



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Georgia Department of Community Health Division of Medicaid Home and Community-Based Services Statewide Transition Plan



Revised-March 2023, January 2023, March 2022, October 2020, April 2017

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FOREWORD

Summary

Effective March 17, 2014, the Centers 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 2023. 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.

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 fully participate in their communities in 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 engage in and ultimately embrace the spirit of the rule.

This document outlines Georgia's transition plan, hereinafter called the 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. Initial approval was granted by CMS in October of 2017 following stakeholder review and public comment. During this initial approval, the state was provided with additional guidelines and technical assistance to submit this final approval document submitted in July 2020. The following is a revised version of the July 2020 document reflecting comments and feedback received from CMS.

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 four 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 and CHIP enrollment in Georgia at the end of February 2022 is 2,318,906 and of those 47,884 were enrolled in HCBS waiver programs. During the Federally declared Public Health Emergency, members were not disenrolled from the Medicaid or waiver programs. Waiver programs. These 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 four (4) waiver programs, all established under the 1915(c)-authority subject to the settings rule are:

- Elderly and Disabled Waiver
- Comprehensive Supports Waiver Program (COMPS)
- New Options Waiver Program (NOW)
- Independent Care Waiver Program (ICWP)

Table 1: Georgia's Waiver Programs as of February 2022

Waiver/Program Name	Population Served	Institution Waived	Active Members
Elderly and Disabled Waiver – EDWP	Individuals who are elderly and/or disabled	Nursing Facility	33,089
Comprehensive Supports Waiver – COMP	Individuals with intellectual or developmental disabilities	ICF-ID	8,469
New Options Waiver – NOW	Individuals with Intellectual or developmental disabilities	ICF-ID	4,152
Independent Care Waiver Program-ICWP	Individuals who are severely Physically disabled	Nursing Facility Hospital	1,994
			47,704

Elderly and Disabled Waiver

The Elderly and Disabled Waiver (EDWP), 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. The program links primary medical care and case management to address more complex medical conditions.

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.

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) was the operating agency for the EDWP, but full responsibility 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 because 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.

This STP is the result of feedback received from CMS following the initial submission of the STP and the re-submission in February of 2020. It also includes technical assistance and guidance from CMS, input from a Statewide Stakeholders Task Force inclusive of recommendations from its committees, and the results of assessments and surveys administered to members, case managers, and providers over the course of the development of the plan.

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.

Instructions for the submission of Public Comment to this STP were provided to the public via public notices. Stakeholders were asked to submit comments via postal mail, email, fax and contacting the DCH offices.

Public Comments submitted in response to this submission will be reviewed and available on the DCH website at <https://dch.georgia.gov/programs/hcbs/hcbs-transition-plan> following the published comment period. These comments will be incorporated into the final submission. Previous comments are available for review upon request except for documents with personally identifiable health information.

Sections of the Plan

The following sections are included within the Statewide Transition Plan.

- Identification
- Outreach and Engagement
- Assessment
 - o Systemic Review and Remediation
 - o 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 in **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 the 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 comply. 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 follow the rule.

Heightened Scrutiny The plan describes the evidence the state would 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 describes 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 are impacted and are available to assist in the development and implementation 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 state has identified the following waiver services as being subject to the Rule due to the nature of the provider-owned and operated setting in which the services are rendered:

- Adult Day Health
- Alternative Living Services
- Community Access Group
- Community Residential Alternatives
- Pre-Vocational Services
- Supported Employment Group
- Respite Out-of-Home Care
- Individual, Private Homes *

The following is a brief description of the services that are provided through these settings as well as the total surveyed during the initial provider setting process (2018-2020). All other settings new to the programs were reviewed upon application.

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 – 203**

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 - 366**

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 - 745**

Community Residential Alternatives (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 - 81**

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 the 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 Service Sites - 365**

Supported Employment Group (SE) Supported Employment is available to eligible individuals, who express a desire and have a goal for competitive employment in their Individual Service Plan and for whom the ability to perform in a regular work setting is likely to require the provision of supports because of their disabilities. Services to obtain and retain competitive employment include job location, job development, supervision and training and is based on the individual's strengths, preferences, abilities, and needs. **Number of Supportive Employment Providers - 416**

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. **Number of Out-of-Home Respite Providers – 110**

Individual, Private Homes- Under the current 1915 c waiver service definition. These settings would not be subject to the final settings rule. The state may make the presumption that privately-owned or rented homes and apartments of individual HCBS members living with family members, friends, or roommates meet the HCBS settings requirements if they are integrated in typical community neighborhoods where people who do not receive HCBS also reside. However, to ensure that the settings requirements were followed, the state identified another 43 settings in which the member lives in a private residence that is owned by an unrelated caregiver (who is paid for providing HCBS services to the individual). Therefore, these settings would be provider-owned or controlled settings and were evaluated. The state realizes that this number may change often as members may move and/or service delivery may change (i.e. Traditional Case Management vs. Consumer Directed). **Number of Individual, Private Homes – 43**

Settings Identification

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

TABLE 2: Waiver Subject to Rule

X	Services provided in each waiver	X	Service setting subject to the rule		Not applicable
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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

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)			
Community Guide Services				X	X
Community Living Support				X	X
Community Residential Alternative Services					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
Supported Employment Services				X	X
Transportation Services				X	X
Vehicle Adaptation Services			X	X	X

Settings Identification

The state began its initial 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 any of the above services within the most recent one (1) year period based on paid claims data thereby identifying active HCBS providers for the same one-year period. For the 2018 review, the state identified all providers who had a claim paid, denied, or suspended within a year and was listed as a current active Medicaid provider. A further review was performed on each setting to determine if it was in, on the grounds of, or adjacent to an institutional setting. 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 of *Public Tableau* and DCH's GaMap2Cares site uses records in the provider enrollment dataset which included the provider's 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. This technology also reinforces the physical site visits performed by the DCH waiver, Office of Inspector General (OIG) and Healthcare Facility Regulation (HFR) staff members. The GaMap2Care site currently allows for the identification of more than 7,000 licensed health care facilities and services in Georgia. The user can see details about providers and services using Google Maps technology to view facilities in map, satellite, and street views. This DCH tool was very useful in conjunction with the Public Tableau tool to identify where facilities are located and if they are adjacent or on the grounds of an institutional setting.

The state designed a report that is produced monthly to identify all active providers within these specialty services by setting location to validate location and that can be used for reference purposes.

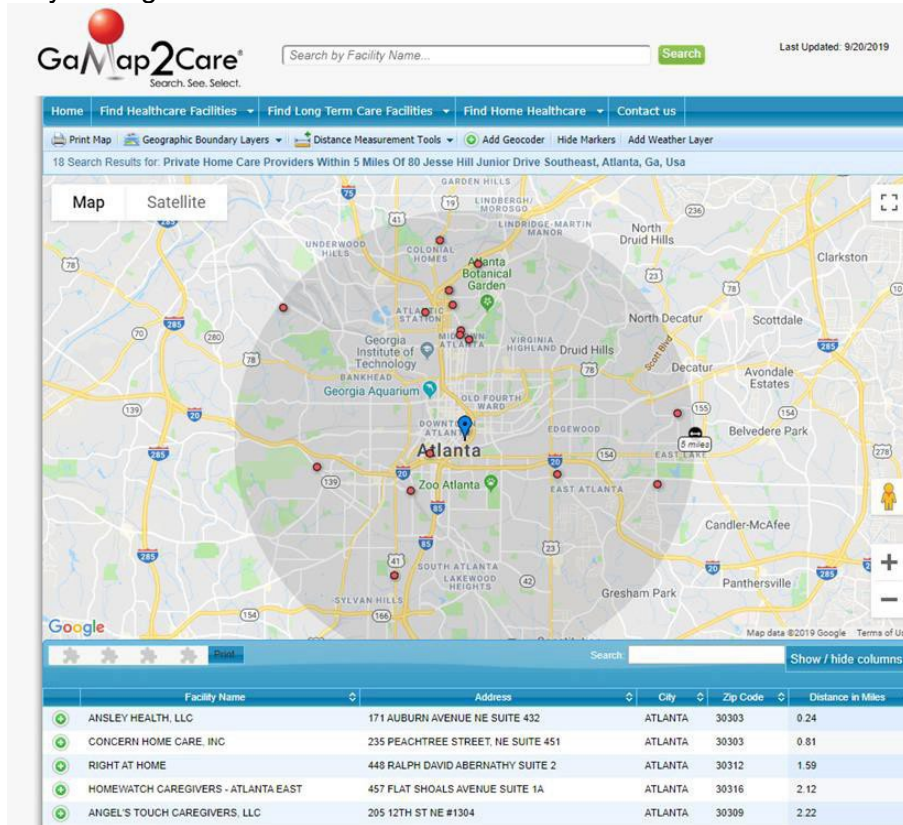


Figure 1: GA Map 2 Care Screenshot after HCBS facility search

Individual, Private Homes

To identify these settings that may be subject to the settings rule, the state used claims data, program service requests of members within our consumer-directed populations, and member self-reporting. These items were then reviewed to determine if the setting was provider owned and operated. If it was determined to be provider owned and operated, the state completed a settings review.

The table below describes the number of settings by waiver category and specialty. Some settings provide multiple services, and some providers have multiple settings and are counted accordingly.

Table 3: Number of HCBS Waiver Providers by Specialty

	COMP	EDWP	ICWP	NOW	TOTAL
Adult Day Health		195	8		203
Alternative Living Services		334	32		366
Community Access Group	404			341	745
Community Residential Alternatives	81				81
Pre-Vocational Services	154			211	365
Supported Employment	251			165	416
Respite Out of Home Care	32	30	13	35	110
Individual, Private Homes	1	15	25	2	43
Total					2329

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 the Settings Rule and identify needed modifications. This includes:

- Policy manuals for each approved/active waiver
- State licensure regulations required by provider-owned settings

The state had anticipated that additional analyses and/or recommendations related to provider-specific policies and state regulations would be made because of STP implementation. The result of that analyses is available on the DCH website and discussed in Section Three: Assessment – Systemic Review and Remediation

SECTION TWO – OUTREACH AND ENGAGEMENT

Outreach and Engagement are 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 and 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.

As public Town Hall meetings were conducted across the state and by webinar, questions were raised concerning the plan. The most frequently asked questions were placed into a FAQ and posted to the DCH website. Some of the FAQs and other feedback have been incorporated as applicable within the STP to address concerns as STP implementation continues.

The required public notices were posted, and the comment period was conducted for the initial transition plan. As required by CMS, DCH began a period of 30 days for Public Comment for the initial statewide transition plan. Additionally, the public notice was available to all Waiver participants through their case managers. DCH made Public Comment opportunities available via written submissions, fax, dedicated email site, and direct contact to DCH staff.

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 considered and incorporated as appropriate following the first Public Comment period.

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

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

Following the Initial Approval from CMS, the State incorporated discussions about the STP during provider and member meetings.

Medicaid Fairs - The Medicaid Fairs hosted by the DCH bi-annually provide attendees the opportunity for providers 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.

Table 4: Georgia Medicaid Fair Attendance Numbers

Location	Calendar Year 2017	Calendar Year 2018	Calendar Year 2019	Calendar Year 2021	Calendar Year 2022
Athens	357 attendees		394 attendees		
Cobb		560 attendees			890 Fall Session/Hybrid
Savannah			320 attendees		
Tifton		431 attendees			
Virtual				484 Spring Session/632 Fall Session= 1,116 attendees	613 Spring Session

Medicaid Operations and Advisory Committees - DCH continues to hold monthly meetings with our partnering agencies, DBHDD and DHS/DAS. Quarterly and bi-monthly meetings are held with the ICWP Advisory Committee and the Cross-Agency Waiver Planning Committee. During these collaborative meetings, components on the STP were shared and additional feedback and ideas were obtained to assist with the development of the STP. As other initiatives are implemented, STP is always a consideration as to potential member and provider impact.

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. Waiver providers are required to attend two (2) of the four (4) quarterly provider trainings.

Online email distribution/Surveys - 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.

Direct outreach to stakeholders 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, Arc of Georgia, Statewide Council on Independent Living, Shepherd Center, and Atlanta Regional Commission are examples of stakeholder organizations that were directly contacted to assist with communication efforts.

Outreach activities for 2016-2022 included:

- Monthly email communication to service providers, advocates, and providers on HCBS Settings Rule and Statewide Transition Plan following final approval **(Ongoing)**
- The effort to ensure that documents and other communications used and sent to members and other stakeholders contain “plain language” which will emphasize clarity, brevity, and avoid the use of technical terms when possible. **(COMPLETED)**
- Use of CART services for all webinars to maximize accessibility in addition to sign language interpretation. **(Ongoing)**
- Distribution of 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. **(COMPLETED)**
- Producing 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. **(COMPLETED)**
- As a part of the Remediation process, conducting facilitated discussions via webinar for service providers on technical assistance needs. **(Ongoing)**
- Engaging Communication Workgroup in the family and advocacy “friendly” training curriculum on the Settings Rule. **(Ongoing)**
- Charting the progress of the stakeholder engagement activities via email analytics, webinar/event participation, evaluations, and survey submission **(COMPLETED)**
- Establishing an online dashboard to track progress toward STP milestones that can be easily followed on the public DCH HCBS website. **(Ongoing)**

Public Notices and Comments

During the 2022 Public Comment period, the Statewide Transition Plan and/or Public Notice was posted for Public Comment.

- Website Placement:
 - DCH <https://dch.georgia.gov/programs/hcbs/hcbs-transition-plan>
- Posted in all county offices of the Division of Family and Children Services (Medicaid eligibility determination sites)

Public Comments to this STP and the state’s response are summarized below. These documents were redacted to protect members’ privacy.

The Official Public Comment period for this updated version to Georgia’s HCBS Statewide Transition Plan began on Wednesday, March 23, 2022. The official Public Comment period ended on Friday, April 22, 2022.

During the 2016 comment period, DCH received responses about services in general as well as about the Statewide Transition Plan itself. Common themes emerged. Several individuals voiced challenges with transportation. Others shared concerns related to individual choice and a desire for consideration

of risk versus reward for members. Advocates and providers noted concerns or suggestions about policies and regulatory changes required to implement the HCBS Statewide Transition Plan successfully, the need for comprehensive technical assistance statewide to include specific trainings to address things such as person-centered planning, the dignity of risk, activity development and scheduling, staff and volunteer resources, and fair employment practices. In 2016, DCH received approximately 75 unique public comments during the official Public Comment period. The 2016 comments and responses have been archived and can be viewed under separate cover on the DCH website. During the 2020 public comment period DCH received twenty-one (21). In 2022, DCH received 4 letters from provider associations and two emails from individual providers. The comments are included below.

2022 PUBLIC COMMENT and DCH RESPONSES

DCH received a letter from Adult Day Health providers outlining the following concerns:

Several specific comments or questions, both substantive and procedural, concerning the implementation of the DCH Statewide Transition Plan as it affects adult day health service centers, our organization would first like to note two overriding concerns about the rule which must be fully implemented by March 23, 2023. First, the CMS rule with its emphasis on achieving integrated, non-isolating settings appears in many instances to be more appropriately applicable to services for persons with intellectual and developmental challenges than elderly persons, especially those with dementia.

Second, the adult day health industry was severely negatively impacted by the COVID pandemic. LeadingAge estimates that as of October 31, 2021, 26 ADH centers (about 21% of licensed centers) have closed permanently. The industry is severely economically stressed, and our adult day health center members fear both the potential cost of complying with the HCBS settings rule, if inflexibly enforced, and the very real possibility that more ADH centers will close

DCH Response: To date DCH has not received any notice of closures of ADH facilities. DCH is always concerned when providers are contemplating closures and continues to work with providers that need assistance and guidance on the final settings rule.

Maintenance of a non-segregated and non- isolated environment: By their very nature ADH centers have a clientele which sets them apart from other members of society. Our participants are almost all the frail elderly and over half of them suffer from degree of dementia. Therefore, ADH centers are anxious about the DCH interpretation of being non-isolating and integrated with the general population.

LeadingAge has become aware that as of April -2 the policy manual for adult day health services has a new provision prohibiting adult ADH centers from being located on the grounds of a personal care home. We understand the rationale for this provision but also note that we are unaware of how many ADH centers are currently so located, LeadingAge would note that in fairness any such ADH centers should be allowed to continue their operations. It would not only be equitable to the individual center already in operation but also be good public policy to preserve the dwindling number of ADH centers which survived the COVID pandemic. LeadingAge asks that whether through “heightened scrutiny” or other means DCH exercise some flexibility in addressing this situation.

DCH Response: 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. Provider owned and

operated settings that are co-located with other HCBS settings options can limit the members rights and ability to choose without losing other services. The very mention that members receive services from locations that are co-located creates an isolating effect. Providers with these facilities are subject to Heightened Scrutiny. Additionally, members receiving personal support services may not require, request, or desire to be served by ADHs that are co-located. This would be the member's choice as to ADH services.

Freedom to “come and go” Since many ADH center participants have dementia, and we are very interested in guidance on balancing this “freedom” with the necessity of protecting them from wandering around and or off the premises. While not all dementia clients wander, we have to protect the ones who do and the ones who will start unexpectedly. Also, we have clients who may be under protection from certain individuals to whom we have to deny access to the ADH center. Therefore, there is a need to provide security for members while in the center. Second, the adult day health industry was severely negatively impacted by the COVID pandemic. LeadingAge estimates that as of October 31, 2021, 26 ADH centers (about 21% of licensed centers) have closed permanently. The industry is severely economically stressed, and our adult day health center members fear both the potential cost of complying with the HCBS settings rule, if inflexibly enforced, and the very real possibility that more ADH centers will close.

DCH Response: Georgia in meeting with ADH providers discussed options that may be available to providers where there are safety concerns with members. Providers have the option to have controlled Egresses, wandering paths and other strategies that promote safe access to outdoor spaces, calming surroundings, and stimulating, personalized activities designed to foster community and a sense of independence that complies with the HCBS Settings Rule by ensuring that services are delivered in accordance with members plan of care through person centered planning. The members plan of care may specifically account for individual health and safety concern planning and any restrictions that may be required. The Department of Community Health works with providers through technical assistance and corrective action to ensure compliance with the HCBS Settings Rule.

Meals: We note that CMS seems to want HCBS clients to have freedom to eat when they desire to do so. We have trepidation concerning both having the ability to provide continuous access to nourishment, both in terms of when participants would like to eat and if they would like access to the ADH kitchen (e.g., refrigerator). Additionally, state, and local government food safety regulations can be very specific about safe handling and serving of food.

DCH Response: Providers have been informed that the ability to meet this requirement is not intended to detract from state or local food safety requirements. The provider should design food options for members that align with person-centered planning dietary restrictions if warranted. The provider may have structured mealtimes. However, the setting must also make available other options for members that desire to eat during other times.

Employment Opportunities: This requirement appears to be much more appropriate to persons with intellectual and developmental disabilities. Almost none of the ADH centers' clients are interested in opportunities to seek employment, and many would probably be unable to maintain work.

DCH response: The ability to seek and obtain employment is a right of all members. Those that are interested in such, including volunteering, may do so with the assistance of Case Management and other supports in this effort.

Person-Centered Planning: LeadingAge Georgia is a strong proponent of person-centered planning, a point of emphasis in the CMS HCBS setting rule. Indeed, ensuring that recipients of Medicaid waiver services have freedom of choice of service options is a requirement under both SOURCE and the Community Care Services Program. However, to exercise person-centered planning, it's important that all Medicaid members are fully informed of all their options. In too many instances case managers refer clients to home care either without informing them about adult day health center services or that they can receive both home care and ADH services, if appropriate. Likewise, residents of personal care homes receiving Alternative Living Services should be informed about the availability of ADH.

DCH Response: Case Management has a responsibility to inform members of all the services that are provided. These choices first consider the members health and safety as well as choices. If a member does not select to choose ADH options that is their choice. They have the freedom to work with their case managers to modify their service plans to include this service if desired. These choices are further validated through member surveys.

Transportation: Georgia's Medicaid Non-Emergency Medical Transportation (NEMT) program has been a problem for ADH center operators for many years. Many centers have to contact DCH multiple times each month to lodge formal complaints. NEMT brokers do not have enough providers willing to provide the service at the inadequate offered rate. In addition, any ADH centers who want to provide the services are placed at a disadvantage because brokers pay them less than they do to they are paid less than regular transportation providers.

In essence a Medicaid HCBS recipients cannot benefit from a person-centered care plan if they cannot get to the ADH center reliably and on-time day in and day out. It is also probable that inadequate transportation discourages case managers from referring Medicaid members to ADH centers. NEMT won't help for field trips and outings, but it will help for getting them to the center so that the person-centered care plan relying on the integrated setting can actually happen.

In sum improvements in Medicaid Non-Emergency Transportation would enhance implementation of the HCBS settings rule. It would be very helpful if DCH would address these issues on a systemic issues basis rather than addressing each individual problem when it arises.

DCH Response: A permanent work group has been established to meet on a quarterly basis. This group will establish a line of communication to address and resolve ADH's concerns. The work group will consist of representatives from both brokers, ModivCare (formerly LogistiCare), and Southeastrans, designated ADH representatives, and DCH. It is also imperative that providers follow the established timelines relative to establishing member trips and following appropriate concern and resolution processes for transportation issues. Providers should have begun to design strategies for increasing members access to transportation in addition to NEMT services through other transportation streams as available. Where public transportation is limited, identify other resources available that promote access to the broader community.

Field trips: LeadingAge has several concerns related to field trips:

Lack of clarity about:

- Frequency required
- Freedom of Choice
- Staffing (e.g. whether nurses must participate)

Increased transportation costs

- Purchase of vans
- Liability insurance

DCH Response: Community Integration is different than established and prescriptive field trips. DCH does not state that ADHs should provide field trips, nor should there be prescriptive outings that do not allow choice, but rather opportunities for community engagement to the extent identified within the member's person-centered plan. ADHs should develop a method in which to survey members to identify opportunities and plan accordingly relative to staffing needs. Care levels for the members should be maintained when outside of the ADH facility. ADHs should have policies and processes in place that identifies the level of community engagement a member(s) has and those activities a member(s) desire. They should be able to demonstrate that they have complied with these policies.

Therapy services: The CMS rule also notes that HCBS recipients must be able to receive therapy services, if needed. However, the low rate of reimbursement for Medicaid HCBS providers will make it very difficult to establish an ongoing relationship between a physical, occupational, therapist to be available as needed. Very few, if any, ADH centers can offer therapy services using the very inadequate Medicaid waiver reimbursement rates. One possible solution might be to allow home health agencies to provide therapy services in the ADH setting, though revisions to home health licensure regulations might be necessary to accomplish this.

DCH Response: The STP does not directly speak about Therapy Services related to members, however, 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. The rule reiterates and emphasizes that services must reflect individual needs and preferences as documented by a person-centered plan. DCH further states that if a member has a need for therapy services to be performed, the case manager will assist in identifying agencies to provide the service and those facilities that can accommodate the need.

Registered Nurses and Certified Nursing Assistants: Due to shortages it is very difficult for ADH centers to find or afford nurses. And CNAs. It would also be helpful if RNs could perform their monthly assessments of ADH center participants via telehealth.

DCH Response: Before, during, and after the Public Health Emergency, telehealth can and is a helpful tool. However, DCH strongly encourages RNs to perform monthly assessments face to face as this will allow a more thorough examination of the member with Chronic conditions. Additionally, the ADHs do not currently possess HIPAA-compliant secure messaging and other equipment that was previously required with telehealth visits but relaxed only during the PHE.

Finally, with regard to the process of implanting the HCBS settings rule, LeadingAge notes two concerns 1. Communication with the ADH centers: DCH has traditionally been willing to meet with LeadingAge and the adult day services industry, particularly at its half-day symposia. However, we are anxious to know if DCH has been or will be reaching out to ADH centers on an individual basis to both provide guidance and receive feedback. Monitoring and Enforcement: LeadingAge would like to know more about the monitoring entity to which DCH has referred; whether the ADH center rules will be amended to include specific requirements for meeting the HCBS setting rule and whether such provisions will be part of the survey process.

DCH Response: Outreach and Engagement are 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. DCH will maintain open communication for our stakeholders, outlined in the Statewide Transition plan to include website updates, banner messaging, Stakeholder Task Force, Medicaid Operations and Waiver Advisory Committees, train the trainer meetings, Medicaid Fairs, Webinars for Providers, Families, and Advocates, Provider and Consumer Surveys. As staffing and time permits DCH staff members will continue to participate in provider specific meetings.

Monitoring and oversight functions are conducted by the DCH, which includes the following areas, Healthcare Facility Regulation Division (HFRD), Performance and Care Management Office (PCMO) and the waiver team that is housed in the Service Delivery and Administration office. All these offices work together to review the physical location and the documentation for that facility and the members served to ensure that the location is compliant with the settings rule. DCH policy as outlined in the systemic review section has already been updated.

Georgia Developmental Disability Network and Other disability organizations

We are writing to address remaining concerns regarding the final Home and Community-Based Waiver Services (HCBS) Statewide Transition Plan (STP) submitted by the state. Many of our initial concerns from 2020 remain as it appears few updates have been made to the current plan based on what was submitted in 2020. We do appreciate the state's response to some of previously listed concerns; however, the changes made to the updated plan do not seem to respond to feedback provided. Our primary concern continues to be the potential for the state to miss settings that are not currently in compliance based on its assessment process as well as its decision not to identify settings out of compliance in the heightened scrutiny phase.

We believe that the state did not develop a clear standard to assist them in identifying "settings that isolate", and CMS raised a similar concern in its August 2018 letter to Georgia, and based on the current plan, we do not see that those concerns were addressed by amending their assessment process or decision to identify settings under heightened scrutiny. We do recognize the state's position on heightened scrutiny but remain concerned that its current position will not adequately identify sites, particularly those that would fall under prong 3, in the assessment phase, which would prevent many sites across the state from meeting compliance by 2023. Our organizations would like to submit the additional information below regarding specific sites in Georgia that we believe are "presumptively institutional" and would require heightened scrutiny review. We believe that these sites have the effect of isolating people from the broader community and would therefore be identified as a site that requires heightened scrutiny review. Given that these sites were not identified by the state causes us concern that the state's methods of identification were not adequate.

Site Names and locations- Redacted to protect members located within these settings

- Four men reside in the home and none of the gentlemen use words to communicate. Staff report this is intentional and indicates the men did not have a choice in housemates.
- Residents sit in their room or the den all-day and when in the den together the television is on but the men do not make choices about what is on, the same channel plays without interruptions.
- There is a lot of sitting in one spot until it's time to go into the kitchen for meals then back to the den or bedroom
- Residents don't seem to have access to other parts of the home like the front living room area or the dining room area, doors throughout the home are locked and residents are monitored to remain in one location.
- The staff has referred to residents as "low functioning" and "high functioning."
- There doesn't appear to be any activities in the home
- Because the front yard is facing the main street, residents sit out on the back deck for fresh air, but not often and not as they please.

DCH Response

The Healthcare Facility Regulation (HFR) is a division with the Department of Community Health responsible for healthcare planning, licensing certification and oversight of various healthcare

facilities and services in Georgia. Along with HFR, the agency's case managers in the various waiver programs have conducted on-site audits and conducted surveys to determine if various entities are in violation of the rules set forth not only by the agency, but the HCBS Settings Rule as well. The entity for which you speak of and raise concerns about have not had any lodged complaints that would raise immediate concerns. This residential setting has not been viewed as a setting of concern for the agency and according to the settings inspection reports and review of members located at the setting and their care plan there have not been any documented concerns in the nature for which you have raised.

Concerns with members care as witnessed should be reported to HFR immediately as well as the HCBS critical incident management system. This reporting assists the state with an investigation of that facility. The State does not name entities in violation of the HCBS setting rule publicly or in the Statewide Transition Plan. In Accordance with our stance related to Heightened Scrutiny, and under our description of the Systemic Remediation Strategies in the Statewide Transition Plan. Any HCBS provider(s) and or its settings found to be noncompliant with the final settings rule will immediately submit and execute a remediation plan. Further evidence or continued noncompliance with the HCBS settings rule can and will make the Provider ineligible to provide services and is subject to further disciplinary action as prescribed by the state. Georgia complies with the HCBS Settings Rule by ensuring that services are delivered in accordance with members plan of care through person centered planning. The members plan of care may specifically account for individual health and safety concern planning. The Department of Community Health works with providers through technical assistance and corrective action to ensure compliance with the HCBS Settings Rule.

Site Names and locations- Removed to protect members located within these settings

The apartments are off the road and obscured behind a gas station and the Dollar General Market.

- Two residents live in this home: one man and one woman
- The man receives one-to-one support all day and is 'not allowed' to go to the day program and is restricted from interacting with others supported by the provider.
- When he attempts to move about from room to room, staff monitors his movement all day by grabbing onto his arm and assisting him to sit back down.
- Although he does not use words he uses a few rudimentary signs, he asked to eat on several occasions during the 2:00 pm hour and staff constantly told him the next mealtime was 3:00pm. He attempted to retreat to his room and staff stated he could not lie down then so he would sleep at night.

DCH Response: The apartment complex is the residential setting that is privately owned/leased by the member. The apartment complex is located within the general community of other appropriately zoned businesses and residential dwellings. A review of the services that are credentialed to be performed within this location does not align with your description and is not subject to the settings rule. Due to the nature of the concerns described, further review is being conducted by Support Coordination.

Site Names and locations- Removed to protect members located within these settings

- Lists of medications and other personal information were posted in general view.
- One of the four residents is "not allowed" to attend the day program and receives 1:1 support

throughout the day. Staff report they spend most days at home not in the community.

- When he attempts to move throughout the house, staff monitors his movement by physically blocking his movements or standing above him and touching his shoulder to keep him seated.
- This gentleman does not use words but did sign food/eat and staff repeatedly said it was not time to eat, that snack time was in about an hour.
- This same resident's 'bedroom' was a small mud porch area with a cot, a metal frame with springs and a thin mattress, no furniture other than a plastic cubby system and a recliner and tv. There was no closet in this space. This was in contrast to the other bedrooms which were well appointed with adequate furniture and supplies.
- He does not seem to have access to the other parts of the home like the front living room area or where the other bedrooms are located; he is redirected to his sleeping area or the den and monitored to remain in that location.

It is concerning that the three homes share similar institutional characteristics. While physically present in neighborhoods, individuals residing in these settings generally had limited, if any interaction, with the larger community. Residents do not have free access to all the areas of the home and are routinely monitored to stay in one location. There are no meaningful activities occurring during the day for the men we observed, the schedule is devoid of choice, not individualized and highly routine. In some instances, people are grouped in the residence based on shared disability characteristics and are even isolated from other individuals with disabilities.

Non-Residential- Day Program facility-based non-residential setting that provides day services. It is located in a business corridor along with the Georgia Department of Probation and Adult Day Health and Rehab.

- Attendees that live in the provider's residential setting almost exclusively attend the provider's day program and have for many years. Attendees could not articulate being given a choice of provider.
- Attendees are assigned a classroom with a 'teacher' and are to remain in the class all day. Attendees appear to be grouped by the impact of their disability and staff refer to groups by the labels of "high and low functioning".
- functioning".
- There are no meaningful activities but a variety of childlike arts and crafts. Attendees that have shown an interest in work have been given "fake" duties like wearing a plastic toy badge to provide security or a classroom with a barber chair for those wanting to learn to cut hair with no meaningful instruction.
- Attendees routinely watched the television show "The Office" (mockumentary sitcom television series) to gain office skills, according to staff.
- Program staff reported performing a "fake" wedding ceremony, for two attendees who were interested in a romantic relationship with each other.
- While executive offices are on one side of the building and a retail center within ½ mile attendees did not appear to have frequent interaction with the broader community.
- Staff reported they did not believe attendees were capable of employment, so they did not offer those opportunities.
- Attendees do not have the opportunity to negotiate their work schedule, including breaks and

lunch times.

While these characteristics alone may not rise to the presumption of a setting that isolates, they are institutional in nature in that services are not individualized and devoid of choice. These characteristics are clearly in violation of the settings rule and would minimally require remediation. Most concerning is the isolating pattern in which people spend their entire day in provider owned and operated settings with little interaction from the broader community despite physical proximity. This provider appears to routinely group the people it serves both residentially and in its day program by type and severity of disability. Additionally, the trivializing and degrading activities that are offered impede rather than enhance the competencies of people supported.

DCH Response:

The Healthcare Facility Regulation (HFR) is a division with the Department of Community Health responsible for healthcare planning, licensing certification and oversight of various healthcare facilities and services in Georgia. Along with HFR, the agency's case managers in the various waiver programs, pre-pandemic, and pre-budget constraints, have conducted on-site audits and conducted surveys to determine if various entities are in violation of the rules set forth not only by the agency, but the HCBS Settings Rule as well. The entity for which you speak of and raise concerns about have not had any lodged complaints that would raise immediate concerns. The Residential and non-residential settings have not been viewed as systemic concerns for the agency and according to the inspection reports there have not been any documented concerns in the nature for which you have raised.

If there are concerns, they should be reported to HFR immediately and an investigation of that facility will be forthcoming. The State does not name entities in violation of the HCBS setting rule publicly or in the Statewide Transition Plan. In Accordance with our stance related to Heightened Scrutiny, and under our description of the Systemic Remediation Strategies in the Statewide Transition Plan. Any HCBS provider(s) and or its settings found to be noncompliant with the final settings rule will immediately submit and execute a remediation plan. Further evidence or continued noncompliance with the HCBS settings rule can and will make the Provider ineligible to provide services and is subject to further disciplinary action as prescribed by the state. Georgia complies with the HCBS Settings Rule by ensuring that services are delivered in accordance with members plan of care through person centered planning. The members plan of care may specifically account for individual health and safety concern planning. The Department of Community Health works with providers through technical assistance and corrective action to ensure compliance with the HCBS Settings Rule.

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- Ordered to pay back wages to 130 individuals working under 14c sub-minimum wage status.
 - The total sum of the debt owed individuals w/ disabilities was \$157,473.
 - Found to be in violation of WIOA in failing to complete VR pre-employment transitions services, career counseling, and information and referral services prior to paying subminimum wages to people with disabilities under age 24.

DCH Response: Georgia complies with the HCBS Settings Rule by ensuring that services are delivered in accordance with members plan of care through person centered planning. The members plan of care may specifically account for individual health and safety concern planning. The Department of Community Health works with providers through technical assistance and

corrective action to ensure compliance with the HCBS Settings Rule. Based on the current STP of Georgia and the compliance of the Settings Rule as it relates to outside employers, DCH does not make a determination or directly give instructions to entities outside of the HCBS Settings Rule. The STP does not require that we determine the level of care that an employer such as LARC provides to its employees. The Agency does not have authority in enforcing labor law issues regarding employment and pay out.

Site Names and locations- Removed to protect members located within these settings

- Participants seen sitting and drawing in coloring books all day and reports of people “wasting” their days away
- Front door is locked, and visitors are required to be buzzed in
- Visitors cannot walk freely and must be escorted by an employee. Visitors cannot interact with participants of the program unless they are permitted access through locked double doors that lead to a warehouse-type building.

DCH Response:

The Healthcare Facility Regulation (HFR) is a division with the Department of Community Health responsible for healthcare planning, licensing certification and oversight of various healthcare facilities and services in Georgia. Along with HFR, the agency’s case managers in the various waiver programs, post pandemic and pre-budget constraints, have conducted on-site audits and conducted surveys to determine if various entities are in violation of the rules set forth not only by the agency, but the HCBS Settings Rule as well. If a Facility is in violation of the HCBS Settings Rule, then the appropriate action will take place, until that facility comes into full compliance. DCH does not publicly name a facility out of compliance, however, there is an opportunity for the public to review inspection reports on the Agency’ website to view. Georgia complies with the HCBS Settings Rule by ensuring that services are delivered in accordance with members plan of care through person centered planning. The members plan of care may specifically account for individual health and safety concern planning.

Comment from individual provider

1. What will the new State compliance audit look like for members that live in single-family homes by themselves? **DCH Response:** The final settings rule is not applicable to those living with families or in their own homes. The rule applies to those settings that are HCBS provider owned and operated. There have been instances where the state has identified that the member may be paying a provider to live within a dwelling that is owned by a provider, and it will be during that time that the rules will apply, and a review would be conducted.
2. How will the State compliance audit differ for members that live with their families? **DCH Response: See above**
3. Will the care plans be modified to outline the new expectations for up training staff? **DCH Response:** The settings rule has been in place since March 2014. Since that time, the state has conducted trainings with Specialty specific providers as to the impact of the plan and how to prepare staff. As we move forward, these same providers as well as those new to the Georgia Medicaid will continue to be introduced to the settings rule and the requirements during the regularly scheduled Train the Trainers (Quarterly), Medicaid Fairs, Provider association meetings and webinars as to the specifics post implementation.

4. Will the state offer any CE (e.g., training) prior to the go-live date (3/2023) for alignment? **DCH Response: See above**
5. Does the state have any plans to increase current pay rates to support the new transition plan requested? **DCH Response:** The state does not have any plans at this time to increase rates solely based upon Statewide Transition Plan or the Final Settings Rule. The Georgia legislature approved a 10% rate increase for the HCBS provider community. DCH will continue to work with providers to mitigate any negative fiscal impacts.
6. How will the plan address members with mental/neuro disabilities or suffer from social anxiety? **DCH Response:** The plan applies to those members that are receiving services within the four waiver (1915 c) plans. Those are the Elderly and Disabled Waiver programs, Independent Care Waiver Programs, New Options Waiver Programs, Comprehensive Services and Supports Program. The requirements for providers and assurances to members will vary based upon the individual service plans and the identified provider settings. The member would work with their Support Coordinator to determine their level of engagement and develop their care plan.
7. If this applies to all members, how will the plan enable those who do not ambulate or bedridden? **DCH Response:** As previously stated, the purpose of the plan is to ensure compliance from providers. The member has the right to live in the most integrated setting possible. They would work with their case manager or support coordinator to determine how they wish to engage with the broader community.

2020 PUBLIC COMMENT and DCH RESPONSES

Public Comment-Services:

DCH received eleven (11) comments and questions regarding the need to expand the definition of Community Living Services.

- Will the STP be amended so that individuals with developmental disabilities and unique life challenges be permitted to reside in their own home and apartments with supports.
- Will there be a provision in the STP that includes the ability to receive comprehensive services in one's own home?
- Will people who receive waivers be given a choice to receive services in their own home, apartment, etc. Regardless of their level of need or care?
- Will the STP include language protecting choice for individuals who request 24-hour support?
- Georgia arbitrarily excludes people who need 24-hour care by requiring them to live in a group or host home, will this requirement be changed?
- Based on the HCBS rule or interpretation of the rule, people who suffer significant disabilities will not be able to live in their own place and still receive 24/hour care?
- Add language: That includes a provision for the ability to receive comprehensive services in one's own home. This should be considered covered under the HCBS rule.
- Will and does the STP include people who receive waiver services be given a chance to receive services in their own homes or apartments, regardless of their level of need or the manifestation of his or her disability?
- Is this addressed in the STP? Services in one's own home is considered community based.
- The Settings Rule states that people should be given the choice to live in the least restrictive setting as possible. Living in one's own home chosen community is the least restrictive.
- Georgia's STP should include language that gives waiver recipients the choice to live and receive 24/hour support in a private home or apartment.

DCH Response- Services:

DCH recognizes the need for choice for all members. Waiver service definitions are built with certain requirements to ensure health and safety of members. DCH will ensure the member can be served under the existing parameters of the service definition and the supporting providers can meet the HCBS setting rule as outlined by waiver and policy. Currently, the state allows within each waiver program, through the member's Individualized Service Plan (ISP) or Care Path the opportunities to design and implement services that will meet their current needs. However, each plan must continue to adhere to the service deliverable guidelines established within each waiver program and approved by CMS.

Public Comment- *Settings Rules*:

DCH received seven (7) questions as to the state providing detailed guidance on the expectations from the state regarding the settings rules and how the state will operationalize this compliance requirement.

- The requirements for the HCBS transition has (sic) not been disseminated widely
- Need guidance on what is expected by “isolated or segregated and are we able to exercise rights, optimize independence and choose from an array of integrated service option settings”?
- How will DCH publicize the educational/training for either member(s) or Provider(s)?
- What means will you be utilizing that requires DCH’s presence?
- Who will likely be informed of this method to receive the communication?
- How long will any pending changes or amendments to any policy be posted for member(s) or caregiver(s)?
- Will this information be distributed by electronic newsletter, in meeting presentations, podcasts, email distribution list, quarterly meetings, on-sight visitations, Webinars, etc.

DCH Response- *Settings Rules*:

DCH is committed to providing technical assistance and education on the waiver policies and deliverables required by the statewide transition plan. Providers, members, and other stakeholders will be notified via banner messages, network group emails and meetings, fiscal intermediaries member contact, case management agencies, DCH and DBHDD websites on transition plan guidelines, policy updates and training opportunities. DCH has also developed a best practice guide to assist providers and members in understanding the requirements and how they should be operationalized within each setting. The HCBS STP Best Practice Guide is located on the DCH website in the HCBS STP section.

Public Comment- Georgia's Statewide Transition Plan:

DCH received two (2) letters outlining a lack of confidence regarding the methodology in which the state completed its settings reviews and further suggested that the state did not have a comprehensive plan outlined as it related to remediation.

Overall, believes that Georgia has failed to develop a robust plan that will ensure that all HCBS settings comply with the requirements of the new HCBS Settings Rule.

- A. Non-Residential and Residential
 - 1. providers assessments are inadequate to evaluate whether setting(s) actually meet each of the Rule Requirement.
 - 2. Many of the Requirements of the HCBS Settings Rule are not included in the provider assessment.
 - 3. Community Integration for non-residential Settings is flawed.
- B. Several issues raised by CMS that have not been addressed.
 - 1. Individual Assessments tools are inadequate, and the results do not reflect whether the settings meet all of the requirements of the Rule.
- A. The validation process for individual(s) sites is similarly insufficient in identifying settings that need assistance to transition to compliance under the Settings Rule by 2022.
- B. The State has not specifically identified which validation methods were used on which settings.
 - 1. Paper reviews
 - 2. No on-site validation
 - 3. No interviews with people who receive HCBS services/State did not follow CMS instruction instead an individual interview tool as a validation method.
 - 4. We believe the results of the assessment and validation process DO NOT accurately depict the current state of services within Georgia.

DCH Response - Georgia's Statewide Transition Plan:

DCH believes the multi-step approach sufficiently allowed the state to identify settings that were non-compliant and required additional guidance. The state further asserts that **all settings** will require initial education as guidelines are being developed and policy implemented. This initial education will assist providers in operationalizing deliverables within the settings rule. Furthermore, the state believes that by incorporating these same deliverables within all aspects of the quality monitoring process, the state can identify areas of concern timelier. As discussed within the transition plan, validation of provider settings was conducted using a multi-step approach on all settings. 1. Provider completed a self-assessment on the setting, 2. Comparison of the provider surveys submitted was conducted with DCH waiver staff and HFRD on-site reviews, desk audits by DCH staff and case management interviews of members. 3. If either of these reviews identified areas that were deemed non-compliant, providers are moved into a corrective action status by the state. These actions include technical assistance, policy revision and if required member relocation. Settings and their findings are located on the DCH website in the HFRD section.

Public Comment- Survey Design:

DCH originally considered by its own assessment tool, that there were “False Positives” (many out of compliance). But the assessment was modified and reassessed, which makes those out of compliance in compliance. The second survey also resulted in false negatives.

DCH Response- Survey Design:

DCH revised all survey tools (Provider/Member & Residential/Non-residential) to focus questions specifically to the audience surveyed and detail work being performed or provided within those settings. This led to a more accurate depiction of those settings that were in non-compliance versus those that only required educational assistance. The redesign of the tool is also a result of the number of survey responses provided by members and providers that did not understand the question as presented or answered questions either in the negative or affirmative where the question was not actually applicable.

Public Comment- Ongoing Monitoring:

The State’s current plan for site remediation and ongoing monitoring is unclear and insufficient.

- Communicating and relocating people who receive services in non-compliant settings.
- 30-45-day notice to move is too short.
- No guidelines about how it is going to ensure people have an informed choice of setting(s), ensuring not relocating from current community.
- Transition Services (review) Figure 5. Page 29, page 33 current STP

DCH Response- Ongoing Monitoring:

As the state continues to conduct ongoing monitoring of its settings, the state will adhere to the schedule set forth by HFRD. During this process, settings will be reviewed based upon criteria and guidelines established by HFRD and DCH waiver policy. Those settings that are non-compliant will move into the corrective action phase which is determined by level of the violation. Members are only relocated once it is determined that the setting cannot come into compliance, and it poses an immediate threat to the health and safety of the member. Prior to relocating, as set forth in existing waiver policies, members are presented by case management all options available to them. Upon selection of a new setting, it is confirmed via acknowledgement of the care plan or ISP and signing of the Freedom of Choice Form.

SECTION THREE – ASSESSMENT: SYSTEMIC REVIEW AND REMEDIATION

The state began its systemic review by utilizing the feedback of the HCBS Taskforce and subcommittee members who reviewed all relevant policies, programs, and provider manuals for each of the four 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 the modifying of 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 were summarized in one document and highlights of the most noteworthy recommendations are noted below.

Review of Waiver-Specific Policies

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 four 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 and further discussed within the current plan.

The systemic review examined the following documents:

Elderly and Disabled Service Program Manuals

- Part I - Policies and procedures for Medicaid/PeachCare for Kids, Chapters 100 through 500,
- Part II – Chapters 600 to 1400, Policies and Procedures for 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

Comprehensive Waiver Supports Program (COMP) 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, Chapters 1300 through 3300, and
- Provider Manual for Community Developmental Disabilities Providers for the Department of Behavioral Health and Developmental Disabilities (DBHDD), Fiscal Year 2020.

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 2023.

All documents can be accessed using the Georgia Medicaid Management Information System (GAMMIS) web portal <https://www.mmis.georgia.gov> and selecting *the Provider Information > Provider Manual tab> select appropriate manual*. Documents are updated quarterly and archived within this same site.

Review of State Regulations

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 four 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 that charts recommendations where each of the five waiver programs and state regulations applicable to HCBS may or will require the 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 on the DCH website.

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 do 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 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 Elderly and Disabled Alternative Living Services manual §§ 1203.1 and 1253.1 provide 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.

The state has designed and provided a sample agreement for members residing in personal care homes and community living arrangements. The document or more important the content should be used if the current agreement distributed by the provider does not have the required setting provisions in the agreement. The state during its continuing education and engagement process to providers and members will use the Georgia Landlord-Tenant Handbook. This document provides information for members and their circle of support with Georgia's landlord-tenant law. It is available to all members and providers at <https://www.dca.ga.gov>

All 1915c waiver policies and sections relating to housing and rental agreements were updated to reflect that resident(s) 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 "mutually agreed upon times" for visitors. These provisions were 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 were updated involved access to employment opportunities, lockable doors, choice of roommates, and procedures for exceptions to the settings requirements when necessary.

Finally, some policies have been 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)).

As a part of the state's systemic remediation plan, the state revised all waiver General Services policy manuals to include the following language: All services provided will be in accordance with the HCBS final settings rule to warrant that each setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. This will be demonstrated in each member's Individualized Plan of Care. However, if such autonomy presents a health and safety risk, settings should be modified to ensure such safety and mitigate all risk to the member. All settings modifications must be identified in the member's plan of care.

The Statewide HCBS Taskforce also spent considerable time discussing and reviewing challenges related to a 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 support to be integrated into their communities. Such issues include Fire Code regulations at the local level that may not 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 setting is to be home may not need

ramps or widened doorways, for example. 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. The state continues to engage in a process of revising existing manuals, conducting provider education on the new policies, and engage the Healthcare Facility Regulation Division and Provider Enrollment area to ensure compliance. Additionally, the state has updated its contract with the sister operating agency for the ID/DD waivers. This contract incorporated STP elements as it pertains to provider education, enrollment, and auditing as well as new administrative deliverables to support oversight by the DCH. During the renewal/amendment process of all waivers, the state incorporated several aspects of the final settings rule within these waiver amendments as a part of its Quality Improvement process

Table 5: Waiver Amendments to CMS

Waiver	Status	Waiver Number
Elderly and Disabled Waiver Program (EDWP)	Approved 03/07/2023	GA.0112.R08.00
Independent Care Waiver Program (ICWP)	Approved 08/18/2022	GA.4170.R06.00
Comprehensive Supports (COMP)	Approved 08/18/2022	GA.0323.R05.00
New Options Waiver Program (NOW)	NOW Renewal application pending approval	GA.0175.R06.00

Systemic Remediation Strategies

DCH will apply the following systemic remediation strategy to all policies, procedures, and regulations as outlined in **Table 6**. Understanding that these regulatory changes will require legislative approval, it is the intent of the state to first update its waiver policy manuals for EDWP, ICWP, and NOW/COMP to include HCBS settings requirements. All manuals currently contain language to address person-centered strategies when developing care plans and providing choices to members. However, to specifically address the core of the HCBS settings rule the following language as applicable will be included:

To ensure compliance with the HCBS final settings rule HCBS Providers (where applicable) must assure that there is a legally enforceable agreement that addresses eviction protections and that people have the right to:

- *Privacy in their bedrooms, including a lockable door*
- *Choice of roommate*
- *Furnish and decorate their bedrooms or living units*
- *Access to their personal possessions*
- *Have visitors at any time*
- *Have access to food at any time*
- *Come and go at will*
- *If such autonomy presents a health and safety risk, settings should be modified to ensure such safety and mitigate all risk to the member. All settings modifications must be identified in the member’s plan of care.*

However, there is not any language that addresses non-compliance by a provider that will be added. Draft language added within the waiver manuals are as follows:

Any HCBS providers and or its settings found to be noncompliant with the final settings rule will immediately submit and execute a remediation plan. Further evidence or continued noncompliance with the HCBS settings rule can and will make the Provider ineligible to provide services and is subject to further disciplinary action as prescribed by the state.

The state will also 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 Regulation

Table 6: Systemic Remediation Milestones

Citation	Remediation Task	Start Date	Completion Date
Regulatory Changes		1/1/2017	8/1/2021
<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 Manual changes 	Notify / discuss changes with stakeholders	1/1/2017	4/30/2021
	Draft new language	3/1/2017	
	DCH board / NPRM adopt language	10/1/2016	10/31/2017
	Open for comment	10/1/2017	
	Public Hearing	10/1/2017	
	Incorporate comment	10/25/2017	11/2/2017
	DCH Board approves final rule	11/9/2017	11/9/2017
	Obtain legislative approval if required & Publish Final Rule	1/1/2018 – 07/1/2018 – 01/01/2018	5/1/2021 – 08/01/2018-09/01/2021
Manual Changes			
Elderly and Disabled Manuals (General Services Manual, Adult Day Health Manual, Adult Living Services Manual, Personal Services and 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)	Draft new manual language, incorporate feedback, edit manual, Release changes in quarterly manual update	1/1/2018-3/1/2018-6/1/2018-7/1/2018-8/1/2018	3/1/2021-6/1/2021-7/1/2021-8/1/2021-9/1/2021

Based on the findings from the reviewed policies of 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 policy manual updates and revisions as well as regulation impact and resolution.

SECTION FOUR – ASSESSMENT: SITE-SPECIFIC REVIEW AND REMEDIATION

Provider Self-Assessment Tool

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 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 questions logically. The state considered these concerns and refined the tool to address the issues concerning question logic. Other areas of concern were presented to the workgroup for further review and consideration as to how to best address. 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.

The 2016 survey in which 55 questions were posed 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. Was not as concise and provided results with false negatives. Following the completion of the 2016 provider survey, the state received additional feedback around design and ease of use. The predominant issue was with question design. Some questions as presented in that survey produced false negatives and would lead to the setting being deemed non-compliant. For example, residential setting questions like *Do you have locks on your bedroom door?* Is not applicable to non-residential settings/providers. This survey only included Yes/No responses and not N/A. Therefore, if a non-residential provider responded to this question, it would yield a false negative.

The 2016 tool attempted to establish if a particular setting or aspect of how services are delivered in that 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. This was not used during the 2018 roll-out as all providers have been made aware of the Final setting rule and have begun activities towards compliance.

In the 2018 survey, the state reviewed each question to determine if it was designed for Residential, Non-residential or both settings. The survey was then redesigned to ask the provider the type of setting they were providing survey responses for and populated questions relative to that type of setting. This question logic reduced the number of false negatives. Additionally, following demographic questions required with completion of the self-assessment tool, Residential providers were asked 47 questions and Non-Residential providers were asked 36 questions about whether the services that they provided complied with the new CMS community settings rules. The questions spanned 5 categories. This reduction proved beneficial as many took the additional time to provide written feedback in the areas provided. It also led to no false negatives.

As discussed in the provider identification section, there were 2,329 settings to which the Settings Rule would apply. From the 2,329 settings, the state initially received 1,979 or 85% settings completed surveys. The remaining 350 or 15% received additional scrutiny to determine if the setting had clients receiving services (claims review), inaccurate contact information, or moratorium or other licensure issues. This second-level examination yielded 311 of the 350 or 89% in this area and was addressed using additional follow-up via phone call or use of alternate contact information to administer the provider survey. The other 39 or 11% were no longer active providers at the time of survey administration and were not subject to further review.

Re-assessment Implementation

Implementation for the 2018 survey began with targeted notification to all providers subject to the rule. This targeted notification included the use of provider email addresses on file with the Provider Enrollment area and media material sent to provider organizations.

The email 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.

DCH conducted two webinars to provide education on the administration of the tool. The webinar included the purpose of the assessment, mock-demonstrations, and 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 and the 2016 survey. Providers had 15 days to complete the submission of the assessment. If providers indicated that they were experiencing technical difficulties, DCH provided troubleshooting assistance which required some granted extensions for survey completion. Providers, upon request, could complete the survey via a fillable PDF.

The survey design was different than those implemented previously. The 2018 design consisted of two separate surveys housed within one (1) tool. Each survey had specific questions related to those providers and members that either are receiving or performing services in a residential or non-residential setting. A question logic was used to either include or exclude questions that were either residential or non-residential in nature. The state was very deliberate in the formulation of questions as both groups had noted in previous surveys that some questions would lead to false-negatives or false positives. Member experiences were captured during the case management/support coordinator's monthly contacts and reviewed by the DCH staff.

Results

As of the 2018 survey, 2,329 settings with 1,287 unique providers completed a total of 2,286 surveys. An additional four (4) surveys were received from providers in our Georgia Pediatric In-Home Nursing Program. These surveys were reviewed but not validated as these settings are not subject to the rule. As shown in **Table 7**, many providers rendered services through Medicaid's Comprehensive Supports Waiver Program (COMP, n=1,357, 59.4%) followed by the Elderly and Disabled waiver Program (EDWP=587, 25%). Approximately thirteen (13%) percent of providers rendered services through the New Options Waiver Program (NOW, n=297, 13%). Approximately two (2%) percent of providers rendered services through the Independent Care Waiver Program (ICWP, n=45) and just 0.2% of providers rendered services through the Georgia Pediatric Program Medical Day Care program (GAPP, n=4, .01%).

Table 7: Provider Surveys by the Medicaid Waiver Program

Program Name	Frequency	Percent
Elderly and Disabled Waiver Program (EDWP)	587	25.7%
Comprehensive Supports Waiver Program (COMP)	1,357	59.4%
Georgia Pediatric In-Home Nursing program (GAPP)*	4	0.2%
Independent Care Waiver Program (ICWP)	45	2%
New Options Waiver Program (NOW)	297	13%

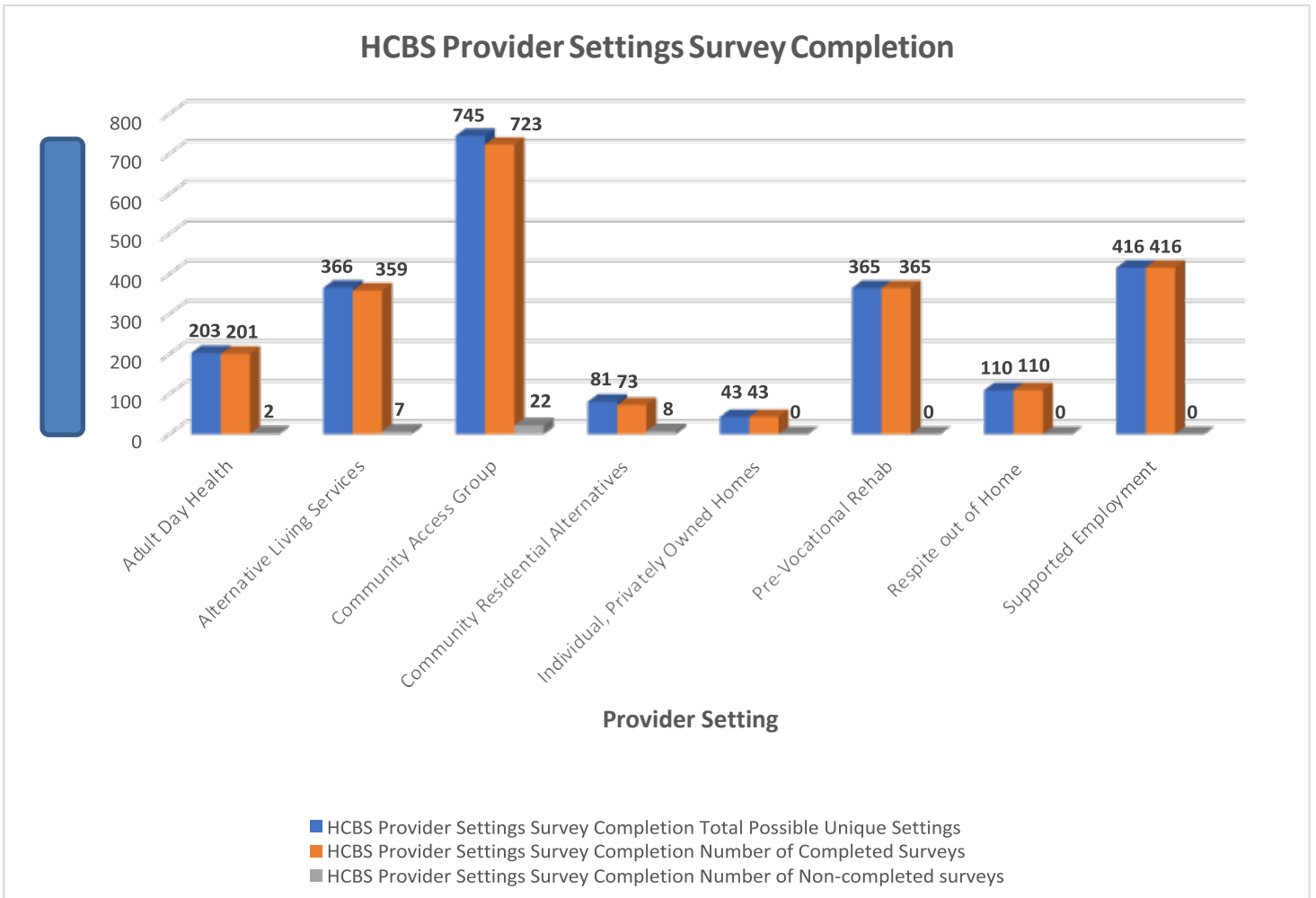


Figure 2: HCBS Provider Survey Completion by Specialty

As shown in **Table 8**, most providers rendered services in a non-residential setting (n=1,839, 79.0%). The remaining 21% of providers rendered services in a residential setting (n=490, 21%).

Table 8: Provider Surveys by Medicaid Site Type

Site Type	Frequency	Percent
Non-residential	1839	79.0%
Residential	490	21.0%

Validation

Staff review: DCH waiver staff, its contractors, and Case Management entities who regularly visit providers and settings reviewed surveys to identify areas where they did not think the provider and settings were compliant. Additional validation was conducted by staff through desk-audits. These audits consisted of a review of documentation provided through Case Management monthly visits, inspections, and investigations conducted by the Healthcare Facility Regulation and Office of Inspector General. Findings and remediation recommendations are discussed during the agency's Moratorium meetings. Results of these findings can be found at <https://forms.dch.georgia.gov/HFRD>

Figure 3: Healthcare Facility Regulation Find a Facility website screenshot.



Mapping: As discussed earlier in the identification section, each setting location of the provider was mapped to determine its proximity to any institutional settings as well as if the provider had multiple settings co-located and operationally related

On-Site Visits: Each site identified by staff or claim review or self-reporting presumed not to be subject to the rule yet exhibiting institutional-like characteristics, received a site visit from state staff to obtain information related to its location and observations and interviews of the experiences of the individual's receiving services at the setting.

On-going Monitoring: Each setting in the state where individuals receive HCBS will be audited consisting of on-site visits prior to the credentialing and recredentialing processes. The state has designed a monthly report that identifies these sites and notification will be made to those providers, case management agencies as well as to members that a site visit/survey will be conducted within the next ninety (90) days. Additionally, using the Critical Incident system, the state is able to identify providers where there are trends of non-compliance and initiate a review of the setting outside of the regularly scheduled visit.

The state-administered a multi-faceted approach to site-specific assessment validation with 100% application of a provider self-assessment survey. The state also modified existing quality tools to incorporate STP setting requirements used within the HCBS waiver unit. DCH waiver unit members, HFRD and OIG team surveyed 1,395 different settings for validation. This included the 43 individual and privately-owned homes. For ID/DD populations, 584 setting surveys were validated using the ASO quality review team results which had built into its existing review processes settings requirements. The review also included the results of 230 member interviews. The state performed the remaining 77 desk audits by reviewing examinations from monthly and quarterly quality, HFRD, and provider enrollment reviews. Four (4) surveys were not validated as the settings were not subject to the rule.

This approach requiring multiple stakeholder perspectives and most importantly including the perspective of the member and/or their representative was employed as the best way to accurately assess the extent to which the service delivery system might already accommodate compliance as well as the extent to which remediation might be necessary. This multi-faceted approach is complex, yet it provided the state with a thorough overview of how future reviews could be implemented.

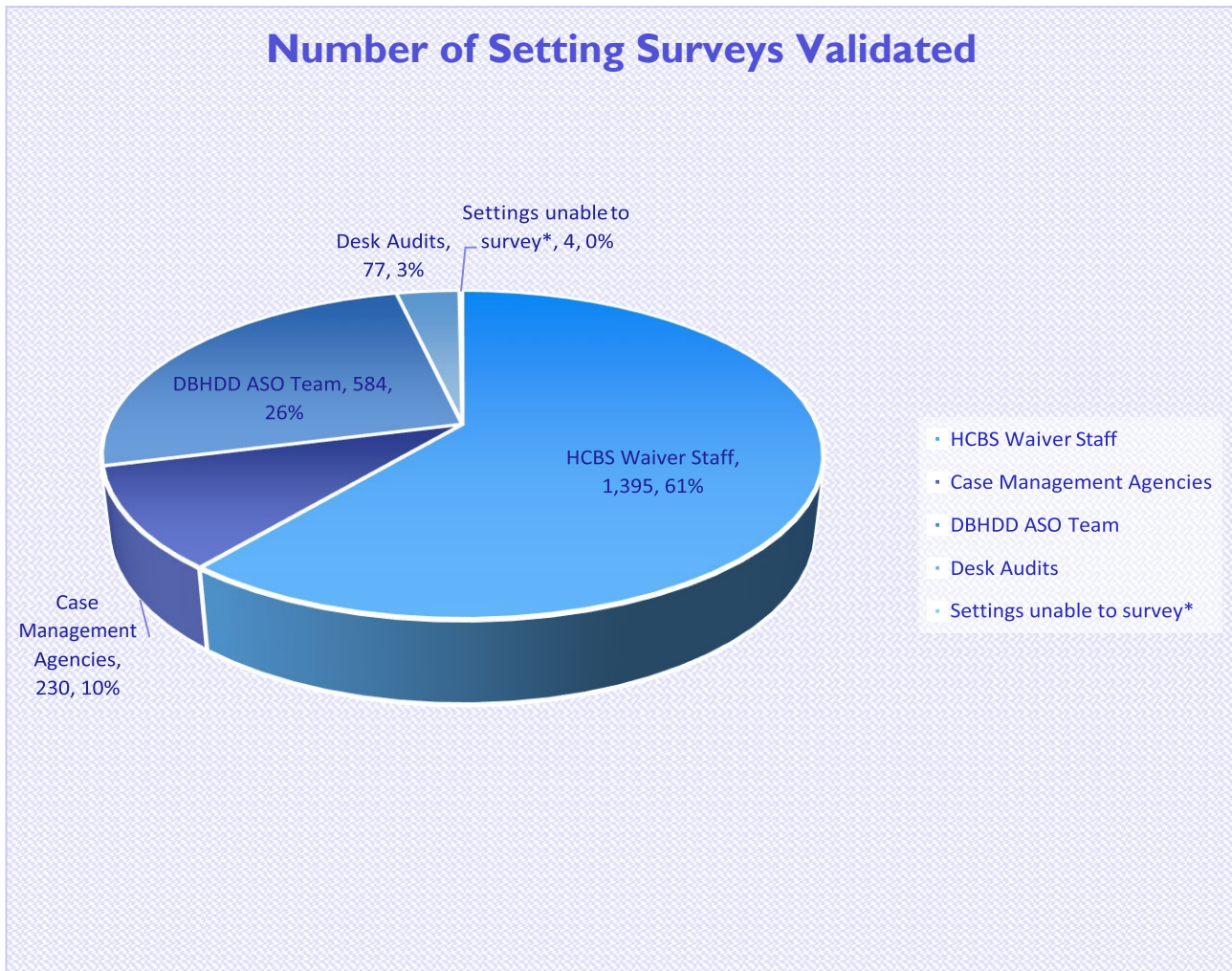


Figure 4: Survey Validation

Results

After completing survey validation, DCH categorized providers into one of four levels of compliance as defined by CMS as shown by **Table 9**.

- Fully align with the federal requirements (Area 1)
- Do not comply with the federal requirements and will require modifications (Area2)
- Cannot meet the federal requirements and require removal from the program and/or the relocation of individuals (Area3)
- Are presumptively not HCBS settings but for which the state will provide evidence to show that those settings do not have the characteristics of an institution and do have the qualities of HCB settings (to be evaluated by CMS through the heightened scrutiny process) (Area4)

Table 9: Provider Settings Compliance

	Alternative Living Services	Community Residential Alternatives	Private Home/Residences	Adult Day Health	Community Access Group	Pre-Vocational Rehab	Supported Employment	Respite Out of Home Care
Total Possible Unique Settings	348	80	43	203	725	365	416	106
Area 1 Fully Align	276	80	29	145	664	248	400	106
Area 2 Not Yet Compliant	72	0	10	43	0	117	14	0
Area 3 Cannot meet requirements	0	0	4	15	61	0	2	0
Area 4 Heightened Scrutiny	0	0	0	0	0	0	0	0

All providers who answered questions that met the criteria of Area 2 (not yet compliant and will require modifications) will receive remediation beginning with general education. Providers also were asked to provide a timeline and plan of action in which areas of concern would come into compliance. DCH has identified these settings for follow-up within the designated times indicated on the milestone document.

For all providers who are not in 100% compliance, the remediation platform detailed below will be enacted. These strategies serve to enforce the Final Rule and have included actions such as

- a) Online Report Card or Performance Dashboard (for public access),
- b) Sanction (remove from referral/rotation list if applicable)
- c) Adverse Action (assign fine/fee schedule)
- d) Suspension (with a period to correct deficiencies to avoid termination, further suspension period, and prepayment review) and
- e) Termination.

Site-Specific Monitoring Process Flow-

Step 1 Identification- Providers are selected for review based upon the following: ---

- HCBS providers undergoing credentialing and recredentialing.
- Facilities identified by Healthcare Facilities Regulation Division Providers identified through critical incident reporting follow-up.
- Providers identified through critical incident reporting follow-up.
- Members receiving services from the above listed provider types are identified in a separate report.

Step 2 Notification- Providers and Case Management agencies receive notification electronically for survey completion. Electronic link or upon request hard copy, is provided for survey completion.

Step 3 Follow-up- Follow-up is made to non-responsive members, providers and case managers. Each will have an opportunity to schedule a face-to-face meeting to complete survey. Non-responsive entities will be reminded a second time. If a provider remains non-responsive, the provider will be determined to be non-compliant. A member will not be penalized for non-responsiveness.

Step 4 Survey Review/Validation-DCH will review and compare findings from provider, case manager/members and validate with documentation and site visits.

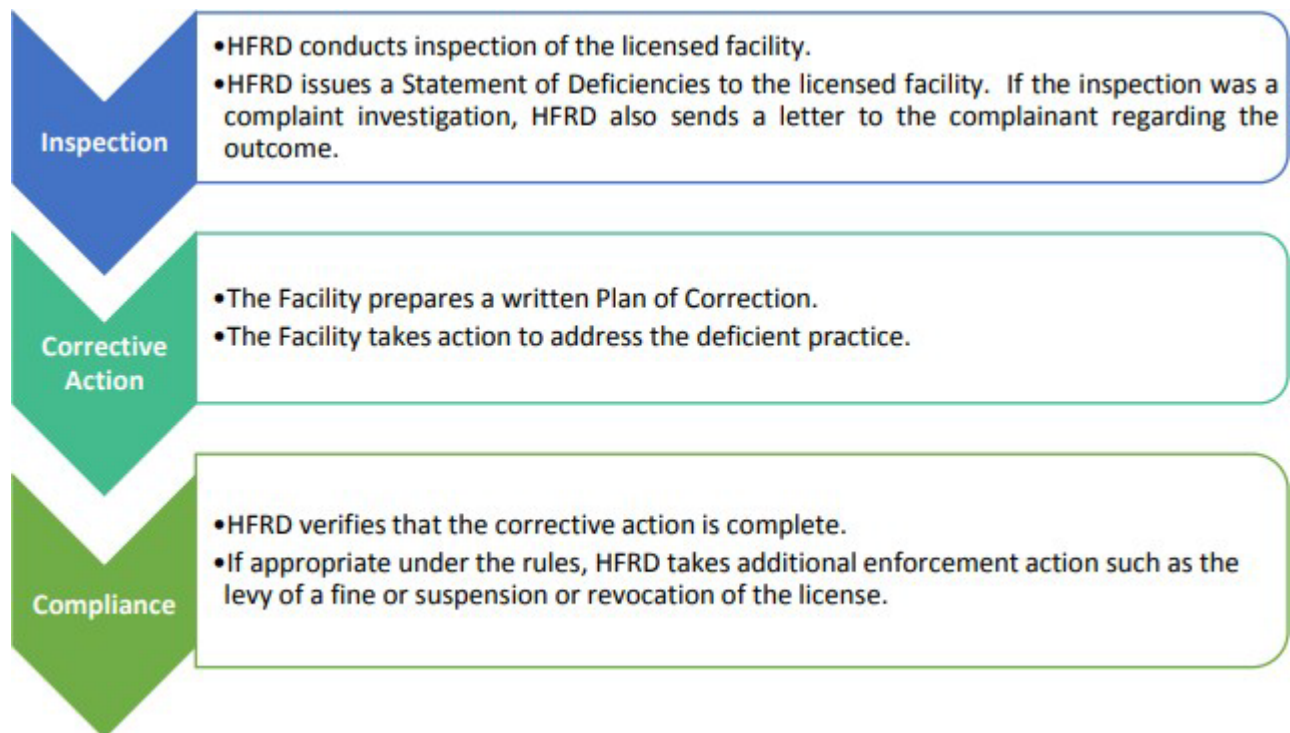
Step 5 Non-Compliant-If provider is non-compliant, DCH will conduct Solutions Focus Mapping

Step 6 Compliant- Providers receive notification of status.

Step 7 Results- All provider results are placed on dashboard.

These steps are illustrated on the Georgia Remediation Strategy Flow located on the DCH website.

Site Review conducted by HFRD



During the survey analysis phase, the state conducted a stratification process within the tool to address areas of non-compliant commonality and misalignment between providers, case managers, and members. Stratification was based upon the number of the questions that were identified in areas 2 and 3 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. The following are those areas that had the most misalignment between respondents and will require deeper training and education to ensure compliance. The state looked for each setting to demonstrate the following:

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?

While most settings were either in compliance or were in the process of becoming compliant (Compliant-1,948 or 85%) The remaining 338 or 15% were deficient in the following areas. The 338 is a total number of unique settings that were not compliant. During the survey process, the state identified that a setting may be noncompliant in more than one area.

Table 10: Compliance Level- Residential Settings

<i>Compliance Level</i>	<i>Number of Providers not yet or non-compliant</i>	<i>Main Areas of Non-Compliance</i>
Provider only has settings that fall under Category (1) Fully align with the federal requirements		N/A
Provider only has settings that fall under Category (2) Do not comply with the federal requirements and will require modifications	Alternative Living Services, Community Residential Alternatives and Private Home Residences- 311	Individual Rights- Members either do not hold a formal lease or the existing agreement does not include language that provides protection against eviction and/or remedy for appeals of an eviction discharge.
	Alternative Living Services, Community Residential Alternatives and Private Home Residences- 80	Individuals or caregivers are not made aware as to whom to make a request for a new provider or service type or make a complaint
	Alternative Living Services, Community Residential Alternatives and Private Home Residences- 86	Individuals or caretaker cannot describe his/her role in the person-centered plan development process and do not routinely participate in service planning meetings

	Alternative Living Services, Community Residential Alternatives and Private Home Residences - 84	Settings Experience I- Individuals feel that they do not have a choice of housemate/roommates or how to request a roommate change when warranted.
	Alternative Living Services, Community Residential Alternatives and Private Home Residences - 154	Individuals cannot close and lock bedroom doors when health and safety is not an issue
	Alternative Living Services, Community Residential Alternatives and Private Home Residences - 152	Settings Experience II- Residential Facility is not free of locked doors or gates and does not have panic release exit doors.
	Alternative Living Services, Community Residential Alternatives and Private Home Residences - 303	Individuals do not have their own keys to the residence

Survey responses in non-residential settings differed in some respects from those in residential. Primary concerns were:

1. Individuals choosing when and where to eat or having the ability to request an alternate meal
2. Facilities free of locked doors or gates that only the provider controls
3. Facilities do not have panic release exit doors

Table 11: Compliance Level-Non-Residential Settings

Compliance Level	Number of Providers not yet or non-compliant	Main Areas of Non-Compliance
	Adult Day Health and Community Access Group- 52	Individuals choosing when and where to eat or having the ability to request an alternate meal
	Adult Day Health and Community Access Group- 43	Facilities free of locked doors or gates that only the provider controls
	Adult Day Health and Community Access Group- 89	Facilities do not have panic release exit doors

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. Education sessions began in early 2017 to discuss specific survey responses. Waiver staff members routinely meet with provider associations to review specific areas relating to the Statewide Transition plans and policy implementation.

All non-compliant HCBS providers will be instructed to undergo comprehensive training on the HCBS settings rule provided by the state.

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 noncompliant, 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 may have up to ninety (90) days to meet all requirements. When the provider cannot comply within the designated timeframe, all subsequent claims submitted to the state will go into a pre- payment status. The provider will remain in a pre-payment status as they continue to adjust 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. The state determines that a setting cannot come into compliance after all the required remediation and adjudication processes have been completed.

- 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.

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.

Relocation Process

Based on the state's assessments, there are no settings that have been identified as being institutional. There are settings that have had significant areas of concern that the state has had to begin the remediation process. Some of those facilities after failure to make significant progress within the agreed upon CAP, immediately close the facility and relocated members. The state makes notification to Case Management if a setting is no longer complaint. The Case Manager will review options with the members to make a new selection of provider for that service and will re-broker

immediately. As of March 22, 2023, the following are the number of facilities that are currently under Corrective action or have had provider numbers suspended or facility closed for failure to comply.

Table 12: HCBS Provider Corrective Action Plan Status

HCBS Service Type	Number of Facilities	Waiver Members Serving/Served	Action Taken
Adult Day Health	20		HFRD team has reviewed over 312 findings at the 20 adult day health centers. Desk audits and on-sites have been scheduled to work with these providers to make the required corrections.
Alternative Living Services	4	15	2 facilities are under a Corrective Action Plan 2 have been closed due to non-compliance and members have been relocated.
Community Access Group	0	N/A	N/A
Community Residential Alternatives	3	42	Provider Numbers suspended August 2019, Failure to make progress with CAP; Provider number terminated January 2020
Pre-Vocational Services	0	N/A	N/A
Supported Employment	1	18	CAP imposed
Respite Out of Home Care	0	N/A	N/A
Individual, Private Homes	2	4	Both closed members relocated

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 must 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 days 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. As the state continues to work with providers to assist in understanding the requirements for the settings rule, providers have until the established time of March

17, 2023, to come into complete compliance before penalties and other adverse action measures are implemented.

SECTION FIVE – HEIGHTENED SCRUTINY PROCESS

The State understands that to be successful in implementation of a Statewide Transition Plan that ensures 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. DCH asserts that for a setting to be submitted for Heightened Scrutiny, it must be a setting that is either located, co-located or adjacent to an institutional setting or it has an isolating effect. The state through its review, has not identified any such settings.

During the application process, potential providers that do not quite meet the HCBS settings rule including having settings that isolate or have institutional like qualities will be subject to heightened scrutiny. The state will perform on-site visits and review records to determine possible areas of non-compliance. Each setting will be reviewed to determine if it is:

- Prong 1 Settings: Located in a hospital, nursing facility, intermediate care facility (ICF-DD) or institution for mental disease (IMD).
- Prong 2 Settings: Located adjacent to a public hospital, nursing facility, ICF-DD or IMD.
- Prong 3 Settings: Have the effect of isolating people from the broader community of people who do not receive HCBS.

After this review, if it is determined that the settings are non-compliant, they will be reviewed to CMS for Heightened Scrutiny and additional review.

Rural facilities by virtue of address and location are not considered isolating. The state also requires that all settings must be compliant to remain a 1915c waiver provider. Some settings were reported to DCH as possible areas for additional scrutiny. However, these settings were not owned or operated by Medicaid providers. The state will continue to monitor and investigate settings as reported and identified through the settings review process.

Settings that Isolate Survey

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 complying 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 is archived can be found as 2017-Appendix L. The summary of responses to all questions can be found archived as 2017-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 2017 Isolation Survey was relatively condensed with only 8 questions, in its question narrative DCH was able to determine exactly what people in Georgia's communities consider to be an isolated setting. A review of the results yielded some key factors.

When asked if a gated community or group home where majority of members residing there have a disability and most services and supports are provided on property is isolating. We had a disagreement score of 21.11%, and there was an agreement score of 72.22%. What this suggests is that people recognize that currently some of our programs are not community integrated based on the STP standards.

When asked if communities are integrated if the following can be accounted for: a lease agreement, residents freely come and go as they please, residents set their own schedules for the day, mealtime is anytime, and resident is given the opportunity to pick his/her roommate and/or apartment/community in which to live. Only 67.87% agreed with this logic. This is an area where DCH recognizes much more education and training is needed, to ensure that providers are making changes and taking seriously personal choice for members, as well as members learning to self-advocate.

The results suggested that 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 segregated and isolated. This survey experience was informative on several counts: it allowed 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.

For Reverse Integration Settings and Non-Disability Specific Settings: The state will require and monitor ISPs, Care Plans developed by members and activity schedules created by providers to ensure that members can interact with the broader community of non-HCBS recipients and are provided opportunities to participate in activities that are not solely designed for people with disabilities or HCBS beneficiaries that are aging, blind or disabled, but rather for the

broader community.

DCH will conduct remediation activities (CAP) for those providers that only hire, recruit, or invite individuals who are not HCBS recipients into the setting to participate in activities in which an individual who are not HCBS individual would normally take part in a typical community setting.

Section Opportunities for Community Integration question was included in the ongoing surveys of providers and members. Additional monitoring is conducted as the states review case management files and on-site surveys from members.

Quality/Characteristic	Assessment Findings
Institutional in Nature Nursing Facilities, Institution for Mental Disease, Intermediate Care Facility for Individuals with Intellectual Disabilities, Hospital 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	None

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 367 licensed nursing facilities or the 2 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.

As outlined in the CMS guidance dated March 22, 2019, all settings will be reviewed individually by the state to determine if they meet any of the factors listed above and require heightened scrutiny. Furthermore, the state did not submit any specific setting for heightened scrutiny that it believes will overcome the presumption or is labeled as not quite into compliance and is actively working on its plan to come into compliance.

To adequately ensure that Providers are rendering activities not only through ISP's and Care plans, DCH compiled a complete document that provider(s) should follow that ensures that they are allowing HCBS member(s) to be integrated into the community with non HCBS member(s) that are not solely designed for people with disabilities. This document is entitled **STP Provider Guidance V3**, which was included in DCH's submission with the STP. Included in this document, are standards that apply to all HCBS providers: If followed, these processes will ensure that member(s) are given the same opportunities as the broader community. This guide is housed within the DCH website.

This statute outlines all settings both Medicaid and Non-Medicaid and therefore may not include all of the requirements that are outlined within HCBS settings rule. This is a requirement for initial licensure. The provider must have the complete rules as it relates to the settings rule as outlined within the respective waiver policy prior to and as an ongoing

requirement for becoming a provider.

Whereas, each provider has specific licensure requirements as outlined from Healthcare Facilities Regulations (HFR), this does not mean that a provider can serve as a Medicaid provider within the Home and Community Based settings if it does not include and meet the final settings requirements as outlined within each waiver policy document. Upon application, a provider's credentials (licenses, site visit findings, operational policies) are reviewed by HFR, Credentialing Verification Organization (CVO), Provider Enrollment, and Waiver Policy Unit to ensure compliance.

Along with HFRD, the state aligns with other resources to include the Georgia Council on Development Disabilities (GCDD) and the Georgia Vocational Rehabilitation Agency (GRVA). These entities, help promote and integrate members into services that are of non-disability origins and nature. The state requests that case managers and support coordinators work with members and their natural supports to identify non-disability options when selecting activities as identified within care plans and ISPs as well as promote independence within the populations to the extent that health and safety are not at risks. For instance, DCH works with the Brain and Spinal Cord Injury Trust Fund Commission, Centers for Independent Living, and Georgia Vocational Rehab to provide grants for activities, supplies and other resources outside of disability needs and settings. Additionally, the Area Agency on Aging, partners with each county Regional Commission that promotes and provides services to all citizens residing in the area.

For residential services, the state has a Housing Manager that assists members in identifying housing options that are within the broader community but still meet any health and safety needs.

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. Access to the HCBS Settings Survey can be found using the following link https://gsu.qualtrics.com/jfe/form/SV_71GaFDVYJwOe0rH. This survey is specific to the criteria as set forth by CMS. It contains question logic relative to settings type. A monitoring schedule has been created. The schedule will address the following activities:

Continued refinement of tools to support compliance -- The original provider self-assessment tool has been 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 includes working with its Regulatory Services and Compliance office, Healthcare Facility Regulation and Provider Enrollment division 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), tenets of the final settings rule have been reflected into waiver policy. 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.

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 has determine which settings heightened scrutiny is required and has followed the necessary procedures for making such a

request to CMS if required. 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 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 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. In 2018, DCH established the Performance and Quality Outcomes Unit. Led by a Physician and other key staff in data analysis, this unit was established to review and analyze Medicaid performance measures and provide guidance on its deliverables. In July 2019, the Department also established the Policy, Compliance and Operations office tasked with the responsibility for strategic planning, policy development, monitoring and oversight of the Division’s business processes.
- 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. In 2019, the state launched the first training module for Case Management agencies, to provide standardization in training and establish educational benchmarks. Modules will be added to include specific final setting requirements for providers. In January 2020, the state redesigned its Critical Incident reporting tool. This tool is now electronic and provides reports on providers and incident types to better inform the state on possible infractions and opportunities for provider and member education.
- 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 may 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.

SECTION SEVEN – APPENDICES and DOCUMENT LINKS

The following are appendices related to the current version for submission for Final approval to CMS.

A. Milestone Document
B. Policy Manual Link
C. Personal Care Home Agreement
D. Georgia Roommate Agreement
E. Home and Community Based Settings for Individuals

The following links are provided to review documents referenced within the Statewide Transition Plan.

Document Title weblinks

The following documents are housed on the DCH website within the HCBS Transition Plan section:

- Federal and State Licensure Regulations
- Landlord Tenant Handbook
- Compliance Review of State Regulations and HCBS Program Policies
- GA Remediation Strategy Flow
- HCBS Final Rule Regulatory Recommendations
- HCBS Policy Remediation Final
- Lease Protection GHPC WR

<https://dch.georgia.gov/programs/hcbs/hcbs-transition-plan>

The Home and Community Based Settings survey can be found by selecting the link and accessing the Qualtrics Tools.

- HCBS Settings Survey

https://gsu.qualtrics.com/jfe/form/SV_71GaFDVYJwOe0rH

Appendix A: GA Milestones for HCBS Statewide Transition Plan

Milestone	Description	Status Completed/Pending/Delayed
Completion of systemic assessment	Complete Systemic Review. Complete review of changes required to update provider qualification standards, licensure regulations, enrollment education and provider training, and other related policies, etc. to conform to HCBS rule.	Completed 10/25/2017
Complete modifying rules and regulations, including provider manuals, inspection manuals, procedures, laws, qualification criteria, etc.	Modifications made to existing policy manuals to conform to HCBS rule. • Draft policy and procedures released to key stakeholders for comments. • Policy and procedures updated based on public comment. • Final policies and procedure incorporated. State Policy	Completed
Effective date of new rules and regulations: 50% complete	All Community Care Service Program Manuals- CCSP- General Services	Completed 4/1/2019
Effective date of new rules and regulations: 100% complete	New Options Waiver and Comprehensive Support and Services Manuals, Independent Care Waiver Programs Part II- NOW and COMP	Completed 12/31/2019

Completion of site-specific assessment	Complete site-specific assessments of HCBS Rule Compliance: All active enrolled adult day health, alternate living services, community access group, community residential alternative, pre-vocational services, and supported employment HCBS providers will submit the provider self-assessment tool to DCH. Outcome: 100% of HCBS providers complete self-evaluation. New providers will be reviewed during this time	Completed 7/31/2018
Incorporate results of settings analysis into final version of the STP and release for public comment	DCH posts final validation report and makes available for key stakeholders. DCH available to present finding to associations and at other relevant meetings.	Completed 1/31/2020
Submit final STP to CMS		Completed 7/12/2022
Completion of residential provider remediation: 25%	Remediation (Relocation) Corrective action plans initiated and reviewed for non-compliant providers. Providers will be identified in the following category in all 1915 C waivers were offered Community Residential Alternatives Alternative Living Services	Completed

Completion of residential provider remediation: 50%	Corrective action plans initiated and reviewed for non-compliant providers. Providers will be identified in the following categories in all 1915 C waivers were offered Community Residential Alternatives	Completed
Completion of residential provider remediation: 75%	Corrective action plans initiated and reviewed for non-compliant providers. Providers will be identified in the following category in all 1915 C waivers were offered Alternative Living Residential Services	Ongoing
Completion of residential provider remediation: 100%	Corrective action plans initiated and reviewed for non-compliant providers. Providers will be identified in the following category in all 1915 C waivers were offered Alternative Living Residential Services	Ongoing
Completion of nonresidential provider remediation: 25%	Corrective action plans initiated and reviewed for non-compliant providers. Providers will be identified in the following categories in all 1915 C waivers where offered Adult Day Health Corrective action plans initiated and reviewed for non-compliant providers.	Ongoing
Completion of nonresidential provider remediation: 50%	Corrective action plans initiated and reviewed for non-compliant providers. Providers will be identified in the following categories in all 1915 C waivers where offered Pre- Vocational Rehabilitation Supported Employment	Ongoing

Completion of nonresidential provider remediation: 75%	Corrective action plans initiated and reviewed for non-compliant providers. Providers will be identified in the following categories in all 1915 C waivers were offered Community Access Group Out of Home Respite.	Ongoing
Completion of nonresidential provider remediation: 100%	All members utilizing services in non-compliant settings will be relocated. Those that still desire to make another selection will have the opportunity to do so	Ongoing
Identification of settings that will not remain in the HCBS System	Non-compliant providers are terminated per results of adverse action and any subsequent appeals determinations.	Ongoing
Complete notifying member, guardians, case managers, facility support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements, and that resolution or alternate funding sources need to be considered:		Ongoing

Appendix B: Georgia’s Policies, Procedures, Regulations and Manuals links

Below are links to each manual discussed within the Statewide Transition Plan and associated documents

Federal Register

https://www.ecfr.gov/cgi-bin/text-idx?node=se42.4.441_1301&rgn=div8

State Regulations- All state regulations are housed on the DCH website within the Healthcare Facility Regulation Division, HFR Laws and Regulation section

<https://dch.georgia.gov/divisionsoffices/hfrd/hfrd-laws-regulations>

- Ga. Comp. R. & Regs. R. 111-8-1 [Adult Day Centers, Chapter 111-8-1](#)
- Ga. Comp. R. & Regs. R. 290-9-37 [Community Living Arrangements](#)
- Ga. Comp. R. & Regs. R. 111-8-31 [Home Health Agencies, Chapter 111-8-31](#)
- Ga. Comp. R. & Regs. R. 111-8-62 [Personal Care Homes](#)
<https://dch.georgia.gov/document/document/personal-care-homes-111-8-62-combined-rules-update/download>
- Ga. Comp. R. & Regs. R. 111-8-65 Private Home Care Providers, Chapter 111-8-65

All current documents can be accessed using the Georgia Medicaid Management Information System (GAMMIS) web portal www.mmis.georgia.gov and selecting the Provider Information/Provider Manual tab

The following are the manuals used during the Systemic Review process: **HCBS Waiver Policy**

Manuals

Community Care Service Program 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 and SOURCE General Services
Part II – Chapter 1100, Policies and Procedures for CCSP and SOURCE Adult Day Health Services
Part II – Chapter 1200, Policies and Procedures for CCSP and SOURCE Alternative Living Services
Part II – Chapter 1400, Policies and Procedures for CCSP and SOURCE Personal Support Services/Consumer Direction/Structured Family Caregiver

Part II – Chapter 1900, Policies and Procedures for CCSP and SOURCE Skilled Nursing Services by Private Home Care Providers

EDWP 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 3600, and

Provider Manual for Community Developmental Disabilities Providers for the Department of Behavioral Health and Developmental Disabilities (DBHDD), Fiscal Year 2020 archived.

Independent Care Waiver Program (ICWP) Manuals

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

Part II - Policies and Procedures for Independent Care Waiver Services, Chapters 600 through 1000

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

Provider Manual for Community Developmental Disabilities Providers for the Department of Behavioral Health and Developmental Disabilities (DBHDD), Fiscal Year 2020 archived

Appendix C

Personal Care Home Admission Agreement

The Management of _____ at
 _____ Facility

_____ hereby

 (Address)

agrees to provide the following basic services for _____
 _____ (Resident)

- Protective care and watchful oversight
- Supervision of personal care
- Supervision of nutrition
- Laundry facilities
- Towels
- Toilet Tissue
- Soap
- Light bulbs
- 30 days written notice prior to discharge
- Continuous assessment of needs and condition needed
- Referral for appropriate service when needed
- 24-hour a day lodging
- 3 balanced meals per day
- 2 nutritious snacks per day
- Bedding and Supplies
- Recreational and cultural activities or hobbies
- Information to surrogate, relative, or representative regarding resident needs
- Emergency transportation
- 60-day notice of rate or level of care increase

The services listed above will be provided at a rate of \$ _____ per ____.

The following service shall be the responsibility management or the resident, as indicated by the appropriate signature in the designated column. If provided by the management, any additional fee is so designated.

Service	Party Responsible for service (Signature)	Date	Fee
Purchase clothing and personal hygiene supplies as needed			
Initial acquisition and refills of medications			
Transportation to/from medical appointments			
Transportation to/from other (specify)			
Personal laundry			
Arrange for transfer and/or discharge when necessary			

In Addition, the management will provide the following optional service at the indicated below:

Service	Responsible Party (Signature)	Fee	Date

PLEASE INITIAL AS APPROPRIATE

1. Resident acknowledges that he/she has received a copy of the House Rules. _____
2. Resident acknowledges that he/she has received a copy of the home's refund policy. _____
3. Residential acknowledges that he/she has receive a copy of the home's policies regarding transfers, emergency transfer, and discharge (including how and when). _____
4. Resident acknowledges that he/she will not be required to perform services for the home except as provided for in this agreement or in a subsequent written agreement, and then only if the resident volunteers or is compensated at or above prevailing rates. _____
5. Resident does _____ does not _____ wish to receive the \$20.00 per week personal needs allowance if he/she elects to receive it. _____
6. Resident acknowledges that this agreement has been fully explained and a written signed copy given to the resident and legal guardian or responsible party. _____
7. Resident acknowledges that this agreement may be terminated by either party, only with a thirty (30) day written notice, except in the event that the resident develops a communicable disease or a change in the condition of the resident requires continuous medical or nursing care. _____
8. My picture/name/information can _____ or cannot _____ be used in social media
9. Medications are handled by licensed staff _____ unlicensed staff _____
and how _____ What type of medication packaging is allowed _____

10. I consent and authorize the release of medical information to the home as needed. _____

11. The facility permits _____/does not permit _____ the use of proxy caregivers. The

Resident may _____ or may not _____ hire independent Proxy Caregivers and/ or will _____ or will not _____ be provided by the facility or approved providers.

Lease Termination / Eviction

Both the management and the resident understand that this agreement may be terminated by either party, with sufficient notice.

- Residents are required to give a thirty-day, written notice to terminate this agreement.
- Management is required to give a sixty-day, written notice to terminate this agreement.

Residents who believe their rights have been violated by a lease termination may file a grievance or request a hearing in accordance with the Remedies for Residents of Personal Care Homes Act (O.C.G.A. § 31-8-130 et seq.).

This agreement shall be effective _____ (date) and remains in effect until amended as agreed and signed by both parties.

	Facility Representative	Resident/Responsible Party
Signature		
Title		
Date		

Appendix D

GEORGIA ROOMMATE AGREEMENT

On _____, 20_____, [date of agreement] we, the tenants named below, signed a lease agreement for the residential property at the address listed below. By entering into this roommate agreement, we hope to ensure that rental responsibilities will be understood and shared by all roommates as described in this agreement.

This Roommate Agreement (the "agreement") is made by and between _____, _____, and _____, [the roommates] for the residential property at: _____ [property address].

We are entering into this agreement in order to identify the rights and responsibilities of each tenant during the course of the lease agreement.

This agreement runs concurrently with the lease agreement for the residential property, which is effective from _____, 20_____ to _____, 20_____ [term of master lease].

1. SECURITY DEPOSIT: The total security deposit amount that we paid the landlord for the residence as required by the lease agreement is \$ _____ [security deposit in master lease], which was paid to _____ ["the landlord" or name of roommate] on _____, 20_____ [date of security deposit payment]. Individually, we each paid a portion of the security deposit as follows:

_____ [roommate's name]	\$ _____ [amount paid]
_____ [roommate's name]	\$ _____ [amount paid]
_____ [roommate's name]	\$ _____ [amount paid]

Each roommate will receive his/her share of the security deposit if and when the landlord returns it after the lease term ends. Any deduction(s) from the deposit by the landlord shall be withheld from all of the roommates in proportion to the amount of deposit that he/she paid. However, any damage to the residence caused by a particular roommate or roommates shall be charged only to the roommate(s) who caused the damage.

2. RENT: Under the terms of the lease agreement, the total rental amount due each month to the landlord is \$_____ [monthly rental amount due for each roommate].

Each roommate shall pay the following amount:

_____	\$ _____
[tenant name]	[amount]
_____	\$ _____
[tenant name]	[amount]
_____	\$ _____
[tenant name]	[amount]

Rent must be paid in the form of _____ (indicate form, e.g., "cash/check/cashier's check) to _____ [ex: "landlord" or name of roommate]. The rent is due on the _____ (e.g., "first") day of each month.

3. HOUSEHOLD SUPPLIES: A single ledger (with item description, cost, and date of purchase) will be kept listing all household supplies purchased by each roommate. The supplies may include such things as paper towels, toilet paper, cleaning fluids, dish detergent, foil, plastic trash bags, scrub brushes, and any other goods needed for the home which will be shared by all roommates. The purchaser of household supplies will be entitled to reimbursement from the other roommates.

4. KITCHEN USE AND CLEAN-UP: (check one)

- Food expenses will be shared equally by all roommates.
- Food will be purchased by each roommate individually.

Food may not be borrowed without the purchaser's approval. Each roommate will have _____ ["separate" if available] storage space for his/her groceries.

Roommates may choose to share in meal preparation and clean up. Each roommate will clean up the kitchen after his/her use.

5. PERSONAL PROPERTY: All roommates agree to not use or borrow other roommates' personal item(s) without the approval of the roommate who owns the property. Any exception(s) to this rule will be clearly stated and agreed upon, and the roommate who owns the property retains the right to change his/her mind about sharing his/her property. Any personal property that is borrowed will be used respectfully and returned in the same condition. If any damage is done to a roommate's personal property, the roommate(s) responsible for causing the damage will compensate the roommate who owns the personal property for his/her loss.

6. CLEANING: (check one)

- Each roommate agrees to share the responsibilities of cleaning and maintaining the residence, which may include dusting, vacuuming, emptying trash, mopping/sweeping floors, cleaning bathrooms, and other duties.

a.) Cleaning Schedule: (check one)

- Each roommate agrees to the attached cleaning schedule (attach cleaning schedule). The schedule indicates when each roommate will complete his/her assigned cleaning and maintenance duties.

- All roommates will work together ["at a designated time"] to clean/maintain the residence.

- A house-cleaner will be hired by the roommates and the costs shall be shared equally.

7. GENERAL TERMS: (The following items have been known to occasionally cause conflict between roommates. If any of the following might become an issue, present a problem, write out any needed additional agreements and attach.)

- Smoking/alcohol/drugs: _____

Parking: _____

Overnight guests: _____

Cleanup after parties/guests: _____

Music/Sound _____

Behavior of guests: _____

Keys: _____

- Shared areas (bathrooms): _____

- Quiet hours for studying and sleeping: _____

8. GOVERNING LAW: This Agreement shall be governed under the laws in the State of Georgia.

9. CONTINUOUS ASSESSMENTS- it is the responsibility of the administrator or on-site manager to conduct continuous assessments of the tenant's (member) needs and to make appropriate arrangements within the dwelling. Furthermore, the on-site manager will work with the tenant's case manager to ensure that any change in condition is appropriately addressed.

CHANGE IN CONDITION- If this change in condition results in the possible transfer of the resident to an institutional setting, the tenant can be released from this agreement without penalty or punitive impact to them. If a tenant is hospitalized more than seven days, the tenant has the right to pay to reserve the tenant's same bed. If the tenant does not pay to reserve the bed, the provider may use the bed to admit a new tenant/resident. If the tenant chooses to return to the facility, the tenant may request the first available bed in the facility. If the change in condition results in a discharge from the home, due to the tenant's inappropriate actions, the tenant may be responsible for fulfilling the agreement.

TRANSFERS- A tenant may choose to transfer from the home at any time without penalty when sufficient notice is provided as outlined within the agreement. Neither the provider agency nor subcontractor may move tenants from one location to another without the knowledge and approval of the tenants, tenant's representative, and care coordinator. Tenants moving from one home to another are considered new admissions and the new contractor completes all admission paperwork. Tenants must receive a 30-day written notice prior to any relocation.

EXCEPTION: Tenant transfer or discharge due to medical emergency or emergency relocation.

Providers are required to document all actions within the tenant's record and provide a copy to the tenant and case manager.

10. UTILITIES:

The following services have been arranged and paid for as follows:

Item	Account in Name of	Amount of Deposit	Deposit Paid By	How Bill Shared	Name Roommates Responsible for payment
Gas					
Water					
Electricity					
Garbage					
Cable TV					
Internet					
Other					

ADDITIONAL TERMS AND CONDITIONS:

[Type here]

This Agreement represents the complete and final understanding of the roommates' intent. All preliminary discussions and negotiations by the roommates are merged into and superseded by this Agreement. Any modification to this Agreement must be in writing, signed by all roommates.

We, the undersigned, agree to the above terms.

Signature: _____ **Print Name:** _____ **Date:** _____

Signature: _____ **Print Name:** _____ **Date:** _____

Signature: _____ **Print Name:** _____ **Date:** _____

SAMPLE

[Type here]

Appendix E

Georgia Home and Community Based Settings Survey for Individuals

Medicaid is a government program that provides funding for services and supports that help low income older adults and people with disabilities across the country live in their communities. These services and supports can take place in the home, the workplace, or in day program settings.

The Centers for Medicare & Medicaid Services (CMS), the Federal funding and oversight agency for the Medicaid program, released a rule to make sure that these services and supports, and the places where they are provided, are truly part of the community.

The table below are examples of characteristics of compliant homes and community-based settings.

Characteristics of the Home	Characteristics of the workplace or day program
<ul style="list-style-type: none">• It's part of the community• You can be active in the community.• You can go into the community when you want to.• You can choose your roommates.• You can decorate how you choose.• You have legal protections relating to eviction.• You can access all shared living space in the home.• You have privacy and can lock your bedroom door.• You can have visitors when you want.• You decide your schedule.• You can eat when you want.• You can spend your money how you want.• You can interact with people with and without disabilities.	<ul style="list-style-type: none">• It's part of the community.• You can be active in the community.• You can go into the community when you want to.• You choose whether you want to work and where.• You have input on hours and schedules.• You can choose to volunteer.• You receive supports to work or volunteer.• You can interact with people with and without disabilities.

Some Home and Community Based Services Settings already meet these standards, and others may need to make changes to follow the rule. This survey will help Georgia continue to identify which homes and workplaces meet the HCBS settings requirements and if not, will need additional support. It will also help us identify patterns in the kinds of changes that the setting(s) may need to be made.

Member Name: _____

Member Medicaid ID number: _____

Member _____ Date _____ of _____ Birth: _____

Enrolled waiver program:

- Elderly and Disabled Waiver
 - Community Care Service Program (CCSP)
 - Service Options Using Resources in a Community Environment (SOURCE)

New Options Waiver Program (NOW)

[Type here]

- Comprehensive Supports and Services Program (COMP)
- Independent Care Waiver Program (ICWP)

Settings Questions:

1) Do you receive Medicaid-funded services in your home?

Yes

No

a) If yes, what best describes your home?

Alternative Living Services (ALS) host home

Community Residential Alternatives (CRA) group home

A private home that I or a family member own or rent.

b) Please provide the Service Agency name and the home address where you live and receive Medicaid-funded services.

Agency Name/Address:

[Type here]

2) Do you receive Medicaid-funded services where you work for pay?

- Yes
- No
- I do not work for pay.

a) If yes, what best describes the services you receive at work? Check all that apply.

- Supported Employment—Individual
- Supported Employment—Group Supported Employment

b) Please provide the Service Agency name and the address where you work and receive Medicaid-funded services.

Agency Name/Address:

3) Do you receive Medicaid-funded services in a day program? If you volunteer (work without pay), treat that as a day program.

- Yes
- No

a) If yes, what best describes where you spend your day? Check all that apply.

- Adult Day Services Center (Not IDD-Specific)—Basic or Specialized
- Community Access Group
- Pre-vocational Rehabilitation
- Supported Employment
- Respite Out of Home Care

b) Please provide the Service Agency name and the address where you attend a day program and receive Medicaid-funded services.

Agency Name/Address: _____

[Type here]

Questions about the Home

If you do not receive Medicaid-funded services at home, please skip to page 6.

#	Question	Answer
Integration: The regulation requires that you have full access to the benefits of community living and are able to receive services in an integrated setting. The following questions are designed to find out whether your home is in line with the requirement.		
1.	Is your home in the community among other homes and apartments or businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	I interact with people in my neighborhood, outside of my home ...	<input type="checkbox"/> Multiple times per week <input type="checkbox"/> Once a week <input type="checkbox"/> A few times a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I don't have neighbors
3.	Do you have friends that are not paid staff, family, or other people receiving services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a.	How often, when you want to, can you get together with your friends?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
4.	Do you have family members that live nearby? Do not include family members that you live with.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a.	How often, when you want to, can you get together with your family that lives nearby?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> Does not apply to me
5.	Do you know about activities that happen outside of your home (for example, a fair, movies, music event)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a.	If you do know about activities outside your home, do you participate in those activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5b.	What is an example of an activity that you participate in outside of your home?	
6.	Do the staff at your home provide information about and assistance with accessing public transportation such as buses, taxis or ride-share programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do you need more help than you get from staff at your home to do things in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	If you have plans in the community, such as seeing a doctor, meeting friends, or going to the library, how often did you have a way to get there?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
9.	Do you or your guardian decide how to spend your money?	<input type="checkbox"/> Yes <input type="checkbox"/> No

10.	Have you expressed a desire to seek employment within the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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#	Question	Answer
Choice: The regulation requires that you have a choice of where you live. The following questions are designed to find out whether your home is in line with the requirement		
10.	Did you have a say in where you were going to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Did you choose to live in a home where housemates were already living?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11a.	If yes, how did you choose them, or were they chosen for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Do you have a roommate who shares a bedroom with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12a.	Do you have keys to the home in which you live?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Comments	

#	Question	Answer
Independence: The regulation requires that you can make your own choices. The following questions are designed to find out whether your home is in line with the requirement.		
13.	Can you generally go where you want outside of your home, such as out to lunch or shopping?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Are you generally able to attend a church or other place of worship of your choice to practice your faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
15.	Are you generally able to schedule your appointments/outings at your convenience as opposed to the convenience of the paid staff at your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Are you able to participate in community activities that are not a part of the home's planned schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Do you have access to the common areas in your home, including the kitchen and laundry room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Can you eat when and what you want to (barring any diet restrictions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Can you talk on the phone when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Can you have visitors when you want to, including overnight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Can you leave your home when you want to, either on your own or with staff support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other comments:	

[Type here]

#	Question	Answer
Rights: The regulation requires that you are treated well and feel safe and comfortable in your home. The following questions are designed to find out whether your home is in line with the requirement.		
22.	Do the staff in your home treat you with respect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Do the staff in your home respect your choices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Do the staff in your home respect your privacy, including in your bedroom and bathroom? For example, do staff knock before coming into your bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Do you have a lock on your bedroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Can you lock the bathroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Are your things safe in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Do you have a lease or residency agreement that gives you protections against eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Do the staff in your home use restraints on people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Comments:	

[Type here]

Questions about the Workplace

If you do not receive Medicaid-funded services where you work for pay, please skip to page 7 Day Program section.

#	Question	Answer
	Integration: The regulation requires that you have full access to the benefits of community living and are able to receive services in an integrated setting. The following questions are designed to find out whether your workplace is in line with the requirement.	
1.	Do you earn at least minimum wage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	At work, how often do you interact with people without disabilities, such as nondisabled coworkers or customers?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
3.	Help getting a job can include help finding a place to work or help getting the skills that you need to work. Was someone paid to help you get a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Sometimes people need help from other people to work at their jobs. For example, they may need help getting to or getting around at work, help getting their work done, or help getting along with other workers. Was someone paid to help you with the job you have now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is your job in the community with other homes or businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you active in the community as a part of your work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Comments:	

#	Question	Answer
	Choice: The regulation requires that you have a choice of where you work. The following questions are designed to find out whether your workplace is in line with the requirement.	
7.	Do you have the support to participate in the paid job of your choice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
8.	In general, do you feel you have the supports you need to be successful in your paid job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
9.	Do you feel like you work enough hours during the week?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
9a.	If not, do you feel you have the supports to talk about and make changes to your work hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Comments:	

[Type here]

#	Question	Answer
	Independence: The regulation requires that you can make your own choices. The following question is designed to find out whether your workplace is in line with the requirement.	
10	Do you have the support to give input on your work schedule, break/lunch times, and benefits at your job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
	Other Comments:	

#	Question	Answer
	Rights: The regulation requires that you are treated well and feel safe and comfortable in your work. The following questions are designed to find out whether your workplace is in line with the requirement.	
11.	Do the staff in your workplace treat you with respect?	
12.	Do the staff in your workplace respect your choices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Do the staff in your workplace use restraints on people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Do the staff in your workplace respect your privacy, including in the bathroom and any changing areas? For example, do staff knock before coming into the bathroom or changing area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Can you lock the bathroom door at your workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Do you have a secure place to store belongings at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Comments:	

Questions about the Day Program

If you do not receive Medicaid-funded services where you work for pay, please skip to page 10.

#	Questions	Answers
	Integration: The regulation requires that you have full access to the benefits of community living and are able to receive services in an integrated setting. The following questions are designed to find out whether your day program is in line with the requirement.	
1.	Is your day program in the community with other homes or businesses? 4. <input type="checkbox"/> Yes <input type="checkbox"/> No 4a. 5. <input type="checkbox"/> Yes <input type="checkbox"/> No 5a. 6. <input type="checkbox"/> Yes <input type="checkbox"/> No 6a. <input type="checkbox"/> Yes <input type="checkbox"/> No Survey for Individuals Receiving Medicaid Services 8 # Question Answer 6b.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you active in the community as a part of your day program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	I interact with people in my community, outside of my day program.	<input type="checkbox"/> Multiple times per week <input type="checkbox"/> Once a week <input type="checkbox"/> A few times a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never

[Type here]

4.	Do you have friends that are not paid staff or other people receiving services at your day program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a.	How often, when you want to, can you get together with your friends?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
5.	Do you have family members that live near to your day program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a.	How often, when you want to can you get together with your family that lives nearby?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> Does not apply to me
6.	Do you know about activities that happen outside of your day program (for example, a fair, movies, music event)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6a.	If you do know about activities outside your day program, do you participate in those activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6b.	What is an example of an activity that you participate in outside of your day program?	
7.	Do the staff at your day program provide information about and assistance with accessing public transportation such as buses, taxis or ride-share?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do you need more help than you get from staff at your day program to do things in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	If you have plans in the community, such as seeing a doctor, meeting friends, or going to the library how often did you have a way to get there?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
10.	If you do not have a paying job, do you want to work for pay at a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me, I do work for pay
11.	Sometimes people feel that something is holding them back from working for pay when they want to. Is this true for you? If yes, please explain why: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me, I do work for pay
	Other comments:	

#	Questions	Answer
	Choice: The regulation requires that you have a choice of where you spend your day. The following questions are designed to find out whether your day program is in line with the requirement.	
12.	Do you have a say in where you spend your days?	<input type="checkbox"/> Yes <input type="checkbox"/> No

[Type here]

13.	In general, do you feel you have the supports you need to be successful in your volunteer position, schoolwork, and/or day program of your choice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Does your day program have activities that are appropriate for your age and interests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	What kinds of things do you typically do during your day program?	
16.	Does your day program provide you the opportunity to meet and get to know people outside of the day program building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other comments:		

#	Question	Answer
	Independence: The regulation requires that you can make your own choices. The following questions are designed to find out whether your day program is in line with the requirement.	
17.	How often does your day typically follow a strict schedule that everyone follows as a group?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
18.	If you want to do something different from what others are doing, how often are you able to?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
19.	Can you eat when and what you want to (barring any diet restrictions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other comments		

#	Question	Answer
	Rights: The regulation requires that you are treated well and feel safe and comfortable in your day program. The following questions are designed to find out whether your day program is in line with the requirement.	
20.	Do the staff in your day program treat you with respect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Do the staff in your day program respect your choices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Do the staff in your day program use restraints on people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Do the staff in your day program respect your privacy, including in the bathroom and any changing areas? For example, do staff knock before coming into the bathroom or changing area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Can you lock the bathroom door at your day program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Do you have a secure place to store belongings at your day program?	<input type="checkbox"/> Yes

		<input type="checkbox"/> No
	Other comments:	

Closing Questions

Do you have any additional comments about the services you receive?

Thank you for taking the time to complete this survey! Updates on Georgia’s compliance with the settings rule are housed on the Department of Community Health Home and Community Based website at:

www.dch.georgia.gov/hcbs/hcbs-transition-plan

Please return paper copy to:

**Department of
Community Health
Statewide Transition
Plan Team
2 MLK Jr. Drive SE
Atlanta, GA 30334**