver amendments.

Georgia's Statewide Transition plan is produced and submitted to CMS by the Department of Community Health (DCH), Georgia's state Medicaid agency. The STP was developed with stakeholder input including public comment through multiple modes. It is Georgia's intent to comply with the new Rule and implement a transition plan that assists members to lead healthy, independent, and productive lives; to have the ability to live, work, and participate in their communities to the fullest extent and most integrated way possible; and to fully exercise their rights as residents, tenants, purchasers, and autonomous individuals. Further, that implementation of the transition plan promotes the well-being of families whose loved-ones are served by the waivers and supports providers to promote such opportunities with integrity to the spirit of the rule.

Background: 1915(c) Waivers

Section 1915(c) of the Social Security Act (the Act) authorizes the Secretary of Health and Human Services to waive certain requirements in the Medicaid law in order for states to provide home and community-based services (HCBS) to meet the needs of individuals who choose to receive their long-term care services and supports in their home or community, rather than in institutional settings. The Federal government authorized the "Medicaid Home and Community-Based Services Waiver program"

in 1981 under Section 2176 of the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35). It is codified in section 1915(c) of the Social Security Act.

Georgia has five approved waivers. The waivers have been designed to meet a variety of needs for multiple populations and have assisted Georgia in providing Medicaid-funded community based, long-term care services and supports for eligible members.

Overview of Georgia’s HCBS Programs

Current Medicaid enrollment in Georgia is 1,933,463 members of which there are just under 38,000 enrolled in HCBS waiver programs on any given day. Waiver programs generally provide the following core services:

- 1) service coordination/case management (help with managing care needs and services)
- 2) personal support (assistance with daily living activities, i.e. bathing, dressing, meals and housekeeping) in your own home
- 3) residential services (personal support provided in a provider-owned home)
- 4) home health services (nursing and therapy services)

Georgia’s five (5) waiver programs, all established under the 1915(c) authority, are:

- Elderly and Disabled Waiver
 - Community Care Service Program (CCSP)
 - Service Options Using Resources in a Community Environment (SOURCE)
- Comprehensive Supports Waiver Program
- New Options Waiver Program (NOW)
- Independent Care Waiver Program (ICWP)
- Georgia Pediatric Program (GAPP)

Table 1: Georgia’s Waiver Programs

Waiver/Program Name	Population Served	Institution Waived	Active Members
Elderly and Disabled Waiver – CCSP	Elderly and disabled	Nursing Facility	8,330
Elderly and Disabled Waiver – SOURCE	Elderly and disabled	Nursing Facility	15,678
Independent Care Waiver Program	Severely physically disabled	Nursing Facility/ Hospital	1380
New Options Waiver	Developmental disabilities	ICF-ID	4570
Comprehensive Supports Waiver	Developmental disabilities	ICF-ID	7399
Georgia Pediatric Program	Medically fragile children under age 5	Nursing Facility/Hospital	0
			37,357

Elderly and Disabled Waiver

Two programs operate under the Elderly and Disabled Waiver, the Community Care Services Program (CCSP) and the Service Options Using Resources in a Community Environment (SOURCE) program. Both CCSP and SOURCE provide supports to Georgia's aging and/or disabled population who experience significant physical/functional disabilities. Services available in addition to core services described above include home delivered meals and emergency response systems. SOURCE links primary medical care and case management to address more complex medical conditions. Approximately 30,000 members are served annually through this waiver.

New Options Waiver and Comprehensive Supports Waiver

The New Options Waiver (NOW) and the Comprehensive Supports Waiver Program (COMP) offer home- and community-based services for people with intellectual disabilities (ID) or developmental disabilities (DD) including conditions such as cerebral palsy, epilepsy, autism or neurological disorders. These disabilities require a level of care provided in an intermediate-care facility (ICF) for people diagnosed with ID/DD. Examples of services available in addition to core services described above include supported employment, respite, and behavioral and nutrition supports.

Independent Care Waiver Program - The Independent Care Waiver Program (ICWP) offers services that help adult Medicaid members with significant physical disabilities live in their own homes or in the community instead of a hospital or nursing home. ICWP services are also available for persons with traumatic brain injuries.

Georgia Pediatric Program - The Georgia Pediatric Program (GAPP) serves children who are medically fragile and in need of skilled nursing care in a Medically Fragile Day Center. The program provides medical day care as an alternative to full-time skilled nursing facility care or institutional setting such as a hospital. There are currently no enrolled providers of this service. Rather, eligible children are receiving skilled nursing and related services in their own homes under the state plan skilled nursing benefit for children under 21 years of age.

The Department of Community Health as the designated State Medicaid Agency has direct responsibility for the Medicaid program in Georgia, however, other state agencies assist in administering specific waiver programs. The Department of Behavioral Health and Developmental Disabilities (DBHDD) is the operating agency for the NOW and COMP waivers. The Department of Human Services/Division of Aging (DHS/DAS) is the operating agency for the CCSP, but transferred to DCH effective July 1, 2016.

The Statewide Transition Plan and Process

Georgia's Department of Community Health initially created four waiver-specific Statewide Transition Plans in concert with waiver amendments required as a result of legislative action in the 2014 General Assembly. Within 120 days of the first waiver amendment, Georgia developed, noticed and submitted to CMS a comprehensive Statewide Transition Plan (STP) as required by the Rule. These plans established the components of the STP and projected timelines for completing the work plan toward compliance with the Rule. The STP describes the necessary identification and assessment of all settings subject to the Rule and remediation steps for those that do not exemplify the characteristics associated with the Rule's definition of home and community-based services: demonstrating integration, supporting

independence and community involvement, and reflecting choice and person-centeredness. The STP is to address methods of analysis, approaches for engaging stakeholders, procedures for compliance with the Rule's public noticing requirements, and to determine a long-term plan for ongoing compliance including remediation steps and monitoring. Each version of the STP reflects more detail as the planning has evolved.

Previous transition plans, including waiver program specific plans can be found at <http://dch.georgia.gov/waivers>

This STP is the result of public comment through a series of public forums held in conjunction with each version of the plan, input from a Statewide Stakeholders Task Force inclusive of recommendations from its committees, and the results of assessments and surveys. Summaries of public comments and the state's response to those from previous plan versions are available on the DCH website (link below).

Public Comments and the state's response are described in Appendix P.

Additionally, the state worked with CMS to update its work plan, converting it to a Milestones document which is reflected in this version of the STP.

The STP is posted on the DCH website at www.dch.georgia.gov/hcbs and is available for public comment from the period of 08/08/2016-09/08/2016. Interested parties may comment by:

- Emailing comments to HCBSTransition@dch.ga.gov
- Faxing comments to 404-656-8366.
- Mailing written comments to the Department of Community Health, Attention: HCBS 37th Floor, 2 Peachtree Street, N.W., Atlanta, Georgia 30303)

Sections of the Plan

The following sections are included within the Statewide Transition Plan.

- Identification
- Outreach and Engagement
- Assessment
 - Systemic Review and Remediation
 - Site-Specific Settings Review and Remediation
- Heightened Scrutiny
- Monitoring and Oversight
- Appendices

Each section describes products and key requirements of the STP with supporting activities and tasks, some of which have been completed and others that are still pending according to the STP timeline. Each section will contain further detail of tasks completed, lessons learned, next steps for remediation and responsible entities, dates for implementation and expected outcomes. Major products and the steps and associated timelines for achieving those are outlined as Milestones. The CMS asked the state to update its previously submitted work plan to convert it to a Milestones document which is reflected in this version of the STP at Appendix A.

Identification of Settings and Stakeholders - The plan includes a description of those settings in which waiver program services may be delivered that are subject to the HCBS Rule, the identification of stakeholders for each service and setting type to whom outreach and with whom engagement is critical, and the number of settings and members receiving services in those settings.

Outreach and Engagement - The plan describes how DCH engaged and will continue to engage stakeholders in the transition planning and implementation including the setting and systemic assessment and review process.

Assessment There are two parts of the Assessment, the Systemic Review and the Site-Specific Settings Assessment. Included in each review are the **Remediation Strategies** of the plan. The plan will describe the state's strategy to ensure compliance with the home and community-based setting requirements. The plan includes remediation for the state's standards, procedures and policies as well as specific sites or providers. Also included are strategies for settings not in compliance that will culminate in relocation of members.

Systemic Review - The plan describes the state's assessment of the extent to which its regulations, standards, policies, licensing requirements, and other provider requirements ensure settings are in compliance. The plan will include a detailed crosswalk with the outcomes of the state's systemic assessment of all documents.

Site-Specific Settings Review - The plan includes a description of those settings in which waiver program services may be delivered that are subject to the HCBS Rule, the identification of stakeholders for each service and setting type to whom outreach and with whom engagement is critical, and the number of settings and members receiving services in those settings. The plan further describes the state's process by which it has and will continue to assess specific settings in which home and community-based services are provided to determine whether the settings are in compliance with the rule.

Heightened Scrutiny - The plan describes the evidence the state will submit in a heightened scrutiny process to demonstrate that a setting is home and community-based including but not limited to information obtained during the site-specific assessment and information the state received during the public input process.

Oversight and Monitoring - The plan will describe the processes the state will implement to ensure that timelines and milestones are met during the transition period as well as a description of its oversight and monitoring processes for continuous compliance of settings after the transition period ends.

Several appendices following these sections provide supporting documentation and evidence of STP activities.

SECTION ONE – IDENTIFICATION OF SETTINGS AND STAKEHOLDERS

This section identifies all the elements of the Statewide Transition Plan that are pivotal to a thorough analysis of home and community based settings subject to the Settings Rule and the development, implementation and monitoring of the Statewide Transition Plan. The state has identified:

- All waiver services and providers of those services that are subject to the Settings Rule
- All unique settings of HCBS that must be addressed by the Statewide Transition Plan (STP)
- All stakeholder groups who must be included in the development, implementation and monitoring of the STP
- All HCBS policies and related regulations that must be addressed by the STP

Further activities conducted as part of the STP will identify:

- Human and financial resources required to implement the STP and comply with the Settings Rule

Waiver Services Subject to the Settings Rule

The following is a brief description of the services that are provided through the waiver programs and are subject to the Rule:

Adult Day Health (ADH) is a community-based medically oriented day program that provides social, health and rehabilitative services to individuals who are functionally impaired. ADH services support individuals living with chronic illness and assist individuals to recover from acute illnesses or injuries. The ADH program provides services that promote medical stability, maintain optimal capacity for self-care and maximize the individual's highest level of functioning and independence as reflected on the individual's Comprehensive Care Plan.

ADH services increase opportunities for individuals to participate in multifaceted activities, including social and cultural activities. All ADH services reflect the individual's needs as indicated on the Comprehensive Care Plan developed by the care coordinator and approved by the individual's physician.

Number of Adult Day Health Facilities- 190

Alternative Living Services- An ALS-Group Model personal care home is a freestanding residence, non-institutional in character and appearance, and licensed to serve seven (7) to twenty-four (24) members. The provider leases, rents or owns a licensed personal care home. Responsibilities of the provider include member intake/assessment, nursing supervision, and daily administration of the program. The provider employs sufficient staff to directly provide medically oriented personal care and 24-hour supervision, seven days a week. A designated responsible staff person is on the premises 24 hours a day, seven days a week.

Number of Alternative Living Services Personal Care Homes- 358

Community Access Group- Services in facility-based and community-based settings outside the participant's own or family home or any other residential setting. Provision of oversight and assistance with daily living, socialization, communication, and mobility skills building and supports in a group. Assistance in acquiring, retaining, or improving: Self-help, Socialization and Adaptive skills for active community participation and independent functioning outside the participant's own or family home, such as assisting the participant with money management, teaching appropriate shopping skills, and teaching nutrition and diet information. Provided in a facility or a community as appropriate for the skill being taught or specific activity supported.

Number of Community Access Group Settings - 635

Community Residential Alternatives - Community Residential Alternative (CRA) services are designed for persons who need concentrated levels of support. These services are a range of interventions that focus on training and support. Services are individually tailored to meet specific needs and assist with changes in service needs. The service needs may be addressed in one or more of the following areas: eating and drinking, toileting, personal grooming and health care, dressing, communication, interpersonal relationships, mobility, home management, and use of leisure time.

Number of Community Residential Alternatives - 61

Pre-Vocational Services- These services help people work towards paid or unpaid employment on a one to one basis or in a group setting outside of the person's home, family home or any other residential setting. The purpose of the service is to teach people skills necessary to be successful in a job in the community. Examples of service activities include but are not limited to: following rules, attendance, completing tasks, problem solving, endurance, work speed, work accuracy, increased attention span, motor skills, safety, and social skills in the workplace.

Number of Pre-Vocational Services - 458

Supported Employment- SE is available to eligible individuals, who express a desire and have a goal for competitive employment in their Individual Recovery Plan (IRP); and who, due to the impact and severity of their mental illness have recently lost employment, or been underemployed or unemployed on a frequent or long term basis. Services include supports to access benefits counseling; identify vocational skills and interests; and develop and implement a job search plan to obtain competitive employment in an integrated community setting that is based on the individual's strengths, preferences, abilities, and needs.

Number of Supportive Employment Providers - 436

Out-of-Home Respite (RC) is a service that provides temporary relief to the caregiver(s) responsible for performing or managing the care of a functionally impaired person. Respite Care workers provide only

non-skilled tasks and services that are normally provided by the caregiver specifically for the respite care client. Respite Care is provided in an out-of-home respite care setting approved by the Division of Aging Services.

Number of Out-of-Home Respite Providers – 150

The state began its identification of HCBS providers and members by reviewing current Medicaid enrollment data of all eligible members as of November 2015 and extracting those members who had received services within a one (1) year period based on paid claims data.

A further analysis was completed to identify those members who had received services within the following provider specialties and are subject to requirements outlined in the Final Rule:

- Adult Day Health
- Alternative Living Services
- Community Access Group
- Community Residential Alternatives
- Pre-Vocational Services
- Supported Employment
- Respite Out-of-Home Care
- Medically Fragile Day Care

HCBS providers were identified by reviewing claims data during the same one year period of time. Further review was conducted to remove those providers that were determined to no longer be active or provide other services than those listed above. Additional investigation was performed on each setting to determine if it was in, on the grounds of, or adjacent to an institutional setting. The chart below describes the number of settings by waiver category and specialty. Some settings provide multiple services and some providers have multiple settings are counted accordingly.

Settings Identification

The chart below details all services that are provided per waiver program and also indicates which are subject to the final rule.

Key:

X	Services provided in each waiver	X	Service setting subject to the rule
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Table 2: Waiver Services Subject to the Rule

Services by Program	Elderly and Disabled Waiver (E & D)		Independent Waiver Program (ICWP)	New Options Waiver Program (NOW)	Comprehensive Supports Waiver Program (COMP)
	Services Options Using Resources in a Community Environment (SOURCE)	Community Care Services Program (CCSP)			
Adult Day Health	X	X	X		
Adult Therapy Services (OT, PT, Speech Language)				X	X
Alternative Living Services	X	X	X		
Behavioral Supports Consultation Services				X	X
Case Management	X	X	X	X	X
Community Access Group Services				X	X
Community Guide Services				X	X
Community Living Support				X	X
Community Residential Alternative Services				X	X
Counseling			X		
Emergency Response Services	X	X	X		
Environmental Accessibility Adaptation Services				X	X
Financial Support Services				X	X
Home Delivered Meals	X	X			
Environmental Modification			X	X	X
Individual Directed Goods and Services				X	X
Natural Support Training				X	X
Out of Home Respite Care	X	X	X	X	X
Personal Support Services	X	X	x		
Prevocational Services				X	X
Respite Services	X	X	X	X	X
Specialized Medical Equipment and Supplies			X	X	X

Services by Program	Elderly and Disabled Waiver (E & D)		Independent Waiver Program (ICWP)	New Options Waiver Program (NOW)	Comprehensive Supports Waiver Program (COMP)
	Services Options Using Resources in a Community Environment (SOURCE)	Community Care Services Program (CCSP)			
Supported Employment Services				X	X
Transportation Services				X	X
Vehicle Adaptation Services			X	X	X

HCBS settings relevant to the final rule were identified by reviewing active provider enrollment data from 2014-2015. Further review was conducted to remove those providers that were determined to no longer be active (the state’s system allows for providers to remain active for up to 18 months with claims submission before being terminated) or only provide services other than those subject to the final rule. By using Geo-tracking, the state was able to determine for each setting if it was in, on the grounds or adjacent to an institutional setting. The Geo-tracking process uses records in the provider enrollment dataset which included the providers address, city, or ZIP code to compare with the geospatial data of all locations that are a publicly or privately operated facility that provides inpatient institutional treatment. The process searches those physical addresses determined to be institutional in nature and through the satellite imagery validate the location of all providers to those institutional settings. The state will continue to use this tool to monitor providers’ locations during the enrollment process for settings.

As a result of this exercise, it was determined that these settings would need to be individually identified and verified on a regular basis. The state has designed a report that will be produced monthly that will identify all active providers within these specialty services by setting location.

The chart below describes the number of settings by waiver category and specialty. Some settings provide multiple services and are counted accordingly.

Table 3: Unique Count of HCBS Settings Subject to the Settings Rule

	GAPP	CCSP	SOURCE	ICWP	COMP	NOW	Total
Adult Day Health		89	94	7			190
Alternative Living Services		217	119	22			358
Community Access Group					355	280	635
Community Residential Alternatives					61		61
Pre-Vocational Services					244	214	458
Supported Employment					236	200	436
Respite Out of Home Care		22	19	11	27	71	150

Medically Fragile Day Care	0						0
Total Settings Subject to Rule							2288

There are 1,172 unique HCBS providers and 2,288 unique provider-owned settings subject to the HCBS Settings rule.

Table 4: Identification of Stakeholders

The following summary of stakeholders were identified to invite to and have been included in the STP process. This is further detailed in the Outreach and Engagement Section.

Waiver	Member/Family Stakeholder	Provider Stakeholder	Other Stakeholder
NOW/COMP	<ul style="list-style-type: none"> • People First • GA Council on Developmental Disabilities • Unlock the Waiting List • Unite Our Voices • All individuals and family members who attended public fora 	<ul style="list-style-type: none"> • SPADD • United Cerebral Palsy of Georgia • Jewish Family & Career Services of Atlanta • Community Service Boards Association • GA Association of Community Care Providers 	<ul style="list-style-type: none"> • Georgia Advocacy Office (GAO) • Georgia Council on Developmental Disabilities (GCDD) • Georgia Department of Behavioral Health & Developmental Disabilities • Division of Developmental Disabilities Advisory Council
ICWP	<ul style="list-style-type: none"> • ICWP Advisory Council • All individuals and family members who attended public fora 	<ul style="list-style-type: none"> • ResCare • The Neff Group • The Shepherd Center • GA Association of Community Care Providers 	<ul style="list-style-type: none"> • ICWP Advisory Council • Statewide Independent Living Council of Georgia (SILC) • Alliant Georgia Medical Care Foundation • Brain Injury Association of Georgia • Brain and Spinal Injury Trust Fund (BSITF) Commission • Georgia Advocacy Office
E&D	<ul style="list-style-type: none"> • Long Term Care Ombudsman • Senior Connections • Center for Positive Aging • Statewide Independent Living Council of Georgia (SILC) 	<ul style="list-style-type: none"> • GACCP • Caring Together • Georgia Health Care Association • LeadingAge Georgia • Alliant Georgia Medical Care Foundation • Pruitt Healthcare 	<ul style="list-style-type: none"> • Georgia Division of Aging Services • GA Council on Aging • Aging Disability Resource Connection of Georgia • Georgia Advocacy Office • Long Term Care Ombudsman

Waiver	Member/Family Stakeholder	Provider Stakeholder	Other Stakeholder
	<ul style="list-style-type: none"> All individuals and family members who attended public fora 	<ul style="list-style-type: none"> GA Association of AAAs GA Association of Community Care Providers 	<ul style="list-style-type: none"> Senior Connections Center for Positive Aging
GAPP	<ul style="list-style-type: none"> All individuals and family members who attended public fora 	<ul style="list-style-type: none"> Pediatric Services of America Pediatrics 	<ul style="list-style-type: none"> GA Association of Community Care Providers

Identification of Policies and Regulations

The state has completed its initial identification of existing waiver policies and associated regulations that must be addressed to assure compliance with Settings Rule and identify needed modifications. This includes:

- Policy Manuals for each approved/active waiver (Appendix N)
- State licensure regulations required by provider-owned settings (Appendix O)

The state anticipates additional analyses and/or recommendations related to provider-specific policies to be made as a result of STP implementation.

Specific policies identified are reviewed in Section Three: Assessment – Systemic Review and Remediation.

SECTION TWO – OUTREACH AND ENGAGEMENT

Outreach and Engagement is very important to the state’s approach in designing, developing, implementing and monitoring the Statewide Transition Plan. Georgia is committed to ensuring the successful transition to compliance with the Settings Rule through communications and collaborative activities with stakeholders that are transparent and allow for meaningful involvement in informing the process and outcomes.

The State began its HCBS Rule transition work initially in July 2014. Letters of invitation were issued to over 30 associations and organizations representing HCBS stakeholders to attend the first public meeting on the Settings Rule. The invitations requested that each recipient identify and send representatives -- association leadership, individual waiver participants and family members, providers and/or advocates. The goal of this first meeting was to officially share information about the Rule with key stakeholders and begin to seek input into the process by which waiver-specific transitions plans should be developed and what the plans should include.

In November of 2014, public outreach continued by holding twelve (12) HCBS Statewide Transition Plan Public Forums in preparation for posting public notices regarding the development of the Statewide Transition Plan. These forums served as an opportunity for members, their families, advocates and providers to understand the new Final Rule and to review the requirements of the statewide plan. It also served as an opportunity for participants to engage in face-to-face discussions and participate in focus groups with DCH staff. To assist in executing these meetings, the State contracted with a consultant, who is also a parent advocate. Direct outreach was conducted to 517 organizations and waiver specific advocates to notify them and their members of the public forums.

In addition to these forums, the state supported other organizations to share information as well. The Aging Disability Resource Connection (ADRC) Atlanta Office, Leading Age Georgia, Service Providers for Developmental Disabilities (SPADD) and Georgia Association for Community Care Providers (GACCP), some of our partnering associations, also held meetings to discuss the HCBS Settings Rule and the Statewide Transition Plan’s components.

The state provided copies of all materials via the website and email. Materials were distributed via postal mail upon requests. Likewise, materials in alternative formats were made available to visually impaired stakeholders. During all public forums a sign language interpreter was present. During the virtual meetings Communication Access Real-time Translation (CART) services were provided.

A total of 722 persons attended these events. From those that choose to self-identify the following participant data was gathered:

Table 5: Participants by Type

Participants	Number of attendees	Percentage
Service Recipients	51	7%
Family members	266	37%
Providers	231	32%
Unidentified	157	22%
Advocates	7	1%
State Employees	10	1%
Total:	722	100%

Table 6: Participants by Waiver

Waiver	Participation	Percentage
COMP	118	38%
E&D	77	25%
NOW	75	24%
ICWP	24	8%
GAAP	16	5%
Total:	310	100%

As meetings were being conducted questions were raised concerning the plan. The most frequently asked questions were placed into a FAQ and posted to the DCH website. As the state continues to conduct webinars and other Town-Hall meetings, FAQs will be developed and incorporated as applicable within the STP to address concerns as STP implementation continues.

The required public notices were posted and comment period was conducted for the proposed transition plan. As required by CMS, DCH began a period of 30 days for public comment for the initial statewide transition plan. The original public notices and public notice schedule can be found in the original Statewide Transition Plan (12-16-14) posted at www.dch.georgia.gov/waivers. Additionally, the public notice was distributed to all Waiver participants through their case managers. DCH made public comment opportunities available in via written and mailed submissions, an online survey, fax, a dedicated email site, direct contact to DCH staff, or verbally at one of the public meetings held in response to the regulations

In addition to the comments and suggestions by the 722 public forum participants, written feedback received from multiple advocates/advocacy organizations and other stakeholders was carefully considered and incorporated as appropriate following the public comment period. Feedback has been categorized and summarized in Appendix B. All documentation from public forums (e.g., sign-in sheet, the PowerPoint presentation, audio and visual recordings) as well as written feedback are retained in electronic and paper archives at the state office.

For successive outreach activities following the development and publishing of the initial STP, the Outreach and Engagement Plan for educating and informing stakeholders on the HCBS Settings Rule and the Statewide Transition Plan and process included the following elements:

- The HCBS Website
- Stakeholder Task Force
- Medicaid Operations and Waiver Advisory Committees
- Medicaid Fairs
- Webinars for Providers, Families and Advocates
- Consumer Surveys
- Online Email Distribution Tool

HCBS Website -Through the Balancing Incentive Program No Wrong Door deliverable, an HCBS website (<http://dch.georgia.gov/hcbs/>) was created to inform families, advocates and providers on matters concerning Home and Community Based services. In its design a section was created to serve as a repository for the Statewide Transition Plan including recorded educational webinars and presentations and documents submitted to CMS. The website address and direct link to documents are included in all email communications with stakeholders, at Task Force meetings and on DCH webinars.

Statewide Taskforce - Monthly Stakeholder Task Force meetings are held to update members and to provide a forum to discuss questions and concerns. The Task Force has 70 members with 43 regularly attending members and meets the second Friday of each month via conference call and/or in-person. The Task Force has the following workgroups: Communications, Regulatory and Person Centered that meet on an as-needed basis.

Medicaid Fairs- The Medicaid Fairs hosted by the DCH bi-annually provide attendees the opportunity to meet with DCH staff and ask questions concerning a variety of Medicaid topics. Since 2014, DCH has presented an update on the STP and its progress. Over 500 attendees participate in this fair.

Medicaid Operations and Advisory Committees- DCH holds monthly meetings with our partnering agencies, DBHDD and DHS/DAS. Quarterly and bimonthly meetings are held with the ICWP Advisory Committee and the Cross Agency Waiver Planning Committee. During each of these collaborative meetings progress on the STP is shared and additional feedback and ideas are obtained to assist with the development of the STP.

Webinars-Six webinars were held from November 2015- March 2016 to educate stakeholders on the HCBS Settings Rule and the Statewide Transition Process. Three webinars for providers were held in November to offer training on the submission of the self-assessment. In December 2015, Second Level Validation training was held via webinar, and in March two additional sessions for families and providers were held to report on the results of the provider assessments and validation efforts. Approximately 660 providers, advocates and families participated in the six online training sessions.

Online email distribution/Surveys-Within the last reporting year, an online email distribution tool was utilized to create 11 email campaigns to promote DCH communication efforts on the HCBS Setting Rule. The stakeholder database holds approximately 2,000 emails that were collected from town hall

meetings held in 2014. Segmented lists were created for providers and family members to support and measure communication efforts.

In email marketing, an “open rate” is the measure of how many people on an email list view a particular email campaign. According to March 1, 2016 reporting statistics from Mailchimp, the average open rate for government agencies is 26.36%. Appendix C describes Georgia’s email campaigns from November 2015 – March 2016. The email open rates all surpass 26.36%.

Direct outreach to stakeholder and advocacy groups also played an important role in promoting HCBS activities. The Georgia Council on Developmental Disabilities, Leading Age, Service Providers Association on Developmental Disabilities, The Arc of Georgia, The Statewide Council on Independent Living, The Shepherd Center, and The Atlanta Regional Commission are examples of stakeholder organizations that were directly contacted to assist with communication efforts.

Planned stakeholder and outreach activities for 2016-2019 include:

- Monthly email communication to service providers, advocates and providers on HCBS Settings Rule and Statewide Transition Plan
- Ensure that documents and other communications used and sent to members and other stakeholders contain “plain language” which will emphasize clarity, brevity, and avoid use of technical terms when possible.
- In addition to sign language interpreters, use CART services for all webinars to maximize accessibility.
- Distribute an annual survey to stakeholders using an online survey tool to capitalize on the success of the consumer survey and continue the feedback loop to the Department of Community Health.
- Produce a short 5-7 minute informational video on the Statewide Transition Plan and the HCBS Settings Rule and post on the Department of Community Health HCBS website.
- As a part of the Remediation process, conduct a facilitated discussion via webinar for service providers on technical assistance needs.
- Engage Communication Workgroup in the of family and advocacy “friendly” training curriculum on the Settings Rule.
- Chart the progress of the stakeholder engagement activities via email analytics, webinar/event participation, evaluations, and survey submission

Public Notice and Comment

The Statewide Transition Plan will be posted for public comment using several methods:

- Website Placement:
 - DCH www.dch.georgia.gov/hcbs
 - DBHDD- www.dbhdd.georgia.gov/developmental-disabilities
- Posted in all county offices of the Division of Family and Children Services (Medicaid eligibility determination sites)

- Distributed through the following HCBS partners:
 - The Georgia Council on Developmental Disabilities
 - Leading Age
 - Service Providers Association on Developmental Disabilities
 - Georgia Area Agencies on Aging (AAAs)
 - The ARC of Georgia
 - The Statewide Council on Independent Living

Public Comments to this STP and the state’s response are summarized below and described in detail in Appendix P.

[PLACEHOLDER]

SECTION THREE – ASSESSMENT: SYSTEMIC REVIEW AND REMEDIATION

The state began its systemic review by utilizing the HCBS Taskforce and establishing subcommittees to review all relevant policies, program and provider manuals for each of the five waiver programs. The subcommittees were additionally charged with reviewing applicable state licensure regulations and making recommendations of changes necessary to come into Rule compliance including modifying protocol, enrollment qualifications, and evaluation approaches and strengthening person-centered planning and person-centered service delivery. DCH Policy Specialists for each waiver program were assigned to Statewide Task Force subcommittees to facilitate research, coordination, and products and generally serve as a liaison back to the DCH. Each subcommittee submitted its recommendations to the state. Those recommendations are summarized in Appendix D.

In partnership with the Georgia Health Policy Center (GHPC), the state continued the systemic review beginning with reviewing recommendations made by the HCBS Statewide Taskforce on the relevant state policies for each of the five waiver programs and continuing with conducting a compliance review, comparing the policies for each of the five waiver programs and state regulations with the requirements of the federal Rule as outlined in 42 C.F.R. § 441.301 (c)(4)-(5). Recommendations for updating state policies to ensure compliance with the settings portions of the Federal Rule have also been developed. A crosswalk is provided in Appendix E that charts each of the five waiver programs, as well as applicable state regulations for HCBS recommendations for bringing policies and regulations into compliance with the Rule. Additionally, a “Supplemental Discussion” section, which aims to clarify areas of potential concern related to 42 C.F.R. § 441.301 (c)(4)-(5) compliance is included.

The systemic review examined the following documents: CCSP Manuals

- Part I - Policies and procedures for Medicaid/Peachcare for Kids, Chapters 100 through 500,

- Part II – Chapters 600 to 1000, Policies and Procedures for CCSP General Services
- Part II – Chapter 1100, Policies and Procedures for CCSP Adult Day Health Services
- Part II – Chapter 1200, Policies and Procedures for CCSP Alternative Living Services
- Part II – Chapter 1400, Policies and Procedures for CCSP Personal Support Services
- Part II – Chapter 1900, Policies and Procedures for CCSP Skilled Nursing Services by Private Home Care Providers
- CCSP Care Coordination Manual

Comprehensive Waiver Supports Program (COMPS) Manuals

- Part I - Policies and procedures for Medicaid/Peachcare for Kids, Chapters 100 through 500,
- Part II – Policies and procedures for New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP), Chapters 600 through 1200
- Part III – Policies and procedures for Comprehensive Supports Waiver Program (COMP), Chapters 1300 through 3300, and
- Provider Manual for Community Developmental Disabilities Providers for the Department of Behavioral Health and Developmental Disabilities (DBHDD), Fiscal Year 2016.

Independent Care Waiver Program (ICWP) Manuals

- Part I - Policies and procedures for Medicaid/Peachcare for Kids, Chapters 100 through 500,
- Part II - Chapter 1200¹, Policies and Procedures for Independent Care Waiver Services, Chapters 600 through 1000, and
- Part II - Chapter 1200, Policies and Procedures for Alternative Living Services (ALS), Independent Care Waiver Services.

New Options Waiver (NOW) Program Manuals

- Part I - Policies and procedures for Medicaid/Peachcare for Kids, Chapters 100 through 500,
- Part II – Policies and procedures for New Options Waiver Program (NOW) General Manual, Chapters 600 through 1200
- Part III – Policies and procedures for New Options Waiver Program (NOW) Program Services, Chapters 1300 through 3300, and
- Provider Manual for Community Developmental Disabilities Providers for the Department of Behavioral Health and Developmental Disabilities (DBHDD), Fiscal Year 2016.

Service Options Using Resources in Community Environments (SOURCE) Manuals

- Part I - Policies and procedures for Medicaid/Peachcare for Kids, Chapters 100 through 500,
- Part II – Policies and procedures for Service Options Using Resources in Community Environments (SOURCE), Chapters 600 through 1400

All documents can be accessed using the Georgia Medicaid Management Information System (GAMMIS) web portal

<https://www.mmis.georgia.gov/portal/PubAccess.Home/tabId/36/Default.aspx> and selecting the Provider Information/Provider Manual tab

The following related state policies were also reviewed for compliance:

- Ga. Comp. R. & Regs. r. 111-8-1, Rules and Regulations for Adult Day Centers,
- Ga. Comp. R. & Regs. r. 111-8-31, Rules and Regulations for Home Health Agencies,
- Ga. Comp. R. & Regs. r. 111-8-62, Rules and Regulations for Personal Care Homes,
- Ga. Comp. R. & Regs. r. 111-8-65, Rules and Regulations for Private Home Care Providers, and
- Ga. Comp. R. & Regs. r. 290-9-37, Rules and Regulations for Community Living Arrangements.

The compliance review compared the policies for each of the five waiver programs and state regulations with the requirements of the Federal Rule as outlined in 42 C.F.R. § 441.301 (c)(4)-(5).

Recommendations for updating of the state policies to ensure compliance with the settings portions of the Federal Rule were gathered. A crosswalk is provided in Appendix E that charts recommendations for where each of the five waiver programs and state regulations applicable to HCBS may or will require modification for achieving compliance with the new Federal Rule settings requirements. Additionally, a “Supplemental Discussion” section, which aims to clarify areas of potential concern related to 42 C.F.R. § 441.301 (c)(4)-(5) compliance is included.

The following are the recommendations in brief as it relates to Georgia’s policies and regulations:

The majority of Georgia’s current HCBS manuals and related regulations does not conflict with the settings Rule. Only a few areas are in direct conflict and will require changes, pending review and approval from DCH Executive Leadership. In addition, there are several areas that are not necessarily in conflict with the Rule, but should be clarified in order to better reflect the intent and language of the Rule.

One manual and three sections of regulations are potentially in conflict with parts of the federal settings Rule.

- 1) The CCSP Alternative Living Services manual §§ 1203.1 and 1253.1 provides for the scheduling of meals and snacks and is written in such a way that it could deny residents the right to have access to food at any time.
- 2) The regulations for Adult Day Centers allow them to be co-located with licensed long-term care facilities (Ga. Comp. R. & Regs. r. 111-8-1-.10); however, 42 C.F.R. § 441.301 (c)(5)(v) prohibits the co-location of HCBS with institutional care facilities.
- 3) Similarly, the regulations for Personal Care Homes allow a facility to be certified for the care of patients with dementia (Ga. Comp. R. & Regs. r. 111-8-62-.19(11)); however, the settings Rule specifies that an institution for mental diseases is not a home and community-based setting (42 C.F.R. § 441.301 (c)(5)(ii)). These latter two discrepancies could subject some facilities to the heightened scrutiny requirements of the Rule (42 C.F.R. § 441.301 (c)(5)(v)).
- 4) Finally, the regulations for Home Health Agencies do not give the patient a role in their treatment plan or choice of provider (Ga. R. & Regs. r. 111-8-31-.06), in conflict with the settings Rule (42 C.F.R. § 441.301 (c)(4)(v)).

The most common areas that require clarification involve landlord / tenant law protections, access to food, and access to visitors. The federal settings Rule requires that residential agreements contain the same protections as those provided in applicable landlord / tenant law (42 C.F.R. § 441.301 (c)(4)(vi)(A)).

Although most of the residential agreement provisions in the HCBS manuals and regulations provide some protections for residents they are not the same as those provided under landlord / tenant law. Therefore, these sections need to be updated to reflect that residents have all the rights that they would have under Georgia law for landlords and tenants. The settings Rule also requires that residents have access to food and visitors at any time (42 C.F.R. § 441.301 (c)(vi)(C) & (D)). However, current policies specify times that food must be provided and “mutual agreed upon times” for visitors. These provisions will be updated to reflect that food must be available and visitors allowed “at any time” with certain exceptions specific to concerns of the health and safety needs of members. Other areas that need to be updated involve access to employment opportunities, lockable doors, choice of roommates, and procedures for exceptions to the settings requirements when necessary. These are noted in the crosswalk tables contained in this report (pp. 27-98).

Finally, some policies will be updated to better reflect the intent of the federal settings rule in terms of community integration (42 C.F.R. § 441.301 (c)(4)(i)), choice of setting and appropriate documentation (441.301 (c)(4)(ii)), autonomy and independence (441.301 (c)(4)(iv)), and choice of services and supports (441.301 (c)(4)(v)).

The Statewide HCBS Taskforce also spent considerable time discussing and reviewing challenges related to city, county, and state regulations that either create conflict at the HCBS setting level or that if addressed in a coordinated way could much more efficiently support the integration of individuals relying on public supports to be integrated into their communities. Such issues include Fire Code regulations at the local level that don’t align with Health Care Facility Regulation espoused by the state for residential settings in which some waiver members receive services. Much has to do with the definitions by which local ordinances are applied. If a provider agency purchases a home, it is considered commercial despite the intent for it to be a residence and despite the fact it is indeed a home. But because of the fire code, the provider must accommodate sprinkler installation and universal access requirements even if the individuals for whom this is to be home only have intellectual disabilities and don’t need ramps or widened door ways. Coordination between regulatory officials is an identified activity in the STP to achieve the objectives of better alignment across the state’s policy-making offices and greater support of community integration for waiver members through alleviation or modification of ordinances/regulations that were established for entities very different from human service providers.

Upon completion of the systemic analysis, the state incorporated these recommendations into its milestone document. As evidenced within that document, the state will engage in a process of revising existing manuals, conducting provider education on the new policies and engage the agencies’ Healthcare Facility Regulation Division and Provider Enrollment area to ensure compliance.

Additionally, the state is preparing to update its contract with the sister operating agency for the ID/DD waivers. This contract update will incorporate STP elements as it pertains to provider education, enrollment, and auditing as well as new administrative deliverables to support oversight by the DCH.

Systemic Remediation Strategies

Specific remediation plans for each regulation and manual are outlined more specifically in the remediation charts in Appendix J and milestone document (Appendix A).

The Georgia Health Policy Center assisted the state with identifying areas where its policies, procedures and regulations met HCBS requirements. Areas were also identified where policies did not address HCBS requirements and where the state would need to make the necessary changes to meet compliance. The state also tasked GHPC with reviewing Georgia’s Landlord Tenant laws. This was in response to feedback received during stakeholder engagement activities with providers and members, as well as the analysis of the data received from the provider self-assessment and 2nd level case management validations.

DCH will apply the following systemic remediation strategy to all policies, procedures and regulations as outlined in Table 7. Understanding that these regulatory changes will require legislative approval, it is the intent of the state to first update its manuals for CCSP/SOURCE, ICWP, and NOW/COMP to include HCBS settings requirements. All manuals at this time contain language to address Person-Centered strategies when developing care plans and providing choices to members. However, there is not any language that addresses non-compliance by a provider which will be added. The state will also be looking to strengthen existing training and education curricula to establish expectations for person-centered service delivery and how direct support providers carry out the Rule in their work.

HCBS Settings Rule Systemic Remediation Plan for Georgia Policies

Table 7: Systemic Remediation Milestones

	Remediation Task	Start Date	Completion Date
Regulatory Changes		9/1/2016	8/1/2018
<ul style="list-style-type: none"> • Ga. Comp. R. & Regs. r. 111-8-1, Rules and Regulations for Adult Day Centers • Ga. Comp. R. & Regs. r. 111-8-31, Rules and Regulations for Home Health Agencies • Ga. Comp. R. & Regs. r. 111-8-62, Rules and Regulations for Personal Care Homes • Ga. Comp. R. & Regs. r. 111-8-65, Rules and Regulations for Private Home Care Providers • Ga. Comp. R. & Regs. r. 290-9-37, Rules and Regulations for Community Living Arrangements 	Notify / discuss changes with stakeholders	9/1/2016	10/1/2016
	Draft new language	10/1/2016	12/1/2016
	DCH board / NPRM adopt language	12/1/2016	5/1/2017
	Open for comment	5/1/2017	6/1/2017
	Public Hearing	6/1/2017	7/1/2017
	Incorporate comment	7/1/2017	10/1/2017
	DCH board approves final rule	10/1/2017	1/1/2018
	Obtain legislative approval if necessary	1/1/2018	5/1/2018
	Publish Final Rule	5/1/2018	8/1/2018
	Manual Changes		1/1/2018



	Remediation Task	Start Date	Completion Date
<ul style="list-style-type: none"> • CCSP Manuals (General Services Manual, Adult Day Health Manual, Adult Living Services Manual, Personal Support Manual, Skilled Nursing Manual, Care Coordination Manual) • COMP and NOW Manuals (Part II NOW and COMP, Part III Part III COMP, Part III Now, DBHDD Manual) • ICWP Manuals (Part II ICWP, Part II ALS) • SOURCE Manual 	Draft new manual language	1/1/2018	3/1/2018
	Get sister agency approval where necessary	3/1/2018	6/1/2018
	Incorporate feedback	6/1/2018	7/1/2018
	Edit manual	7/1/2018	8/1/2018
	Release changes in quarterly manual update	8/1/2018	9/1/2018

GHPC reviewed policies from the Office of Inspector General/Provider Enrollment Division and Healthcare Facility Regulation Division. Meetings will be held with these divisions throughout the process to address manual updates and policy revision as well as regulation impact and resolution. DCH will ultimately be submitting waiver amendments for ICWP, NOW/COMP and CCSP/SOURCE that will align updates to policy language that reflect the final settings rule within the waivers.

SECTION FOUR – ASSESSMENT: SITE-SPECIFIC REVIEW AND REMEDIATION

Table 8: Count of Providers by Service

	CCSP	COMP	ICWP	NOW	SOURCE	Total
Adult Day Health	89		7		94	190
Alternative Living Services	217		22		119	358
Community Access Group		355		280		635
Community Residential Alternatives				61		61
Pre-Vocational Services		244		214		458
Supported Employment		236		200		436
Respite Out of Home Care	22	27	11	71	19	150

As of November 2015 there were 1,172 unique HCBS providers.

As a result of this comprehensive analysis, the state determined that to adequately support the monitoring process, these unique settings would need to be individually identified and tracked on an ongoing basis – a new function that will require development in the Georgia Medicaid Management Information System. For example, in the oldest waiver, the Elderly and Disabled Waiver, enrolled providers were allowed to expand to add new locations of service under the same provider identification number and the operating agency kept records of the multiple approved service sites. Therefore, the Medicaid system could not discreetly identify each unique setting independently. The correction for this will require a few phases. The state is beginning by designing a report that will be produced monthly with input from external systems that will identify all active providers within these specialty services by setting location and will also design and implement system modifications.

Provider Self-Assessment Tool

The HCBS site-specific settings assessment process began with the development of a provider self-assessment tool (Appendix F). Following demographic questions required with completion of the self-assessment tool, providers were asked 55 questions about whether the services that they provided complied with the new CMS community settings Rule. The questions spanned 19 categories and posed questions in alignment with exploratory questions found in CMS Settings Rule guidance. This tool establishes if a particular setting is a) fully compliant, b) would be able to comply within a specified period of time (six months-one year) with modifications, c) did not comply and will require remediation and finally d) settings that could not meet the federal requirements and would require providers to be removed from the program and relocation of members.

A pilot was conducted from November 2014-September 2015 to test the tool design. The pilot group was comprised of two-to-three volunteer provider agencies plus case manager representation from each of four of the five waivers. The pilot phase afforded the state the opportunity to receive feedback

from the small test group and recommendations were made to adjust the tool's design and enhance question logic. The state considered all of these concerns and refined the tool to address the issues concerning question logic. Other areas of concern were presented to the taskforce for further review and consideration as to how to best address. <https://waiverprod.dbhdd.ga.gov/surveys/HCBSForm.aspx>

The revised tool was converted to an electronic format available through an online internet portal to facilitate ease of completion and submission on the front end and ease of data assembly and analysis on the back end. Appropriate user-interface security measures, limits, and edits established authentication measures and prevented duplicate entry, for example.

Assessment Implementation

DCH conducted two webinars to provide education on administration of the tool. One-hundred-eighty-five (185) provider agency representatives participated. Following the webinars and examining feedback from these groups, official notification was sent to all 4,638 HCBS providers in November of 2015. The official notification included a letter re-explaining the purpose of the assessment and including the electronic link to instructions for completion of the survey and a supporting FAQ document with technical assistance guidance based on feedback from the pilot. Providers had 15 days to complete submission of the assessment. Some did experience technical difficulties and the DCH provided troubleshooting assistance which required some granted extensions for survey completion. Providers, upon request could complete the survey via a fillable PDF. Sixty-eight (68) such surveys were then manually entered into the tool by DCH administrative staff. The full set of raw data was then extracted from the tool for analysis.

The letter sent to each provider indicated that failure to complete the assessment would result in the provider's enrollment to be set to "pre-payment review" to indicate the importance of completing the assessment and implications for not doing so.

Many providers contacted the state to verify their need to complete the survey. Some were assured they were to complete and submit it, while others were removed from the list because they did not provide services in a provider-owned or operated setting.

Due to constrained resources and the amount of technical assistance required by providers, it required a total of just under four months to complete the provider self-assessment.

Appendix G shows the provider self-assessment responses for each category and question for surveys that were completed electronically. Appendix G also shows this same information for surveys that were completed as hard copies and later entered into electronic form.

Provider Self-Assessment Results

Analysis of all data provided the following summary:

As of March 4, 2016, 1,172 unique providers completed a total of 1,795 surveys. As shown in Table 9, the majority of providers rendered services through Medicaid’s Comprehensive Supports Waiver Program (COMP, n=798, 52.0%) followed by the Community Care Services Program (CCSP, n=474, 30.1%). Approximately eight percent of providers rendered services through the New Options Waiver Program (NOW, n=121, 7.9%) while 4.7% of providers rendered services through the Service Options Using Resources in a Community Program (SOURCE, n=72, 4.7%). One percent of providers rendered services through the Independent Care Waiver Program (ICWP, n=17, 1.1%) and just 0.1% of providers rendered services through the Georgia Pediatric Program Medical Day Care program (GAPP, n=1, 0.1%).

Table 9: Provider Surveys by Medicaid Waiver Program

Program Name	Frequency	Percent
Community Care Services Program (CCSP)	474	30.1%
Comprehensive Supports Waiver Program (COMP)	798	52.0%
Georgia Pediatric Program Medical Day Care program (GAPP)	1	0.1%
Independent Care Waiver Program (ICWP)	17	1.1%
New Options Waiver Program (NOW)	121	7.9%
Service Options Using Resources in a Community Program (SOURCE)	72	4.7%

As shown in Table 10, most providers rendered services in a residential setting (n=1,278, 83.3%). The remaining 16.7% of providers rendered services in a non-residential setting (n=256, 16.7%).

Table 10: Provider Surveys by Medicaid Site Type

Site Type	Frequency	Percent
Non-residential	256	16.7%
Residential	1,278	83.3%

As seen in Table 11, the majority of providers offered residential supports or alternative living services (e.g. host home, group home, or personal care home, n=1,333, 86.9%). Just over eleven percent of providers offered day services (e.g. community access group or adult day services, n=177, 11.5%). Nearly two percent of providers offered employment related services (e.g. pre-vocational or supported employment, n=24, 1.6%).

Table 11. Provider Surveys by Medicaid Service Type

Service Type	Frequency	Percent
Day services	177	11.5%
Employment related services	24	1.6%
Residential supports or alternative living services	1,333	86.9%

Validation

The state began its second level case manager validation in February of 2016. The state requested completion of the case manager validation for 10% of the settings (n=179). This yielded a total of 88 case manager surveys for the 2nd level review/validation – a 5% sample. An additional training webinar on completion of the 2nd level validation was conducted in January 2016. Case Managers in CCSP, SOURCE and ICWP were notified via DCH program specialists and DBHDD provided notification to Support Coordinators for the NOW and COMP waiver programs. Case Managers and Support Coordinators were asked to complete the validation section of the assessment tool for settings at which members on their case load received services. Case Managers and Support Coordinators were expected to validate assessments during member visits, however, if the time period of the validation did not coincide with a scheduled visit, they were allowed to complete a desk review based on familiarity with the setting. The chart below contains the HCBS Provider and Case Manager Survey Match. This match identified areas of agreement and misalignment between the provider self-assessment and the 2nd level case management validation.

Table 12: Case Manager Validation Results

HCBS Provider and Case Manager Survey Match					
Question Category	Provider and Case Manager Validation Surveys	Provider		Case Manager	
		No	Yes	No	Yes
Choice of Setting and Setting Characteristics	1. Do the individuals in this setting continue to be provided a choice of available options regarding where to live (if this is a residential setting) or where to receive services (if this is a non-residential setting)?	0, 0%	67, 99%	1, 3%	28, 90%
	2. Does the setting reflect the needs of the individuals?	0, 0%	68, 100%	1, 3%	29, 97%
	3. Does the setting reflect the preferences of the individuals?	0, 0%	68, 100%	0, 0%	28, 100%
	4. Do individuals know how to relocate and request new housing (or non-residential service site change)?	2, 3%	65, 96%	0, 0%	25, 89%

HCBS Provider and Case Manager Survey Match					
Question Category	Provider and Case Manager Validation Surveys	Provider		Case Manager	
		No	Yes	No	Yes
	5. Do the individuals have access to make private phone calls, e-mail, text, or otherwise communicate privately?	0, 0%	67, 99%	0, 0%	26, 100%
Participates in scheduled and unscheduled activities	6. Do the individuals participate in meaningful non-work activities (leisure, social, or other activities in the community) settings as desired?	1, 1%	66, 97%	0, 0%	27, 100%
	7. Are individuals regularly supported (based on their preference) to participate in spontaneous/non-scheduled activities?	0, 0%	67, 99%	0, 0%	24, 100%
Site setting does not isolate individuals	8. Setting is part of the community at large (and not institution-like or part of or adjacent to an institution).	2, 3%	66, 97%	2, 8%	24, 92%
	9. Do individuals live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for contact with people not receiving services (e.g. visitors who are friends, family members, others in the larger neighborhood or community)?	1, 1%	66, 97%	0, 0%	22, 92%
	10. Can visitors visit at any time?	8, 12%	59, 87%	2, 9%	21, 91%
Employed in the community	11. Do the individuals work in an integrated setting (community settings where the individual would interact with non-disabled individuals)?	13, 19%	29, 43%	6, 29%	10, 48%
	12. If the individuals would like to work, is the option being pursued?	9, 13%	44, 65%	2, 13%	11, 69%
Has own bedroom or shares with a roommate of choice	13. Do the individuals have a choice of housemate or roommates?	2, 3%	49, 72%	2, 13%	9, 56%
	14. Do the individuals talk about the roommate/housemates positively?	0, 0%	49, 72%	0, 0%	11, 69%
	15. Do the individuals know how to request a roommate change?	1, 1%	51, 75%	0, 0%	8, 57%
Controls own schedule	16. Do individuals have varying schedules from one another?	4, 6%	61, 90%	2, 14%	12, 86%
	17. Can the individuals adjust their schedules as needed?	4, 6%	63, 93%	1, 7%	13, 93%

HCBS Provider and Case Manager Survey Match					
Question Category	Provider and Case Manager Validation Surveys	Provider		Case Manager	
		No	Yes	No	Yes
Controls own personal funds	18. Do the individuals have a bank account or means of controlling personal resources?	6, 9%	47, 69%	0, 0%	10, 83%
	19. Do the individuals have regular and easy access to personal funds?	3, 4%	55, 81%	1, 8%	9, 69%
	20. Do the individuals have regular and easy access to personal funds?	3, 4%	57, 84%	0, 0%	10, 77%
Chooses when, what and with whom to eat	21. Can the individuals request an alternative meal?	2, 3%	61, 90%	1, 8%	10, 77%
	22. Can the individuals eat privately if they choose?	1, 1%	59, 87%	0, 0%	13, 100%
Choices are incorporated into services received	23. Do staff ask individuals about their need/preferences?	0, 0%	68, 100%	0, 0%	11, 100%
	24. Do individuals freely make requests for changes in the way their services or supports are delivered?	0, 0%	67, 99%	0, 0%	12, 100%
	25. Do the individuals express satisfaction with services being provided?	0, 0%	68, 100%	0, 0%	11, 100%
	26. Do the individuals know how and to whom to make a request for a new provider or service?	1, 1%	66, 97%	0, 0%	12, 100%
Free from coercion	27. Are individuals' comfortable discussing concerns (things that upset or worry them)?	0, 0%	68, 100%	0, 0%	12, 100%
	28. Can the individuals file anonymous complaints?	0, 0%	67, 99%	0, 0%	12, 100%
	29. Do the individuals know who to contact to make a complaint?	1, 1%	66, 97%	0, 0%	12, 100%
Has active role in the development and update of the person-centered service plan	30. Do the individuals routinely participate in service planning meetings?	1, 1%	66, 97%	0, 0%	12, 100%
	31. Can the individuals describe his/her role in the person-centered plan development process?	4, 6%	56, 82%	1, 9%	10, 91%
	32. Does the service plan get updated when the individuals express a desire to change the type, the frequency, or the provider of supports/services?	1, 1%	67, 99%	0, 0%	12, 100%
	33. Was the planning meeting scheduled at a time and place	0, 0%	68, 100%	0, 0%	12, 100%

HCBS Provider and Case Manager Survey Match					
Question Category	Provider and Case Manager Validation Surveys	Provider		Case Manager	
		No	Yes	No	Yes
	convenient to the individuals and other natural supporters?				
Has unrestricted access of setting (as appropriate per health and safety needs)	34. There are no locked doors or gates that only the provider controls.	11, 16%	55, 81%	1, 8%	11, 92%
	35. Access is limited only for health and safety reasons according to approved care plans.	3, 4%	62, 91%	1, 9%	10, 91%
	36. Do the individuals have their own keys to the residence?	22, 32%	23, 34%	5, 42%	3, 25%
	37. Can individuals move about freely inside and outside the setting?	4, 6%	62, 91%	1, 9%	10, 91%
Physical environment meets individualized needs	38. Are there environmental accommodations (e.g. ramps, grab bars, graphic signage to support independence) available to individuals who need them?	0, 0%	66, 97%	0, 0%	11, 100%
	39. Is the setting physically accessible to support easy access within, to, and from setting?	0, 0%	67, 99%	0, 0%	11, 100%
Have full access to the community	40. Do individuals regularly leave the residence?	0, 0%	51, 75%	1, 9%	7, 64%
	41. Do individuals in the setting have access to public transportation?	16, 24%	37, 54%	2, 18%	7, 64%
	42. Is training provided in use of public transportation?	12, 18%	34, 50%	1, 10%	7, 70%
	43. Where public transportation is limited, are there other resources available?	3, 4%	54, 79%	1, 10%	7, 70%
Right to dignity and privacy	44. Is individual health information kept private?	0, 0%	68, 100%	0, 0%	9, 100%
	45. Do individuals receive assistance with grooming in a dignified manner?	0, 0%	65, 96%	0, 0%	10, 100%
	46. Can individuals close and lock the bedroom door (if safe to do so)?	2, 3%	54, 79%	0, 0%	7, 70%
	47. Do staff or other residents always knock and receive permission before entering an individual's residence or room?	0, 0%	56, 82%	1, 10%	6, 60%

HCBS Provider and Case Manager Survey Match					
Question Category	Provider and Case Manager Validation Surveys	Provider		Case Manager	
		No	Yes	No	Yes
Staff communicate in a dignified manner	48. Does staff refrain from talking to other staff about individuals as if they were not present?	0, 0%	66, 97%	1, 10%	9, 90%
	49. Does staff address individuals in a dignified manner?	0, 0%	68, 100%	1, 10%	9, 90%
There is a legally enforceable agreement for the residence	50. Do the individuals or his informal/natural supporters hold a lease or written residency agreement for the setting?	2, 3%	48, 71%	1, 11%	5, 56%
	51. Does the written agreement include language that provides protection against eviction and allows appeals of eviction or discharge?	3, 4%	45, 66%	0, 0%	3, 33%
Provider policies and supports	52. Do the provider's policies align with and reflect the requirement for person-centered planning and service delivery?	0, 0%	67, 99%	1, 13%	7, 88%
	53. Does the provider's employee training incorporate person-centered planning and service delivery?	0, 0%	67, 99%	1, 11%	8, 89%
	54. Do the provider's employee performance evaluations include methods of observation to verify person-centered service delivery?	0, 0%	64, 94%	1, 13%	5, 63%
Other	55. Do you have any other setting specific characteristics or concerns?	36, 55%	13, 20%	8, 80%	2, 20%
<ul style="list-style-type: none"> Revised using provider survey update from March 18, 2016 Data based on 68 entries where responses from case managers were available for at least one question Responses and associated percentages exclude other optional answers including "N/A," and "Not Yet" 					

The state will revisit the administration of this assessment and validation process to assure a more rich sample through greater participation and sufficient progress in our timeline toward March 2019 HCBS Rule compliance.

Member Survey

The state also wanted to gain a better understanding of the members’ experience of care within HCBS settings. The survey would not be used to validate providers’ responses but could be used to understand possible opportunities for improvement of settings not identified within the provider self-assessment and areas for further member/provider education.

Survey Design

An electronic survey was designed by a parent advocate who also serves on the statewide taskforce. The taskforce also had an opportunity to review and test the tool prior to implementation. While questions were similar in nature to those on the provider survey they did not duplicate. Questions were written from a member perspective. Responses were in the yes or no format and comments were also solicited at the end to include within the FAQ document.

Survey Implementation

Survey notification was made to 18,435 Medicaid waiver members via letter, partnering state organizations, advocacy websites and case management entities. The letter contained a brief description of the final rule, purpose of the survey and reiterated that participation was not mandatory and they were not obligated to participate to retain benefits as well as the link that members or their proxy would use to complete the survey. If the member was unable to complete the survey electronically, members were given the HCBS phone number to complete the survey by speaking with a DCH staff member by telephone.

Member Survey Results

As of March 4, 2016, 1,658 respondents had completed the member survey.

Table 13: Member Survey Completion by Waiver Type

Waiver/Program Name:		
Answer Options	Response Percent	Response Count
Community Care Services Program (CCSP)	31.1%	428
Service options Using Resources in a Community (SOURCE)	10.5%	144
Independent Care Waiver Program (ICWP)	4.4%	61
New Options Waiver Program (NOW)	16.2%	223
Comprehensive Supports Waiver Program (COMP)	37.4%	514

Georgia Pediatric Program (GAPP) Medical Day Care	0.4%	6
Answered Question		1376
Skipped Question		282

As shown in Table 13, the majority of respondents were currently enrolled in Medicaid’s Comprehensive Supports Waiver Program (COMP, n=514, 37%) or the Community Care Services Program (CCSP, n=428, 31%). Sixteen percent of consumers were enrolled in the New Options Waiver Program (NOW, n=223, 16%) while eleven percent of consumers were enrolled in the Service Options Using Resources in a Community program (SOURCE, n=144, 11%). Less than five percent of consumers were enrolled in the Independent Care Waiver Program (ICWP, n=61, 4%) or the Georgia Pediatric Program Medical Day Care program (GAPP, n=6, <1%).

As shown in Table 14 most respondents received services in a residential setting (n=899, 59%). The remaining 41% of consumers received services in a non-residential setting (n=628, 41%).

Table 14: Member Survey Completion by Setting Type

Site Type:		
Answer Options	Response Percent	Response Count
Residential	58.9%	899
Non-residential	41.1%	628
Answered Question		1527
Skipped Question		131

In Table 15, the majority of consumers received residential supports or alternative living services (e.g. host home, group home, or personal care home, n=827, 55%). Forty percent of consumers received day services (e.g. community access group or adult day services, n=602, 40%). Less than five percent of consumers received employment related services (e.g. pre-vocational or supported employment, n=54, 4%) or out-of-home respite services (n=17, 1%).

Table 15: Member Survey Completion by Service Type

Service Type		
Answer Options	Response Percent	Response Count
Residential Supports/alternate living services	55.1%	827
Day Services (e.g. community access group)	40.1%	602
Employment related services (e.g. prevocational)	3.6%	54
Out-of-Home Respite Services	1.1%	17
Answered Question		1500
Skipped Question		158

Members or their representatives filled out 48 yes/no questions about the services that they receive. The vast majority of questions (47 of the 48) spanned 16 categories, listed in Table 16. The 48th question gave respondents an opportunity to provide comment. 419 respondents provided comments. The most common theme in the comments was that, because many of the questions were specific to residential settings, they did not apply to individuals receiving services in a non-residential setting. Other frequent themes included satisfaction with services, requests for more transportation, and the notion that questions did not apply to consumers who were severely disabled. Please see Appendix I for the full table of responses.

The following table shows, by category, the number of questions in each category and the average percentage of responses that selected “No” to questions in each category. Average “no” response rates ranged from 4% in the “physical environment meets individualized needs” category, to 49% in the “employed in the community” category. See Appendix H for a detailed breakdown of responses to each survey question by program type, site type, and service type. The state will use the data obtained from this analysis to stratify training and provide technical assistance.

Table 16: Member Survey Negative Response Rate

Category	Number of Questions in Category	Average “No” Response Rate in Category
Choice of setting and setting characteristics	5	12%
Site setting does not isolate individuals	3	7%
Employed in the community	2	49%
Has own bedroom or shares with a roommate of choice	3	22%
Controls own schedule	2	31%
Controls own personal funds	2	17%
Chooses when, what and with whom to eat	3	18%
Choices are incorporated into services received	4	12%
Free from coercion	3	11%
Has active role in development and update of the person-centered service plan	4	14%

Category	Number of Questions in Category	Average “No” Response Rate in Category
Physical environment meets individualized needs	2	4%
Have full access to the community	4	30%
Right to dignity and privacy	4	9%
Staff communicates in a dignified manner	2	9%
There is a legally enforceable agreement for the residence	2	44%
Participates in scheduled and unscheduled activities	2	9%

Analysis between Provider and Member responses were completed to identify areas of agreement and misalignment. As stated previously, these results were not used for validation but would serve as areas that the state would begin to design training for providers and address specific member concerns.

Table 17: Provider and Member Response Match Rate

HCBS Provider and Member Survey Match						
Question Category	Provider Survey	Member Survey	Provider		Member	
			No	Yes	No	Yes
Choice of Setting and Setting Characteristics	1. Do the individuals in this setting continue to be provided a choice of available options regarding where to live (if this is a residential setting) or where to receive services (if this is a non-residential setting)?	9. Do you get to choose where to live (if this is a residential setting) or where to receive services (if this is a non-residential setting)?	1, 1%	153, 99%	46, 30%	109, 70%
	2. Does the setting reflect the needs of the individuals?	10. Does the setting reflect your needs?	0, 0%	155, 100%	1, 1%	154, 99%

HCBS Provider and Member Survey Match						
Question Category	Provider Survey	Member Survey	Provider		Member	
			No	Yes	No	Yes
	3. Does the setting reflect the preferences of the individuals?	11. Does this setting reflect your preferences?	0, 0%	155, 100%	13, 8%	142, 92%
	4. Do individuals know how to relocate and request new housing (or non-residential service site change)?	12. Do you know how to relocate and request new housing or non-residential service site change?	8, 5%	144, 93%	69, 46%	80, 54%
	5. Do the individuals have access to make private phone calls, e-mail, text, or otherwise communicate privately?	13. Do you have access to make private phone calls, email, text, or otherwise communicate privately?	0, 0%	154, 100%	5, 3%	144, 97%
Participates in scheduled and unscheduled activities	6. Do the individuals participate in meaningful non-work activities (leisure, social, or other activities in the community) settings as desired?	14. Do you participate in meaningful non-work activities (sports, leisure, social, or other activities in the community) settings as desired?	0, 0%	154, 99%	11, 7%	144, 93%
	7. Are individuals regularly supported (based on their preference) to participate in spontaneous/non-scheduled activities?	15. Do you live and/or receive services and supports in a setting where there is a regular (more than once per week) opportunity for contact with people not receiving services (e.g. visitors who are friends, family members, others in the larger neighborhood or community)?	0, 0%	154, 99%	0, 0%	155, 100%
	8. Setting is part of the community at	18. Is your setting a part of the community at	0, 0%	155, 100%	5, 3%	150, 97%

HCBS Provider and Member Survey Match						
Question Category	Provider Survey	Member Survey	Provider		Member	
			No	Yes	No	Yes
Site setting does not isolate individuals	large (and not institution-like or part of or adjacent to an institution).	large (and not institution-like or part or adjacent to an institution)?				
	9. Do individuals live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for contact with people not receiving services (e.g. visitors who are friends, family members, others in the larger neighborhood or community)?	20. Are you supported when you want to do something that's not scheduled?	0, 0%	155, 100%	11, 7%	144, 93%
	10. Can visitors visit at any time?	16. Can visitors visit at any time?	8, 5%	147, 95%	1, 1%	154, 99%
Employed in the community	11. Do the individuals work in an integrated setting (community settings where the individual would interact with non-disabled individuals)?	17. Do you work in an integrated setting (community settings where you would work with non-disabled individuals)?	9, 6%	65, 42%	62, 41%	90, 59%
	12. If the individuals would like to work, is the option being pursued?	19. If you would like to work, is someone helping you with that goal?	5, 3%	83, 54%	19, 12%	134, 88%
Has own bedroom or shares with a roommate of choice	13. Do the individuals have a choice of housemate or roommates?	21. Do you have choice of housemates or roommates?	1, 1%	124, 80%	51, 50%	50, 50%
	14. Do the individuals talk about the roommate/housemates positively?	22. Do you like your roommate/housemates and say nice things about them?	1, 1%	123, 79%	51, 65%	27, 35%

HCBS Provider and Member Survey Match						
Question Category	Provider Survey	Member Survey	Provider		Member	
			No	Yes	No	Yes
	15. Do the individuals know how to request a roommate change?	23. Do you know how to change your roommate if you want to?	6, 4%	118, 76%	52, 67%	26, 33%
Controls own schedule	16. Do individuals have varying schedules from one another?	24. Do you make your own schedules?	1, 1%	149, 96%	17, 15%	96, 85%
	17. Can the individuals adjust their schedules as needed?	25. Can you adjust your schedule when you want or need to?	0, 0%	151, 97%	13, 11%	100, 89%
Controls own personal funds	18. Do the individuals have a bank account or means of controlling personal resources?	26. Do you have a bank account or way to control your personal resources?	6, 4%	125, 81%	9, 8%	105, 92%
	19. Do the individuals have regular and easy access to personal funds?	27. Do you have regular and easy access to personal funds?	3, 2%	132, 85%	5, 4%	114, 96%
	20. Do the individuals have regular and easy access to personal funds?	N/A	3, 2%	134, 86%		
Chooses when, what and with whom to eat	N/A	28. Do you choose when and where to eat?			56, 50%	57, 50%
	21. Can the individuals request an alternative meal?	29. Can you request different food if you don't like what is being served?	0, 0%	141, 91%	4, 4%	110, 97%
	22. Can the individuals eat privately if they choose?	30. Can you eat in private if you want to?	0, 0%	152, 98%	5, 4%	109, 96%
Choices are incorporated into services received	23. Do staff ask individuals about their need/preferences?	31. Does staff ask you about your need/preferences?	0, 0%	155, 100%	5, 4%	117, 96%
	24. Do individuals freely make requests	32. Can you change the way your services or	3, 2%	150, 97%	54, 43%	73, 57%

HCBS Provider and Member Survey Match						
Question Category	Provider Survey	Member Survey	Provider		Member	
			No	Yes	No	Yes
	for changes in the way their services or supports are delivered?	supports are delivered when you want?				
	25. Do the individuals express satisfaction with services being provided?	33. Are you happy with the services you receive?	0, 0%	155, 100%	13, 10%	115, 90%
	26. Do the individuals know how and to whom to make a request for a new provider or service?	34. Do you know how to make a request for a new provider or service?	6, 4%	148, 95%	11, 9%	116, 91%
Free from coercion	27. Are individuals' comfortable discussing concerns (things that upset or worry them)?	35. Are you comfortable discussing concerns (things that upset or worry you)?	2, 1%	152, 98%	11, 9%	117, 91%
	28. Can the individuals file anonymous complaints?	36. Can you make a complaint anonymously/in secret?	4, 3%	150, 97%	13, 10%	114, 90%
	29. Do the individuals know who to contact to make a complaint?	37. Do you know who to contact to make a complaint?	6, 4%	149, 96%	8, 6%	119, 94%
Has active role in the development and update of the person-centered service plan	30. Do the individuals routinely participate in service planning meetings?	38. Do you participate in your service planning meetings?	1, 1%	153, 99%	0, 0%	127, 100 %
	31. Can the individuals describe his/her role in the person-centered plan development process?	39. Can you describe your role in the person-centered plan development process?	22, 14%	131, 85%	66, 54%	57, 46%
	32. Does the service plan get updated when the individuals express a desire to change the type, the	40. Does your service plan get updated when you express a desire to change the type, the	1, 1%	154, 99%	10, 8%	116, 92%

HCBS Provider and Member Survey Match						
Question Category	Provider Survey	Member Survey	Provider		Member	
			No	Yes	No	Yes
	frequency, or the provider of supports/services?	frequency, or provider of supports/services?				
	33. Was the planning meeting scheduled at a time and place convenient to the individuals and other natural supporters?	41. Was the planning meeting scheduled at a time and place convenient to you and your natural supporters?	0, 0%	155, 100%	5, 4%	121, 96%
Has unrestricted access of setting (as appropriate per health and safety needs)	34. There are no locked doors or gates that only the provider controls.	N/A	42, 27%	110, 71%		
	35. Access is limited only for health and safety reasons according to approved care plans.	N/A	0, 0%	152, 98%		
	36. Do the individuals have their own keys to the residence?	N/A	30, 19%	48, 31%		
	37. Can individuals move about freely inside and outside the setting?	N/A	5, 3%	146, 94%		
Physical environment meets individualized needs	38. Are there environmental accommodations (e.g. ramps, grab bars, graphic signage to support independence) available to individuals who need them?	42. Are there environmental accommodations (e.g. ramps, grab bars, graphic signage to support independence) available to you if you need them?	0, 0%	155, 100%	46, 36%	81, 64%
	39. Is the setting physically accessible to support easy access within, to, and from setting?	43. Is your setting physically accessible to support easy access within, to, and from settings?	0, 0%	155, 100%	0, 0%	127, 100%

HCBS Provider and Member Survey Match						
Question Category	Provider Survey	Member Survey	Provider		Member	
			No	Yes	No	Yes
Have full access to the community	40. Do individuals regularly leave the residence?	44. Do you regularly leave the residence?	0, 0%	128, 83%	1, 1%	121, 99%
	41. Do individuals in the setting have access to public transportation?	45. Do you have access to public transportation?	20, 13%	124, 80%	94, 77%	28, 23%
	42. Is training provided in use of public transportation?	46. Is training provided in use of public transportation?	23, 15%	100, 65%	91, 75%	30, 25%
	43. Where public transportation is limited, are there other resources available?	47. Where public transportation is limited, are there other resources available?	6, 4%	147, 95%	0, 0%	122, 100%
Right to dignity and privacy	44. Is individual health information kept private?	48. Is your health information kept private?	0, 0%	155, 100%	0, 0%	122, 100%
	45. Do individuals receive assistance with grooming in a dignified manner?	49. Do you receive assistance with grooming (bathing or dressing) in private if you want?	0, 0%	151, 97%	1, 1%	120, 99%
	46. Can individuals close and lock the bedroom door (if safe to do so)?	50. Can you close and lock the bedroom or bathroom door (if safe to do so)?	2, 1%	85, 55%	7, 6%	115, 94%
	47. Do staff or other residents always knock and receive permission before entering an individual's residence or room?	51. Do the staff or other residents always knock and receive permission before entering your residence or room?	0, 0%	132, 85%	14, 13%	96, 87%
Staff communicate in a dignified manner	48. Does staff refrain from talking to other staff about individuals as if they were not present?	52. Does staff try not to talk about you or your roommates in front of you?	0, 0%	155, 100%	5, 4%	115, 96%
	49. Does staff address individuals	53. Does staff talk to you in a dignified manner?	0, 0%	155, 100%	7, 9%	69, 91%

HCBS Provider and Member Survey Match						
Question Category	Provider Survey	Member Survey	Provider		Member	
			No	Yes	No	Yes
	in a dignified manner?					
There is a legally enforceable agreement for the residence	50. Do the individuals or his informal/natural supporters hold a lease or written residency agreement for the setting?	54. Do you have a rental agreement with your name on it?	0, 0%	72, 46%	96, 88%	13, 12%
	51. Does the written agreement include language that provides protection against eviction and allows appeals of eviction or discharge?	55. Does the written agreement protect you against eviction and allow appeals of eviction or discharge?	1, 1%	59, 38%	85, 83%	17, 17%
Provider policies and supports	52. Do the provider's policies align with and reflect the requirement for person-centered planning and service delivery?	N/A	0, 0%	154, 99%		
	53. Does the provider's employee training incorporate person-centered planning and service delivery?	N/A	0, 0%	154, 99%		
	54. Do the provider's employee performance evaluations include methods of observation to verify person-centered service delivery?	N/A	0, 0%	145, 94%		
Other	55. Do you have any other setting specific characteristics or concerns?	56. Do you have any other setting specific concerns?	32, 21%	86, 58%	120, 98%	2, 2%
Revised using provider survey update from March 18, 2016						

HCBS Provider and Member Survey Match						
Question Category	Provider Survey	Member Survey	Provider		Member	
			No	Yes	No	Yes
Data based on 150 matches on provider name only, using provider and consumer surveys						

Site-Specific Settings Remediation

The state identified 2,288 settings that are subject to the HCBS rule of which 383 settings were found to no longer be active. This 383 figure consisted entirely of Personal Care Homes where members no longer lived, the home was no longer managed by the provider, and for which there was no claims data within the past 6 months and were removed from analysis.

Table 18: Site-Specific Survey Completion by Providers

Total settings subject to the rule	2,288
Total assessments received	1,795
Settings determined to know longer be active	383
Outstanding assessments	110

Table 19: Reported Compliance by Providers

Provider settings with 100% compliance with HCBS settings requirements	11%
Provider settings with one or more areas of non-compliance	76%
Provider settings determined non-compliant for failure to complete assessment	13%

All providers who indicated “No” and “Not Yet” responses will receive some type of remediation beginning with general education as outlined below. Providers who responded “Not Yet” had the option of providing a timeline in which areas of concern would come into compliance (based on established “drop-down” choices in the tool. Times ranged from “One Month, Six Months and One Year”. DCH has identified these settings for follow-up within the designated times indicated on the milestone document.

See Appendix K for a graphic depiction of the Site-Specific Remediation Process Flow.

For all providers who are not in 100% compliance, the remediation strategy detailed below will be enacted. The settings remediation strategy consists of the following activities and tasks.

Global provider education and training. During the survey analysis phase the state conducted a stratification process within the tool in order to address areas of non-compliant commonality and misalignment between providers, case managers and members. Stratification was based upon the number of the questions with “No” responses between the provider and member surveys as well as

case manager validation. The state focused on those characteristics of HCBS deemed to be most critical to compliance with the Rule.

1. Exercise of a full spectrum of choice in residence and activities of daily living
2. Ability to modify the day's activities and freedom to make requests for changes in the way services or supports are delivered
3. Familiarity with and role in the person-centered plan development process
4. Sufficient environmental, physical, and emotional accommodations (available to individuals who need them)
5. Residential rights including a lease or written residency agreement for the setting?

The state has determined that these significant areas are where more Education and Training are needed. This will include interactive dialogues between providers and the state to strengthen understanding of the requirements of the rule as well as how the state is expecting them to achieve compliance in routine activities and in overall auditing purposes.

All providers will be required to participate in a foundational HCBS training to support achievement of greater familiarity with the expectations of compliance and tools for measuring compliance.

All directed non-compliant HCBS providers will be instructed to undergo comprehensive training on the HCBS settings rule. Training curricula will begin to be developed 9/1/2016 by DCH HCBS Program Specialists, DCH Provider Enrollment and Healthcare Facility Regulation staff and with existing resources through operating agencies and Quality Improvement Organization contractors. Concurrently, DCH HCBS staff will begin establishing a schedule to conduct site visits starting on or around 1/1/2017.

Education sessions are scheduled to begin in early 2017 to discuss specific survey responses.

Upon completion of the appropriate prescribed activity(s), providers will receive a second assessment and the data will be analyzed for compliance. If it is again determined that a setting continues to be non-compliant, Providers will need to engage in the *Corrective Action Plan (CAP)* process. This process requires the provider to submit a CAP addressing the concern, what their plan is to comply, responsible parties and anticipated date(s) for completion. Once the CAP is approved by the state, the provider will have thirty (30) days to meet all requirements. When the provider cannot comply within the designated thirty (30) days, all subsequent claims submitted to the state will go into a pre-payment status. The provider will remain in a pre-payment status for thirty (30) days as they continue to make adjustments to settings. If the provider is not making substantial improvement or discontinues the process to come into compliance the Provider ID will be terminated and members will be relocated.

- 1) *Solution Focused Mapping*. Settings determined not to be compliant in one or more areas will first undergo Solution Focus Mapping which relies on the probability that the solution to a problem inherently lies within the capacity and resources that already exist where the problem is being experienced. The state wants to reinforce that the service system and provider network can be reengineered to achieve mutual goals. To begin this process, providers that are found not to meet the HCBS settings rule will receive a letter indicating areas of concern including a copy of their actual survey responses that are being highlighted for further review and recommended remedies to come into compliance. The state will provide one or more of the following solutions to assist the provider and setting with coming into compliance.

- a. Education and Training on how to be more compliant with the Final Rule
- b. Site-visit conferences to provide one-on-one assistance to providers in identifying areas with deficiencies
- c. Technical Assistance to facilitate identification of resources that can be converted, modified, etc., to achieve compliance.
- d. Technical Assistance with using the assessment tools

Relocation Process

Based on the state's assessments, there are no settings that have been identified as being institutional. There are a few settings that may be institutional in nature which require further investigation and others that may be determined to be isolating/segregating in such a way as to not be reversible. Through remediation and heightened scrutiny as necessary, it is the intent of the state to afford all providers the opportunity to become compliant with the Final Rule through the remediation process. However, if a member has to be relocated due to inability of the setting to come into compliance, the provider, the member and/or designee, and assigned case management agency will be notified via certified mail at least 30 days in advance that the facility has not met the current HCBS settings requirements and the member(s) must be transitioned to a compliant setting. The state has a protocol for the relocation process involving not only this official notification, but also an established timeline of 45 to conduct transition, support by the state to identify alternative providers to facilitate relocation, processes to update service plans and prior authorizations, and, if necessary, on-site assistance for residential relocations. The state will work with the respective case management agency to assist the member with making an informed choice, continuing the objectives contained within the person-centered plan and ensuring that all critical services and supports are available and set-up prior to the member's transition.

SECTION FIVE – HEIGHTENED SCRUTINY PROCESS

The State understands that to be successful in implementation of a Statewide Transition Plan that assures compliance with the HCBS Settings Rule, we must have standards, practical guidelines, that can be applied equitably and fairly across the HCBS provider network for the purposes of assessment, remediation, and particularly for heightened scrutiny. The development of those standards must begin with shared understanding of core definitions that serve as the “bones” of what are HCBS.

Settings that Isolate Survey

With this in mind, the state implemented an additional tool to engage all stakeholders with a survey about settings that are isolating. The survey was designed to develop an initial framework for ultimately determining what waiver settings Georgia will consider to be isolating. The survey put forth several descriptive scenarios to help define what settings and circumstances for the individuals receiving services in those settings are and are not isolating. Not only does the survey establish the foundation from which the state will continue to mold and refine those definitions, but it also served to directly ascertain stakeholder levels of understanding of settings that isolate. The survey results will help the Department begin to establish understanding among stakeholders on the characteristics of isolation and remediation strategies. Ultimately, the framework will inform the protocol for assessing and determining what settings are in compliance and which ones are not and the definitions the state will use in home and community based waiver services policy. DCH presented the survey scenarios to tease out responses to the following questions:

- What are the characteristics of an isolated setting?
- Are there circumstances or situations that inherently make a (non-institutional) setting isolating?
- What supports and situations would keep a setting from being isolating?

An example of one of the survey questions is:

- Q. A group activity in which more than two individual HCBS waiver recipients travel together on the same outing, to the same destination, on the same schedule is not isolating or segregating if the group activity adheres to all of the following criteria:
- a) Individuals choose the type of activity;
 - b) Individuals determine with whom they travel and when;
 - c) The activity is in a documented person-centered care plan;
 - d) The activity is outside of the home;
 - e) The activity goal is to increase independence and related skills.

The full tool can be found at Appendix L. The summary of responses to all questions can be found at Appendix M.

The tool was distributed electronically to all providers and members. The option was also made available for stakeholders to call a 1-800 number to complete surveys.

Settings that Isolate Survey Results

The exploratory survey was distributed to 4,500 stakeholders (members, families, advocacy groups, and providers, and state agencies). The state received 10% (n=458) responses. The results demonstrated combined agreement (strongly agree and agree) in the majority of the 8 questions posed in the survey. Strong agreement was evidenced in the areas of Adult Day Health (87.33% n=325), Group activities based upon choices of those participating (85.81% n=381), Employment focused group activities in a provider setting that is integrated within the community (81.63% n= 360), and those that are receiving personal support services in a licensed home when the setting is a part of the community at large (88.97% n=395). However, there was significant combined disagreement (strongly disagree and disagree) for questions about gated communities and group homes where services may be received entirely within the gated community and is not integrated in the community at large (21.11% n=95). There was also combined disagreement among survey participants in the same area of gated communities and lease agreements (20.9% n=93).

These results suggest there is a solid foundation of understanding about what settings are institutional-like and what settings afford full community integration, if not a complete understanding of what may be segregating and isolating. This survey experience was informative on several counts: it will allow the state to identify improvement opportunities within the HCBS settings framework and design educational tools to assist providers, members and their supporters with understanding HCBS settings that isolate; it will inform evaluative monitoring tools and quality measurement standards; and it will also help the state begin to cultivate remediation strategies during ongoing compliance and monitoring of HCBS settings.

Secondly, the state will continue to utilize the exploratory questions from CMS guidance, which have been incorporated into the provider self-assessment, and which address:

- Full access to the community
- Setting does not isolate
- Exercising choice
- Controls own schedule
- Has unrestricted access of setting (as appropriate per health and safety needs)
- Right to dignity and privacy is respected

The provider self-assessment will be required in the provider application and re-credentialing/ revalidation process the Medicaid agency's Provider Enrollment Section. Providers will be required to complete the assessment for new or expanded applications which will be validated through the Provider Enrollment site-visit prior to approval and enrollment. As part of the every-three-year revalidation process, each provider will be required to sign and attest to ongoing compliance.

Settings that are not HCBS

No Georgia setting has been identified as being institutional or having institutional qualities. It remains critically important to identify those settings that have the effect or perception of isolating individuals who are receiving Medicaid services but are not fully integrated and included in the broader community. It is this area that the state will focus its continued review of and remediation with current home and community-based settings.

Quality/Characteristic	Assessment Findings
Institutional in Nature Nursing Facilities, Institution for Mental Disease, Intermediate Care Facility for Individuals with Intellectual Disabilities, Hospitals and other locations that have qualities of an institutional setting	None
Presumed to Have Institutional Qualities Facility that also provides inpatient institutional treatment and facilities that are on the grounds of or adjacent to a public institution or settings	None
Settings that are Isolating or Segregating Settings that have the effect or perception of isolating individuals and are not fully integrated and included in the broader community	To Be Determined

The state has taken a two-pronged approach in its efforts to identify those settings for which heightened scrutiny would be applied. First, the state will continue to use geo-mapping to compare locations of currently licensed institutions to current licensed home and community-based settings. As stated previously, the state has access to validated locations through the data collected from Provider Enrollment and Healthcare Facility Regulation Division (HFRD) during their initial enrollment, site-visits and recertification processes.

The state has not identified any settings that are adjacent to or on the on grounds of the current 358 licensed nursing facilities or the 1 remaining ICF-ID/DD. However, the state will continue to perform geo-mapping for periodic checks and validation as part of the monitoring process. In collaboration with HFRD and Provider Enrollment to incorporate this check into current site-visits. Should any settings be found in violation of the Rule if they are found to operate on the grounds or adjacent to these facilities.

As the state proceeds with continued assessment and remediation, we anticipate modifying the provider self-assessment tool to create versions of the tool specific to each setting. This will enable the state to capture the most accurate data and avoid misapplication or misinterpretation of measures that could skew analyses. These tools and refined definitions for establishing standards will be vetted through the Statewide Task Force and stakeholders to assure opportunity for public input.

The state will know whether we will be submitting requests for heightened scrutiny by October 31, 2017. In working toward that date, the state will have entered into engagement with identified providers through education, technical assistance/provider solution-focused mapping, and corrective action for settings where the state requires modifications.

SECTION SIX – OVERSIGHT AND MONITORING

The Department of Community Health as the state’s Medicaid agency will serve as the lead in providing oversight and monitoring of the Statewide Transition Plan as well as implementation of the plan itself. A monitoring schedule will be created and vetted through the Statewide Task Force. The Statewide Task Force will continue to serve as the primary oversight partner to the state for STP activities. The schedule will address the following activities:

Continued refinement of tools to support compliance -- The original provider self-assessment tool will be redesigned to support appropriate question logic, more efficient case management validation, and better align with current and future member quality and compliance initiatives.

HCBS guidance incorporated in provider enrollment, credentialing and revalidation -- These additional requirements will be incorporated into the new provider application and credentialing process every three years as providers revalidate. Providers will be required to complete a self-assessment for every location with each application. This assessment will then be used to conduct training and familiarize providers with the settings requirements during application and subsequently serve as a measurement tool during prescribed audits and site visits conducted by Provider Enrollment. The state will also include a geo-mapping proximity review during application of each setting requesting certification to determine its possible proximity to institutional settings.

Achieve regulatory changes needed to support compliance -- The state’s oversight and monitoring process will include working with its Healthcare Facility Regulation and Provider Enrollment divisions to establish additional procedures for HCBS providers to ensure ongoing compliance. For example, this may take the form of a modification to the tool that the HRFD field staff use when they conduct site visits to Personal Care Homes or Community Living Arrangements according to regulatory frequency for those licensure types.

HCBS guidance incorporated into all consumer satisfaction surveys -- Each waiver has a quality measurement requirement. Members are surveyed to determine their level of satisfaction with the services they are currently receiving. A review of each of these tools will be conducted as outlined in the milestone document to determine how to enhance these existing tools with HCBS requirements and maximize the data received by DCH and respective providers. Information will also be used from these tools to validate providers’ self-assessments and identify areas of misalignment.

HCBS guidance incorporated into program integrity audits -- Through the Georgia Office of Inspector General (OIG), auditing materials will be revised to reflect current HCBS settings requirements. During program audits, the OIG will determine if the program has continued to meet the requirements through appropriate policy documentation and revisions, response to inquiries, providing guidance to providers and members as well as claims analysis.

Corrective Action Plans (CAP) for non-compliant providers -- If during the remediation process it is identified that a provider requires a corrective action plan, DCH will work with that provider to initiate, develop, and track to resolution a CAP that will address the area(s) of concern. DCH staff and its contracted operating agency personnel, will be responsible for executing oversight of CAPs in addition to provision of technical assistance.

Relocation of members for non-compliant providers -- When a provider is found to be non-compliant, the state will make every attempt to engage the provider in the remediation process. This will include assisting the setting with coming into compliance through general education, Solution Focused Mapping, technical assistance, and corrective action. If the setting(s) continues to be non-compliant the state will give notice of termination for that Provider Identification Number. The state will then require that members who receive services within the settings be offered alternative options for relocation and/or to receive similar services from a different provider.

Reassessment – Following remediation and prior to the March 2019 deadline for compliance, the state will perform a comprehensive reassessment for additional validation. This will include a 100% provider self-assessment, case management validation, and member validation.

Waiver Operations and Amendments – Through waiver management, the state will leverage requirements in waiver operations to provide oversight and monitoring including those provided through quality measurement reviews and assurances conducted in each waiver. Additionally, the state will request waiver amendments as needed to accommodate modifications to support and align with responsibilities under the Rule.

Heightened Scrutiny – As part of its responsibility for applying the defined characteristics of HCBS to Georgia’s service settings and fully vetting all settings to be compliant, the DCH will determine for which settings heightened scrutiny is required and follow the necessary procedures for making such a request to CMS. If no need for heightened scrutiny is identified, the DCH will have assured Rule implementation in the spirit of which it was intended.

Additional Resources required for oversight and monitoring

Georgia will require additional resources to assure sufficient oversight and to perform necessary monitoring of HCBS settings and to support member community integration. A thorough analysis has not yet been performed to assess impact, but the state anticipates that additional resources will include:

- 1) Staffing – The DCH estimates that a team of 15 additional staff will be required to provide adequate controls for monitoring HCBS waiver activities including field staff within whose role it will be to perform observation and to conduct on-site technical assistance and training. Additional business enterprise supplementation may be required as well to address the additional needs for support of activities involving decision support services and finance and budget as well as the additional space for personnel.
- 2) Infrastructure Supports – The state envisions the need to create standardized, cross-waiver training and certifications, tools for supporting person-centered planning and service delivery, and centralized resources for tracking waiver provider performance and member outcomes. The state will need to engage consultation to develop training strategies and establish a Quality Management System which incorporates Settings Rule criteria as well as correlated information tracking system. Consultation would be an initial expense while infrastructure maintenance would be ongoing.
- 3) Reimbursement Rate Methodologies -- Rate studies may need to be performed to inform rate methodology based on expectations of providers to conform to the Rule.

The total of all additional resources needed may be tempered by some efficiencies that might be ultimately be garnered through revisiting administrative responsibilities that can be shifted or alleviated

through application of automation and information technology. This will be an objective in completing the full analysis of impact to resources.

The DCH will incorporate additional resource projections into its internal work plan implementation activities through the design of a study/budget focused plan to do just that.

SECTION SEVEN – APPENDICES

Appendix Title	Description	Document link
A. Milestone Document	Outlines each task to be completed for the Final Rule	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-A-GA-Milestones-for-HCBS-STP-08082016.pdf
B. Outreach and Engagement Feedback (Public Notices)	Describes all outreach and engagement activities	http://dch.georgia.gov/public-notice  Home and Community Based Services Transition Plan Survey.html
C. Georgia Email campaigns	Includes sample of notice distributed electronically to the public	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-C-DCH_e-blast_CommsEdit_Sept15-accepted-RD_JA.pdf
D. Statewide Taskforce Systemic Review Recommendations	Review of State’s current policies, procedures and regulations by STP Taskforce members	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-D-HCBS-Final-Rule-Regulatory-Change-Recommendations.pdf
E. Systemic Review Crosswalk	Review of State’s current policies, procedures and regulations by GHPC.	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-E-HCBS-Settings-Rule-Policy-Review-Updated.pdf
F. Provider Self-Assessment Tool (link)	Site-specific self-assessment completed by providers	https://waiverproad.dbhdd.ga.gov/surveys/HCBSForm.aspx
G. Provider Self-Assessment Analysis	Review of self-assessment results by GHPC	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-G-GHPC-Provider-Survey-Report032016.pdf
H. Member Survey Analysis	Review of member survey responses by GHPC	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-H1-HCBS-STP-Member-Survey.pdf https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-H-Consumer-Survey-Output032016_0.pdf
I. Member Survey Responses	Complete list of comments provided by members during the	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-I-Comments032016.pdf

Appendix Title	Description	Document link
	member survey process	
J. Systemic Remediation Plan	Systemic remediation plan and crosswalk as identified by GHPC and approved by the state	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-J-HCBS-Policy-Remediation-Plan-Final.pdf
K. Site-Specific Remediation Process Flow	Current remediation process for providers	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-K-GA-Remediation-Strategy-Flow.pdf
L. Settings that Isolate Survey	Isolation survey distributed to members and providers through advocacy organizations	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-L-Settings-that-Isolate-04212016-Final.pdf
M. Settings that Isolate Survey Analysis	Analysis of isolation survey responses by GHPC	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-M-Settings-Isolation-Survey-Summary_04272016.pdf
N. Waiver Provider Policy Manuals	Policy Manuals for all 1915 c waiver programs	https://www.mmis.georgia.gov/
O. Georgia Rules and Regulations (subject to Rule)	Official Code of Georgia Annotated (O.C.G.A)	http://dch.georgia.gov/hfr-laws-regulations
P. Public Notice, Comment and response		Placeholder