Home and Community Based Services

Statewide Transition Plan

Georgia Department of Community Health

Division of Medicaid

Revised | February 15, 2017

Per Public Comment

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

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

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

Background: 1915(c) Waivers

Section 1915(c) of the Social Security Act (the Act) authorizes the Secretary of Health and Human Services to waive certain requirements in the Medicaid law in order for states to provide home and community-based services (HCBS) to meet the needs of individuals who choose to receive their long-

term care services and supports in their home or community, rather than in institutional settings. The Federal government authorized the "Medicaid Home and Community-Based Services Waiver program" in 1981 under Section 2176 of the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35). It is codified in section 1915(c) of the Social Security Act.

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

Overview of Georgia's HCBS Programs

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

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

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

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

Table 1: Georgia's Waiver Programs

Waiver/Program Name	Population Served	Institution Waived	Active Members
Elderly and Disabled Waiver – CCSP	Individuals who are elderly and/or disabled	Nursing Facility	8,330
Elderly and Disabled Waiver – SOURCE	Individuals who are elderly and/or disabled	Nursing Facility	15,678
Independent Care Waiver Program – ICWP	Individuals who are severely physically disabled	Nursing Facility/ Hospital	1380
New Options Waiver – NOW	Individuals with Intellectual or developmental disabilities	ICF-ID	4570
Comprehensive Supports Waiver – COMP	Individuals with Intellectual or developmental disabilities	ICF-ID	7399
Georgia Pediatric [Day] Program – GAPP	Children under age 5 who are medically fragile	Nursing Facility/Hospital	0
			37,357

Elderly and Disabled Waiver

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

New Options Waiver and Comprehensive Supports Waiver

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

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

Georgia Pediatric Program - The Georgia Pediatric Program (GAPP) serves children who are medically fragile and in need of skilled nursing care in a Medically Fragile Day Center. The program provides medical day care as an alternative to full-time skilled nursing facility care or institutional setting such as a hospital.

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 CCSP, 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 as a result of legislative action in the 2014 General Assembly. Within 120 days of the first waiver amendment, Georgia developed, noticed and submitted to CMS a comprehensive Statewide Transition Plan (STP) as required by the Rule. These plans established the components of the STP and projected timelines for completing the work plan toward compliance with the Rule. The STP describes the necessary identification and assessment of all settings subject to the Rule and remediation steps for those that do not exemplify the characteristics associated with the Rule's definition of home and community-based services: demonstrating integration, supporting independence and community involvement, and reflecting choice and person-centeredness. The STP is to address methods of analysis, approaches for engaging stakeholders, procedures for compliance with the Rule's public noticing requirements, and to determine a long-term plan for ongoing compliance including remediation steps and monitoring. Each version of the STP reflects more detail as the planning has evolved.

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

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

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 as follows:

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

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

Public Comments submitted in response to the August-September 2016 posting are available for review upon request with the exception of 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
  - Systemic Review and Remediation
  - Site-Specific Settings Review and Remediation
- Heightened Scrutiny
- Monitoring and Oversight
- Appendices

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

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

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

Assessment There are two parts of the Assessment, the Systemic Review and the Site-Specific Settings Assessment. Included in each review are the **Remediation Strategies** of the plan. The plan will describe

the state's strategy to ensure compliance with the home and community-based setting requirements. The plan includes remediation for the state's standards, procedures and policies as well as specific sites or providers. Also included are strategies for settings not in compliance that will culminate in relocation of members.

> ***Systemic Review -*** The plan describes the state's assessment of the extent to which its regulations, standards, policies, licensing requirements, and other provider requirements ensure settings are in compliance. The plan will include a detailed crosswalk with the outcomes of the state's systemic assessment of all documents.
>
> ***Site-Specific Settings Review*** - The plan includes a description of those settings in which waiver program services may be delivered that are subject to the HCBS Rule, the identification of stakeholders for each service and setting type to whom outreach and with whom engagement is critical, and the number of settings and members receiving services in those settings.
> The plan further describes the state's process by which it has and will continue to assess specific settings in which home and community-based services are provided to determine whether the settings are in compliance with the rule.

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

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

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

SECTION ONE – IDENTIFICATION OF SETTINGS AND STAKEHOLDERS

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

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

Further activities conducted as part of the STP will identify:

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

Waiver Services Subject to the Settings Rule

The 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
- Medically Fragile Day Care

The following is a brief description of the services that are provided through these settings:

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

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

Number of Adult Day Health Facilities - 190

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

Number of Alternative Living Services Personal Care Homes - 358

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

Number of Community Access Group Settings - 635

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

Number of Community Residential Alternatives - 61

Pre-Vocational Services These services help people work towards paid or unpaid employment on a one to one basis or in a group setting outside of the person's home, family home or any other residential setting. The purpose of the service is to teach people skills necessary to be successful in a job in the community. Examples of service activities include but are not limited to: following rules, attendance,

completing tasks, problem solving, endurance, work speed, work accuracy, increased attention span, motor skills, safety, and social skills in the workplace.

Number of Pre-Vocational Service Sites - 458

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 - 436

Out-of-Home Respite (RC) is a service that provides temporary relief to the caregiver(s) responsible for performing or managing the care of a functionally impaired person. Respite Care workers provide only **non-skilled** tasks and services that are normally provided by the caregiver specifically for the respite care client.

Number of Out-of-Home Respite Providers – 150

Medically Fragile Day Care provides medical day care as an alternative to full-time skilled nursing facility care or institutional care in a hospital. There are currently no enrolled providers of this service. Rather, eligible children are receiving skilled nursing and related services in their own homes under the state plan skilled nursing benefit for children under 21 years of age.

Number of Medically Fragile Day Care Providers – 0

The state began its identification of HCBS providers and members by reviewing current Medicaid enrollment data of all eligible members as of November 2015 and extracting those members who had received 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 of time. 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 uses records in the provider enrollment dataset which included the providers address, city, or ZIP code to compare with the geospatial data of all locations that are a publicly or privately operated facility that provides inpatient institutional treatment. The process searches those physical addresses determined to be institutional in

nature and through the satellite imagery validate the location of all providers to those institutional settings. The state will continue to use this tool to monitor providers' locations during the enrollment process for settings.

As a result of this exercise, it was determined that these settings would need to be individually identified and verified on a regular basis until the state's information technology could be enhanced to track at the detail needed. The state designed a report that is produced monthly to identify all active providers within these specialty services by setting location to validate and that can be used for reference purposes.

The chart 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.

Settings Identification

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

Key:

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

Table 2: Waiver Services Subject to the Rule

Services by Program	*Elderly and Disabled Waiver (E & D)*		*Independent Waiver Program (ICWP)*	*New Options Waiver Program (NOW)*	*Comprehensive Supports Waiver Program (COMP)*
	Services Options Using Resources in a Community Environment (SOURCE)	*Community Care Services Program (CCSP)*			
Adult Day Health	*X*	*X*	*X*		
Adult Therapy Services (OT, PT, Speech Language)				*X*	*X*
Alternative Living Services	*X*	*X*	*X*		
Behavioral Supports Consultation Services				*X*	*X*
Case Management	*X*	*X*	*X*	*X*	*X*
Community Access Group Services				*X*	*X*

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	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

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

↓Service | Waiver Program→	GAPP	CCSP	SOURCE	ICWP	COMP	NOW	Total
Adult Day Health		89	94	7			**190**
Alternative Living Services		217	119	22			**358**
Community Access Group					355	280	**635**
Community Residential Alternatives					61		**61**
Pre-Vocational Services					244	214	**458**
Supported Employment					236	200	**436**
Respite Out of Home Care		22	19	11	27	71	**150**
Medically Fragile Day Care	0						**0**
Total Settings Subject to Rule							**2288**

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

Table 4: Identification of Stakeholders

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

Waiver	Member/Family Stakeholder	Provider Stakeholder	Other Stakeholder
NOW/ COMP	• People First • GA Council on Developmental Disabilities • Unlock the Waiting List • Unite Our Voices • All individuals and family members who attended public fora	• SPADD • United Cerebral Palsy of Georgia • Jewish Family & Career Services of Atlanta • Community Service Boards Association • GA Association of Community Care Providers	• Georgia Advocacy Office • Georgia Council on Developmental Disabilities • Georgia Department of Behavioral Health & Developmental Disabilities • Division of Developmental Disabilities Advisory Council

Waiver	Member/Family Stakeholder	Provider Stakeholder	Other Stakeholder
ICWP	• ICWP Advisory Council • All individuals and family members who attended public forums	• ResCare • The Neff Group • The Shepherd Center • GA Association of Community Care Providers	• ICWP Advisory Council • Statewide Independent Living Council of Georgia (SILC) • Alliant Georgia Medical Care Foundation • Brain Injury Association of Georgia • Brain and Spinal Injury Trust Fund (BSITF) Commission • Georgia Advocacy Office
E&D	• Long Term Care • Ombudsman • Senior Connections • Center for Positive Aging • Statewide Independent Living Council of Georgia (SILC) • All individuals and family members who attended public forums	• GACCP • Caring Together • Georgia Heath Care Association • LeadingAge Georgia • Alliant Georgia Medical Care Foundation • Pruitt Healthcare • GA Association of AAAs • GA Association of Community Care Providers	• Georgia Division of Aging Services • GA Council on Aging • Aging Disability Resource Connection of Georgia • Georgia Advocacy Office • Senior Connections • Center for Positive Aging • Long Term Care Ombudsman
GAPP	• All individuals and family members who attended public forum	• Pediatric Services of America • Pediatria	• GA Association of • Community Care Providers

Identification of Policies and Regulations

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

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

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

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

SECTION TWO – OUTREACH AND ENGAGEMENT

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

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

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

In addition to these forums, the state supported other organizations to share information as well. The Aging 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. From those that chose to self-identify the following participant data was gathered:

Table 5: Participants by Type

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

Table 6: Participants by Waiver

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

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

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

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

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

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

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

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

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

Webinars - Six webinars were held from November 2015- March 2016 to educate stakeholders on the

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

Online email distribution/Surveys **-** Within the last reporting year, an online email distribution tool was utilized to create 11 email campaigns to promote DCH communication efforts on the HCBS Setting Rule. The stakeholder database holds approximately 2,000 emails that were collected from town hall meetings held in 2014. Segmented lists were created for providers and family members to support and measure communication efforts.

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

Direct outreach to stakeholder and advocacy groups also played an important role in promoting HCBS activities. The Georgia Council on Developmental Disabilities, Leading Age, Service Providers Association on Developmental Disabilities, 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.

Planned stakeholder and outreach activities for 2016-2019 include:

- Monthly email communication to service providers, advocates and providers on HCBS Settings Rule and Statewide Transition Plan
- 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 use of technical terms when possible.
- Use of CART services for all webinars to maximize accessibility in addition to sign language interpretation.
- 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.
- 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.
- As a part of the Remediation process, conducting facilitated discussions via webinar for service providers on technical assistance needs.
- Engaging Communication Workgroup in the of family and advocacy "friendly" training curriculum on the Settings Rule.

- Charting the progress of the stakeholder engagement activities via email analytics, webinar/event participation, evaluations, and survey submission
- Establishing an online dashboard to track progress toward STP milestones that can be easily followed on the public DCH HCBS website.

Current Public Notice and Comment

The Statewide Transition Plan and/or Public Notice was posted for Public Comment using several methods:

- Website Placement:
  - DCH www.dch.georgia.gov/hcbs
  - DBHDD www.dbhdd.georgia.gov/developmental-disabilities
  - Georgia Health Care Association http://ghca.info/2016/08/new-statewide-transition-plan-available-for-public-comment-through-september-9-2016/
- Posted in all county offices of the Division of Family and Children Services (Medicaid eligibility determination sites)
- Distributed notice through the following HCBS partners:
  - The Georgia Council on Developmental Disabilities
  - Leading Age Georgia
  - Service Providers Association on Developmental Disabilities
  - Georgia Area Agencies on Aging (AAAs)
  - The ARC of Georgia
  - The Statewide Council on Independent Living

Public Comments to this STP and the state's response are summarized below and evidenced in detail in Appendix P. These documents have been redacted to protect members' privacy.

The Public Comment period for this update to Georgia's HCBS Statewide Transition Plan began on Monday, August 8th, 2016. DCH was responsible for providing 30 days for Public Comment. However, DCH has accepted and continues to accept public comment prior to and following the official comment period. In addition, two opportunities for oral comment were conducted. The first, a formal public hearing, garnered no comments. The second, an informal dialogue with interested stakeholders including family members, providers, and advocates, provided a useful platform for interactive discussion.

During this 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, dignity of risk, activity development and scheduling, staff and volunteer resources, and fair employment practices. DCH received approximately 75 unique public comments during the official Public Comment period. Of those 75 unique submissions, please find below 40 common summarized questions and/or concerns as well as DCH's response to each issue:

1. Public Comment**:**

It was noted that some members are not able to set their own schedules for the day.

DCH Response:

DCH is aware that there is opportunity to improve the current service delivery system related to affording flexibility in scheduling for members. Members across the state have to be able to choose their schedules for the day utilizing person centered practices. DCH will be establishing policies and procedures as well as looking to other necessary resources and interventions to support members' exercise of autonomy in scheduling their days. Provider and member trainings will be provided in 2017-2018 in order to ensure that mechanisms are developed to establish and maintain flexibility in scheduling.

2. Public Comment**:**

Transportation was noted as very limited and not flexible enough to meet member's various needs.

DCH Response*:*

Transportation is a common and significant challenge and DCH recognizes members' need for transportation resources. DCH will consider options for addressing transportation challenges within the framework of the STP including, for example, connecting to resources through the Department of Community Affairs and the Department of Human Services which are being identified for non-Medicaid specific resources. As appropriate, DCH will examine the waiver for opportunities to modify existing services to comply with the HCBS rule.

3. Public Comment**:**

Members noted they want to work and are not able.

DCH Response:

DCH is interested in leveraging implementation of the STP to support and incentivize employment for members who want and are able to work. DCH will consider options for encouraging greater employment opportunities within the framework of the STP. As appropriate, DCH will examine the waiver for opportunities to modify existing services to better incent employment. DCH will also be looking at policies and procedures that inadvertently prevent or act as a barrier to employment.

4. Public Comment:

It was noted that members who do work are not getting paid appropriately.

DCH Response:

The rate at which members are paid by their employers is out of scope specific to the STP.

5. Public Comment:

It was noted that members want more to do, have more activities during the day, and to be provided a greater variety of activities; Members noted they are unable to turn down an activity; all have to travel together due to transportation limitations and staffing constraints.

DCH Response:

It is the state's goal in implementing the STP that members are supported in the amount and variety of activities in which they wish to engage. We believe integrating person-centered planning formally into HCBS delivery through policy requirements and outcome monitoring is an essential approach for achieving this. Additionally, DCH will be looking to identify how policies might be adjusted to garner administrative or operational efficiencies so that resources can be redirected to provide more individualized and person-centered services to members in their daily activities. DCH will review service definitions to ensure member choice is honored. In instances where this requires fundamental changes to staffing or infrastructure for delivering services, the rate associated with the service will be reviewed. Related provider incentives may be investigated as well.

6. Public Comment:

Members noted that providers are not disability-sensitive and need sensitivity training.

DCH Response:

DCH will ensure that training conducted as part of STP implementation will address cultural and sensitivity issues.

7. Public Comment:

It was noted that there is a need for changes in policy manuals to hold providers responsible.

DCH Response:

DCH worked with the Georgia Health Policy Center and the HCBS taskforce to identify needed regulatory and policy changes. See appendix D and E in the posted STP for specific recommendations. DCH will continue to work in concert with the Georgia Health Policy Center, Healthcare Facility Regulation Division and Provider Enrollment within DCH, and the Office of Inspector General's Program Integrity Unit to

assure that policies and policy manuals are modified with accountability measures to support the HCBS rule.

8. Public Comment**:**

It was noted that with other similar or related initiatives happening simultaneously, there should be an effort be working in tandem with these other similar initiatives.

DCH Response:

Wherever applicable, DCH is coordinating HCBS STP initiatives to be in line with other similar national and state initiatives. Additionally, DCH is working internally to coordinate STP efforts with grants such as the Balancing Incentives Program and Testing Experience and Functional Tools to ensure alignment. DCH will continue to leverage the taskforce to identify areas of overlap with other similar national efforts to address opportunities for greater alignment.

9. Public Comment**:**

It was noted that there is a need to educate parents sooner and to provide better outreach.

DCH Response:

DCH appreciates this general feedback. As it relates to the STP, DCH has a Communications subcommittee of the HCBS Taskforce. This subcommittee will continue to implement all types of outreach on behalf of members, providers, family members, and community advocates. We will continue to work to improve our communications to all stakeholders.

10. Public Comment**:**

There were concerns related to reconciliation of actual STP rollout with policy changes from a timeline perspective.

DCH Response:

DCH is aware of the importance of timing the STP rollout with policy manual changes. DCH will revisit the timeline to assure it is logical and viable and targets successful implementation on time. DCH intends to be diligent in taking incremental steps, addressing changes in a staggered, tiered approach, so as not to overwhelm any system of care, any one person or group. DCH will continue to update quarterly all the waiver manuals to reflect the changes in how waiver partners/providers do business with members. DCH will update its milestone document to reflect Policy manual changes. All changes will be effectively communicated through the HCBS Taskforce, Banner messages on the Medicaid Management Information System, and through our Communications taskforce. Critical announcements will always be placed on our

website also. When/as appropriate, DCH will mail letters/notices as well if it's something of major importance.

11. Public Comment**:**

There was a concern voiced for a need to raise the personal needs allowance in CCSP.

DCH Response:

This issue is important but ultimately outside the scope of the STP and its implementation. The Georgia Council on Aging is one organization that has presented before to the legislature regarding a need for an increase in the personal needs allowance. DCH will continue to look at the feasibility of this request outside of the STP in light of other competing priorities for taxpayer dollars allocated to Medicaid.

12. Public Comment**:**

It was noted that some members who require two-person assist inherently have limited choice.

DCH Response:

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.

13. Public Comment**:**

What is the real capacity to impact non-disability or non-Medicaid settings?

DCH Response: *This specific comment is relevant to the HCBS work but not specific to the STP. There is not capacity to assess the community at large outside of Medicaid owner owned and operated waiver settings. However, this is addressed within the STP with plans to strengthening expectations of providers and case managers to make connection to community integrated resources that support the member.*

14. Public Comment**:**

There was a suggestion for other departments/parties to help DCH staff do the work the STP requires (OIG, Provider Enrollment, HFRD, etc.).

DCH Response:

DCH agrees with the suggestion and is or will be holding meetings with all of these entities in anticipation that some of the "to-dos" from the STP can be incorporated into the work that is already being performed by these other entities.

15. Public Comment**:**

There was a request to create a real-time feedback loop.

DCH Response:

DCH places current information on the website whereby news can be posted and responded to in real-time platforms. DCH will use the Communications workgroup to assist in expanding and further developing these efforts.

16. Public Comment**:**

It was noted that provider regulations need to be cross-referenced and analyzed as they relate to safety vs. independence.

DCH Response:

A crosswalk set of tables were created to assist in outlining those items DCH has to address to align regulation and policy with the Rule. Additionally, the Statewide Task Force's Policy workgroup assessed Policy Manuals and made similar recommendations. See appendix D and E for specifics. The DCH will build on this foundation work to identify and examine those policy changes that will challenge safety.

17. Public Comment**:**

It was noted that there was a need to assemble a direct service provider workgroup for a way to communicate ongoing concerns.

DCH Response:

A Direct Service Provider workgroup is being assembled and will begin meeting in early 2017.

18. Public Comment**:**

There is a need to include in the plan a way to explore and revise all the waivers to better support members in sustainable employment.

DCH Response:

DCH understands that employment is important to our members. As appropriate, DCH will be examining services in the waivers for opportunities to strengthen employment services in concert with the HCBS rule.

DCH will also be looking at policies and procedures that inadvertently prevent or act as a barrier to employment.

19. Public Comment**:**

There was appreciation of DCH's attempt to include community stakeholders and advocacy groups in the conversation(s) around the STP.

DCH Response:

DCH is very appreciative of positive feedback. The process of implementing a STP for HCBS is far-reaching and we must have everyone at the table for input.

20. Public Comment**:**

It was noted that attention needed to be paid to sheltered workshops and how they have to change.

DCH Response:

DCH is planning on visiting all work centers to determine compliance with the HCBS rule and to provide technical assistance and oversight regarding workers with developmental disabilities in these settings. DCH is committed to determining how best to align work centers with the requirements of the STP. Such remedy will certainly be influenced by a greater emphasis on policies that support integrated and competitive employment.

21. Public Comment**:**

It was noted there is a need to flesh out how both the Americans with Disabilities Act and the Department of Justice settlement works in concert or counter to the STP.

DCH Response:

DCH Medicaid Policy, DCH Legal Services, and the Georgia Health Policy Center have examined these regulations and settlement agreements. However, the regulatory workgroup will continue to review ADA and DOJ stipulations to take advantage of alignment and address any conflicts.

22. Public Comment**:**

There was a request that DCH hire additional staff to assist with the work around the STP.

DCH Response:

DCH recognizes that there is a need for additional staff to do some of the work and has proposed to leadership forming a focused quality management team in-house that is able to perform some of the

work, as well as looking at ways to utilize employees and staff from other Divisions or Departments who are already in place.

23. Public Comment**:**

It was noted that the STP unfairly targets black and other low income populations.

DCH Response:

The Statewide Transition Plan touches most of the HCBS members in our waiver programs in Georgia, which means they are all on Medicaid/SSI. Individuals on Medicaid in Georgia come from a variety of different ethnic backgrounds, but their socio-economic status is always low income (otherwise they would be found ineligible to receive services through Medicaid). The plan is applicable to the entire population regardless of ethnicity.

24. Public Comment**:**

One comment made a recommendation to the state to hire a minority outreach coordinator.

DCH Response:

DCH appreciates the feedback. It is our intent to remain culturally sensitive and strive to ensure equitable access for member recipients of waiver services regardless of minority standing.

25. Public Comment**:**

It was noted that Protected Health Information was posted on the HCBS website under the STP - request that some documents be appropriately redacted.

DCH Response:

DCH has redacted all pertinent Personal Health Information, and will continue to do so during this process of developing and implementing the HCBS STP and maintaining subsequent Appendices. The breach was reported per DCH protocol.

26. Public Comment**:**

There was a concern that providers will be forced to go out of business to meet the requirements of the Final Rule.

DCH Response:

The standards are mandatory for the State and its providers. It is not DCH's intent to force any provider to go out of business. Rather, it is our role to partner with our providers and other stakeholders to leverage

the rule as an opportunity to improve services. In places where additional resources are required for compliance, DCH is committed to looking at fiscal impact of any changes.

27. Public Comment**:**

There was a request for review of questions 1, 8, 9, 11 and 12 on the member survey regarding settings and social isolation and a need to reword the questions to obtain more information from members.

DCH Response:

DCH is revising the survey tools for future use with the help of the Georgia Health Policy Center. DCH will call upon the HCBS Taskforce for ongoing review. DCH will use all public comments to evaluate the member, provider, and care coordination surveys and identify areas for improvement.

28. Public Comment**:**

It was noted there is a need to capture a way to ascertain if individuals have FULL access to the community at-large.

DCH Response:

DCH is using a three tiered survey methodology (member, case manager, and provider) to examine this concern. Each tier of the methodology is being examined for compliance. In any area of non-compliance remediation will be initiated. The survey tool will be incorporated into provider enrollment and program integrity activities ongoing to ensure compliance.

29. Public Comment**:**

It was noted that members have grown accustomed to their facilities and aides – for some very disabled people with extreme impairment, the idea of losing anything because of the Final Rule's implementation is extremely worrisome.

DCH Response:

DCH is committed to implementation of the STP in a way that is as smooth as possible without causing undue hardships or disruption of services or relationships. If during remediation a change that would affect such relationships cannot be avoided to come into compliance, DCH will utilize a methodological, phased approach to ease the transition to the fullest extent possible. DCH is trying very hard through outreach and engagement to assuage providers', members' and their families' fears regarding the rollout of the Final Rule and the STP. Interested individuals can always send emails to HCBSTransitions@dch.ga.gov. Regular meetings and discussions will continue to take place with the HCBS Taskforce and amongst the individual workgroups. Anyone should be able to provide input into the

STP work DCH is doing. It is the DCH's intention to enhance, not restrict, services in response to the Final Rule and outlined in the extensive ongoing commitment to public input that exists in the STP.

30. Public Comment**:**

There was noted confusion that Final Rule would restrict whether or not a member can obtain a much-needed piece of durable medical equipment.

DCH Response:

There should be no connection between the Final Rule for HCBS Settings and access to durable Medicaid equipment. DCH does provide a Durable Medical Equipment benefit for Medicaid, but no aspect of the Final Rule plays a role in whether or not a member receives DME.

31. Public Comment**:**

There was a concern that group homes could be penalized because there is a lack of individualized focus.

DCH Response:

It is the expectation of CMS and DCH that services be provided in compliance with the HCBS Rule. Members must be afforded person centered activities and planning in their daily life. This expectation has existed in HCBS services prior to the HCBS Rule. It is not DCH's intention to penalize any provider or group of providers. There is no penalty risk or greater chance of penalty based simply on the type of setting. Penalties or adverse action that might result from failure to comply would only occur following a multi-step engagement process after which the setting/provider remained unable to demonstrate the ability to comply.

32. Public Comment**:**

There was a request for a model program/plan - who is doing things the "right way" or sets the best example?

DCH Response:

Upon CMS review of Georgia's STP, DCH anticipates receiving feedback as to whom DCH can turn to for additional technical assistance and examples from other states. To date, Tennessee is the only state with a final approved STP plan. Several states have received initial, but not final approval, of their STPs, meaning that their system assessment and remediation process has been approved, but not also their site-specific assessment and remediation process. Stakeholders are welcome to reviews these and share recommendations from other states they would recommend DCH consider. They are available at: https://www.medicaid.gov/medicaid/hcbs/transition-plan/index.html

33. Public Comment**:**

There was concern on behalf of senior members whose setting preferences (i.e., seniors typically want to be close to a nursing home/hospital, their spouses/partners, and/or need memory care in a controlled/isolated setting) may be inequitably targeted for heightened scrutiny.

DCH Response:

DCH appreciates this feedback. It is not DCH's intent to unfairly target a specific population nor to discount service and setting preferences of an entire waiver group. Once the state's heightened scrutiny process is in place, if and when settings are identified that are subject to heightened scrutiny, DCH will communicate openly about that process methodology and about findings and recommendations throughout the implementation of that process. DCH is also becoming more and more familiar with CMS guidance regarding the Final Rule and where state-specific authority and decision-making and certain flexibilities may be applied. DCH continues to consult with CMS regarding next steps, and what trends and issues they are finding/seeing across the country as states are beginning remediation, oversight and monitoring work.

34. Public Comment**:**

There was a request to incentivize providers monetarily who work with severe behavior disorders in order to prevent/mitigate refusal of service to those hard-to-manage members.

DCH Response:

DCH appreciates this feedback. However, this concern is out of scope for HCBS transition planning. DCH will continue to look at ways to best serve complex member conditions.

35. Public Comment**:**

It was noted that lease agreements need to be issued and standardized.

DCH Response:

Ultimately, mandatory lease agreements are a part of the STP in that they provide protections for both the member and the provider. It will be important for DCH to provide a template of a lease agreement everyone can use statewide that has been appropriately vetted through DCH's Legal Department. This is included as part of the STP as it relates to examining regulations. It is the state's intention to require such a template as part of policy related to Alternate Living services and Community Residential Alternative services.

36. Public Comment**:**

It was noted that DCH should balance mitigating risks with provision of choice to members.

DCH Response:

DCH has received this input from multiple family members. DCH's commitment to this process and its members includes ensuring that all members are kept safe while being supported to achieve greater independence through enhanced opportunities for self-expression and self-direction through person-centered planning and exercise of choice with a controlled balance of risk. This will require extensive training to members and their families and providers and their support staff to assure that consequences, both positive and negative, of any decision are discussed, weighed, concluded and documented; and to assure that appropriate supports are in place around any individual risk-taking no matter how minor the risk. DCH will note this item related to content of training under Education and Outreach Section of STP.

37. Public Comment**:**

It was noted that providers need to be provided additional funds to come into compliance with the Final Rule.

DCH Response:

The Federal government has given no indication that additional monies will be provided to states, to do the work around coming into compliance with the Final Rule and its stipulations for Home and Community-Based Services. However, DCH is committed to assessing and making modifications to the rate structure where service delivery is impacted in new staffing or administrative infrastructure requirements to provider. Additionally, DCH is considering further cost studies to determine what is fiscally needed and this is reflected already in the STP.

38. Public Comment**:**

There were comments stating that it seems like the Final Rule is targeting Adult Day Health Centers.

DCH Response:

The Final Rule is not targeting specific services or service settings. The provisions are meant for all HCBS provider owned and operated service locations. The Final Rule is about enhancing the life experience of individuals who are dependent on Medicaid-reimbursed services so that they are meaningfully involved in their respective communities to the fullest extent possible. DCH has met with LeadingAge Georgia representatives and members on multiple occasions to discuss the implications of the STP for ADH, and will continue this important dialogue. No specific service or service provider is being targeted by the Final Rule. The provisions are meant for all HCBS provider owned and operated service locations. No modifications to the STP are indicated in response to this comment.

39. Public Comment**:**

It was noted that the family hire letter of approval should not be required other than for a legally responsible parent or spouse.

DCH Response:

This response is out of scope for STP planning. The matter of reimbursement to family members including legally responsible parents or spouses and the policies surrounding that do not have a direct impact on or correlation with determining the compliance of a service setting with the HCBS Settings Rule. The state does, however, note the comment for the connection related to overall access and quality of services.

40. Public Comment**:**

What values and philosophy will undergird the development of policy?

DCH Response:

DCH will be adhering to the regulations as set forth by CMS as already outlined in the entirety of the STP.

41. Public Comment**:**

What will the state do about campus settings like Annandale and Just People?

DCH Response:

DCH will be reviewing and analyzing all provider owned and operated settings for compliance as outlined by the HCBS settings rule. If the campus settings are provider owned and operated HCBS service settings subject to the rule, they must be in compliance. DCH has begun this review and for at least one of the apartment complexes specifically mentioned, initial findings indicate that the provider does not provide residential services and while the community is gated, the apartments are individually leased, residents have freedom to come and go at their will, residents choose their roommates, there are no congregate meals or mandatory services, programs and related supports reimbursed by Medicaid in which residents are required to participate as a condition of living there. At this time, there is no indication that it fails to comply with the rule on the surface, though the DCH will continue its review.

The referenced comments listed above are being used by the state to further develop its remediation strategies and identify collaborative opportunities. Furthermore, the comments also identified areas that while may not be immediately applicable to the Final Rule are of concern to the state and will be presented to the STP Taskforce for additional review and recommendations.

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, program and provider manuals for each of the five waiver programs. The subcommittees were additionally charged with reviewing applicable state licensure regulations and making recommendations of changes necessary to come into Rule compliance including modifying protocol, enrollment qualifications, and evaluation approaches and strengthening person-centered planning and person-centered service delivery. DCH Policy Specialists for each waiver program were assigned to Statewide Task Force subcommittees to facilitate research, coordination, and products and generally serve as a liaison back to the DCH. Each subcommittee submitted its recommendations to the state. Those recommendations are summarized in Appendix D 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 five waiver programs and continuing with conducting a compliance review, comparing the policies for each of the five waiver programs and state regulations with the requirements of the federal Rule as outlined in 42 C.F.R. § 441.301 (c)(4)-(5). Recommendations for updating state policies to ensure compliance with the settings portions of the Federal Rule have also been developed. A crosswalk is provided in Appendix E that charts each of the five waiver programs, as well as applicable state regulations for HCBS recommendations for bringing policies and regulations into compliance with the Rule. Additionally, a "Supplemental Discussion" section, which aims to clarify areas of potential concern related to 42 C.F.R. § 441.301 (c)(4)-(5) compliance is included.

The systemic review examined the following documents:

<u>Community Care Service Program Manuals</u>

- Part I - Policies and procedures for Medicaid/Peachcare for Kids, Chapters 100 through 500,
- Part II – Chapters 600 to 1000, Policies and Procedures for CCSP General Services
- Part II – Chapter 1100, Policies and Procedures for CCSP Adult Day Health Services
- Part II – Chapter 1200, Policies and Procedures for CCSP Alternative Living Services
- Part II – Chapter 1400, Policies and Procedures for CCSP Personal Support Services
- Part II – Chapter 1900, Policies and Procedures for CCSP Skilled Nursing Services by Private Home Care Providers
- CCSP Care Coordination Manual

<u>Comprehensive Waiver Supports Program (COMP) Manuals</u>

- 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 2016.

Independent Care Waiver Program (ICWP) Manuals

- Part I - Policies and procedures for Medicaid/Peachcare for Kids, Chapters 100 through 500,
- Part II - Chapter 1200[1], Policies and Procedures for Independent Care Waiver Services, Chapters 600 through 1000, and
- Part II - Chapter 1200, Policies and Procedures for Alternative Living Services (ALS), Independent Care Waiver Services.

New Options Waiver (NOW) Program Manuals

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

Service Options Using Resources in Community Environments (SOURCE) Manuals

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

All documents can be accessed using the Georgia Medicaid Management Information System (GAMMIS) web portal https://www.mmis.georgia.gov/portal/PubAccess.Home/tabId/36/Default.aspx and selecting the Provider Information/Provider Manual tab

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

The following are the recommendations in brief as it relates to Georgia's polices 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 in order to better reflect the intent and language of the Rule.

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

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

The most common areas that require clarification involve landlord / tenant law protections, access to food, and access to visitors. The federal settings Rule requires that residential agreements contain the same protections as those provided in applicable landlord / tenant law (42 C.F.R. § 441.301 (c)(4)(vi)(A)). Although most of the residential agreement provisions in the HCBS manuals and regulations provide some protections for residents they are not the same as those provided under landlord / tenant law.

Therefore, these sections need to be updated to reflect that residents have all the right's that they would have under Georgia law for landlords and tenants. The settings Rule also requires that residents have access to food and visitors at any time (42 C.F.R. § 441.301 (c)(vi)(C) & (D)). However, current policies specify times that food must be provided and "mutual agreed upon times" for visitors. These provisions will be updated to reflect that food must be available and visitors allowed "at any time" with certain exceptions specific to concerns of the health and safety needs of members. Other areas that need to be updated involve access to employment opportunities, lockable doors, choice of roommates, and procedures for exceptions to the settings requirements when necessary. These are noted in the crosswalk tables contained in this report (pp. 27-98).

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

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

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

Additionally, the state is preparing to update its contract with the sister operating agency for the ID/DD waivers. This contract update will incorporate STP elements as it pertains to provider education, enrollment, and auditing as well as new administrative deliverables to support oversight by the DCH. The implementation for the updated contract is targeted for July 1, 2018.

Systemic Remediation Strategies

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

HCBS Settings Rule Systemic Remediation Plan for Georgia Regulation

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

Table 7: Systemic Remediation Milestones

Citation	Remediation Task	Start Date	Completion Date
Regulatory Changes		**1/1/2017**	**8/1/2018**
• Ga. Comp. R. & Regs. r. 111-8-1, Rules and Regulations for Adult Day Centers • Ga. Comp. R. & Regs. r. 111-8-31, Rules and Regulations for Home Health Agencies • Ga. Comp. R. & Regs. r. 111-8-62, Rules and Regulations for Personal Care Homes • Ga. Comp. R. & Regs. r. 111-8-65, Rules and Regulations for Private Home Care Providers • Ga. Comp. R. & Regs. r. 290-9-37, Rules and Regulations for Community Living Arrangements	Notify / discuss changes with stakeholders	1/1/2017	4/30/2017
	Draft new language	3/1/2017	7/1/2017
	DCH board / NPRM adopt language	10/1/2016	10/31/2017
	Open for comment	10/1/2017	10/31/2017
	Public Hearing	10/1/2017	10/25/2017
	Incorporate comment	10/25/2017	11/2/2017
	DCH board approves final rule	11/9/2017	11/9/2017

Citation	Remediation Task	Start Date	Completion Date
	Obtain legislative approval if necessary	1/1/2018	5/1/2018
	Publish Final Rule	7/1/2018	8/1/2018
Manual Changes		**1/1/2018**	**9/1/2018**
• CCSP Manuals (General Services Manual, Adult Day Health Manual, Adult Living Services Manual, Personal Support Manual, Skilled Nursing Manual, Care Coordination Manual) • COMP and NOW Manuals (Part II NOW and COMP, Part III Part III COMP, Part III Now, DBHDD Manual) • ICWP Manuals (Part II ICWP, Part II ALS) • SOURCE Manual	Draft new manual language	1/1/2018	3/1/2018
	Get sister agency approval where necessary	3/1/2018	6/1/2018
	Incorporate feedback	6/1/2018	7/1/2018
	Edit manual	7/1/2018	8/1/2018
	Release changes in quarterly manual update	8/1/2018	9/1/2018

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. DCH will ultimately be submitting waiver amendments for ICWP, NOW/COMP and Elderly and Disabled (CCSP/SOURCE) waivers that will align regulation, policy, and waiver authority to reflect the Settings Rule within each waiver.

SECTION FOUR – ASSESSMENT: SITE-SPECIFIC REVIEW AND REMEDIATION

Table 8:
Count of Provider Settings by Service

	CCSP	COMP	ICWP	NOW	SOURCE	TOTAL
Adult Day Health	89		7		94	**190**
Alternative Living Services	217		22		119	**358**
Community Access Group		355		280		**635**
Community Residential Alternatives				61		**61**
Pre-Vocational Services		244		214		**458**
Supported Employment		236		200		**436**
Respite Out of Home Care	22	27	11	71	19	**150**
Total						**2288**

As of November 2015 there were 1,172 enrolled HCBS providers representing 2,288 settings to which the Rule applies. The state administered a three-pronged approach to site-specific assessment with 100% application of a provider self-assessment survey, 5% random sampling of survey validation completed by case managers familiar with the site and the members receiving services at that site, and a correlating member survey for which there was over a 5% response rate. 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 system might already accommodate compliance as well as the extent to which remediation might be necessary. This three-pronged approach made the process that much more complex and it will take a commitment of another round of surveying across all target populations to resolve the technical challenges identified in this first round. Nonetheless, the findings from the first round are valuable for initial analyses and in guiding the state's direction. The related processes of administration, collection, and analysis, and results are described below.

Provider Self-Assessment Tool

The HCBS site-specific settings assessment process began with the development of a provider self-assessment tool (Appendix F). Following demographic questions required with completion of the self-assessment tool, providers were asked 55 questions about whether the services that they provided complied with the new CMS community settings Rule. The questions spanned 19 categories and posed questions in alignment with exploratory questions found in CMS Settings Rule guidance. This tool establishes if a particular setting 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.

A pilot was conducted from November 2014-September 2015 to test the tool design. The pilot group was comprised of two-to-three volunteer provider agencies plus case manager representation from each of four of the five waivers. The pilot phase afforded the state the opportunity to receive feedback from the small test group and recommendations were made to adjust the tool's design and enhance question logic. The state considered all of these concerns and refined the tool to address the issues concerning question logic. Other areas of concern were presented to the taskforce for further review and consideration as to how to best address. https://waiverproad.dbhdd.ga.gov/surveys/HCBSForm.aspx

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

Assessment Implementation

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

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

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

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

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

Provider Self-Assessment Results

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

Table 9: Provider Surveys by Medicaid Waiver Program

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

As shown in Table 10, most responding providers rendered services in a residential setting (n=1,278, 83.3%). The remaining 16.7% of providers rendered services in a non-residential setting (n=256, 16.7%). Non-residential settings include primarily those where Adult Day Health, Supported Employment Group, Community Access Group services are rendered.

Table 10: Provider Surveys by Medicaid Site Type

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

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

Table 11. Provider Surveys by Medicaid Service Type

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

Results of the provider self-assessment survey are shared below as they are compared to the case manager validation results.

Validation

The state began its second level of surveying through case manager validation in February of 2016. An additional training webinar on completion of the case manager validation had been conducted in January 2016. The state requested completion of the case manager validation for 10% of the settings (n=179) for which a provider self-assessment had been completed. This yielded a total of 88 case manager surveys – a 5% sample – by the deadline. Case Managers were asked to complete the assessment tool for settings at which members on their case load received services. Case Managers were expected to validate assessments during member visits, however, if the time period of the validation did not coincide with a scheduled visit, they were allowed to complete a desk review based on familiarity with the setting. The chart below contains the HCBS Provider Self-Assessment Survey and Case Manager Validation Survey match. This match identified areas of agreement and misalignment between the provider self-assessment and the case management validation.

Case Manager Validation Results

The assessment tool administered by the state included over 50 survey questions for which the intent of the case management validation was to identify the alignment between the provider's self-assessment and case manager's assessment. Of those, we highlight several for which the match, or comparison between the provider self-assessment and case manager validation was of particular note either because of how well the responses aligned or how disparate they were.

Of overall note, surveys by both providers and case managers suggested a greater amount of perceived isolation than the member surveys did. Follow-up surveys and remediation will allow the state to tease out much more specifically how real and accurate both perspectives are. Additional analysis of important measures from the provider and case management surveys include the following:

1) Case Management rated member choice of setting at 9% less than Providers did - CM 90% vs. Provider 99%

This comparison suggests that providers believe they appropriately avail to their members the opportunity to change rooms/settings, case management doesn't agree as strongly. These percentages overall are high positives as compared to member responses. It presents a contrast in what providers and case managers are reporting about choice, as compared to the lower numbers reported by members related to choices given for their settings. It is an opportunity for improvement. Technical assistance/training provided by DCH will include a recommendation that members be asked more frequently questions related to choice of setting. If a specific issue arises that causes a member distress, and the member wishes to change where they live or where/how they receive services, then he/she should be able to make that request at any point.

2) Case Management rated requesting a change in roommate at 16% less

– CM 56% vs. Provider 72%

We could glean from this 16% difference that case managers see less of an opportunity for a member to get a different roommate. DCH is examining if this is a potential lack of capacity issue.

Knowing how to go about requesting a roommate change scored even lower

- CM 57% vs. Provider 75%

This suggests that self-advocacy will be a key component in the training offered to members statewide, as the STP is rolled out.

3) Ease of access to member's personal funds

- 69% CM vs. Provider 81%

Members must have full access to their personal funds at all times. DCH has monitored issues with providers inappropriately controlling a member's funds. The 12% difference with case management could suggest they see providers withholding access to funds for a member, or know of a family member doing so. For those members residing in an ALS facility, there is education needed along with Long-term Care Ombudsman's office, as well as Adult Protective Services, with members, providers and care coordinators alike, to understand what is financial exploitation, and how do members self-advocate for control of their funds. On the other side of allowing choice, DCH received a comment from a concerned parent regarding this part of the site specific assessment, who said they had real concerns that her child could spend her money however she wanted to. Her daughter has autism and would want to buy sugary candy with her money. Parent stipulated that candy is bad for her daughter, and has a negative impact on the effects of her autism. The parent was articulating that she would like a staff member to be able to step in, and not allow her daughter to buy such candy.

4) Being able to request different meals, or food from a menu shows some discrepancy between Case Management and Providers

   - CM 77% vs. Provider 90%

The 13% spread suggests that case management hears first-hand or witnesses first-hand that a member is not given any choice with their meal planning or selection. Providers may have limited options due to storage space and affordability, or the options are left entirely up to the home delivered meal provider. Some technical assistance will be provided to the State of Georgia's home delivered meal service providers to ensure greater choice. Providers who have kitchens and feed their members, will have to provide greater variety of food and drinks, and subsequent choices in meal options, as well as ensure members are given freedom to have round-the-clock access to food and drinks in general.

5) Provision of training members on how to use public transportation had a relatively low response rate for both Case Management and Providers. Keep in mind, public transportation can possibly guarantee a member full access to their community at-large.

   - CM 70% vs. Provider 50%

Member survey results mirrored problems with transportation. DCH has identified this issue as an urgent needed concern for technical assistance, education as to Medicaid responsibility, and process improvement.

6) To treat a member with dignity by asking if someone can enter his/her room, there was a wide discrepancy between Case Management and Providers. There was a 22% differentiation.

- CM 60% vs. Provider 82%

Case managers' score could suggest that they do not necessarily see a client in his/her room, or it could suggest that they have not been considerate to members' private space historically. The provider response score presents an opportunity for DCH to provide technical assistance in terms of teaching principles of dignity and respect.

7) For a member to understand their role in the person-centered planning process, there was a 9% difference between Case Management and Providers. Training on self-advocacy as well as person-centeredness in care planning will be very important, to help ensure that members know they need to be at the center of that process.

   - CM 91% vs. Providers 82%

Case managers and providers will be guided by person-centered principles, and shown how to collaborate with members in this very important process of inclusion.

8) Case management and providers had similar scores in both of the below categories. Members need to know they can work; and more importantly, when they do work, they need to be working within an integrated setting reflective of a diverse demographic and skill set.

Members having work as an option:

- CM 69% vs. Providers 65%

Members working within an integrated setting:

- CM 48% vs. Providers 43%

The philosophy of Employment First, a federal initiative originally established ten years ago for seeing gainful employment as a means to inclusion and increased community integration, is the key message. Moreover, such a philosophy insists that waiver populations earn minimum wage or higher. Georgia has adopted this philosophy for those members with intellectual and developmental disabilities. Georgia recently formed a special council dedicated to this work in the Fall of 2015. Of provider, case management and member groups surveyed, each group expressed concerns about members being able to work. More importantly, having that work experience be purposeful in a large variety of skills-training, as well as exposure to a greater assortment of people and work environments, both disability and non-disability alike, and earning fair wages, have all been identified as critical.

Remediation around these numbers and survey results will include education, training and technical assistance regarding ready-to-work, employment integration and diversity principles. DCH recognizes

provision of additional resources and solution-focused mapping is important, in order to bring together more collaboration between the provider, case management and member communities.

Member Survey

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

Survey Design

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

Survey Implementation

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

Member Survey Results

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

Table 12: Member Survey Completion by Waiver Type

Waiver/Program Name:		
Answer Options	**Response Percent**	**Response Count**
Community Care Services Program (CCSP)	31.1%	428
Service options Using Resources in a Community (SOURCE)	10.5%	144

Independent Care Waiver Program (ICWP)	4.4%	61
New Options Waiver Program (NOW)	16.2%	223
Comprehensive Supports Waiver Program (COMP)	37.4%	514
Georgia Pediatric Program (GAPP) Medical Day Care	0.4%	6
Answered Question		**1376**
Skipped Question		**282**

As shown in Table 12, the majority of respondents were currently enrolled in Medicaid's Comprehensive Supports Waiver Program (COMP, n=514, 37%) or the Community Care Services Program (CCSP, n=428, 31%). Sixteen percent of consumers were enrolled in the New Options Waiver Program (NOW, n=223, 16%) while eleven percent of consumers were enrolled in the Service Options Using Resources in a Community program (SOURCE, n=144, 11%). Less than five percent of consumers were enrolled in the Independent Care Waiver Program (ICWP, n=61, 4%) or the Georgia Pediatric Program Medical Day Care program (GAPP, n=6, <1%).

As shown in Table 13 most respondents received services in a residential setting (n=899, 59%). The remaining 41% of consumers received services in a non-residential setting (n=628, 41%).

Table 13: Member Survey Completion by Setting Type

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

In Table 14, the majority of consumers received residential supports or alternative living services (e.g. host home, group home, or personal care home, n=827, 55%). Forty percent of consumers received day services (e.g. community access group or adult day services, n=602, 40%). Less than five percent of consumers received employment related services (e.g. pre-vocational or supported employment, n=54, 4%) or out-of-home respite services (n=17, 1%).

Table 14: Member Survey Completion by Service Type

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

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

Average "no" response rates ranged from 4% in the "physical environment meets individualized needs" category, to 49% in the "employed in the community" category. See Appendix H for a detailed breakdown of responses to each survey question by program type, site type, and service type. Higher percentage negative responses by members in surveys were reflected in the ability to be Employed in the Community (49%), Controls Schedule (31%), Full Access to Community (30%), and Legally-Enforceable agreement (44%). The state will use the data obtained from this analysis to stratify training and provide technical assistance.

These concerns were also echoed during the formal public comment period (8/9-9/9/16) by information provided from People First. Their top complaints from 36 additional submitted member surveys were not being able to set their own schedules, limits of transportation, not having jobs, wanting to do more community activities, the inability to refuse an outing or activity, and feeling like providers and their staff are not disability-sensitive.

The state studied misaligned provider and consumer surveys, and looked at the largest differences and what they suggest. The biggest discrepancies between provider and consumer surveys were in the following areas: members requesting new housing and knowing how to navigate that change; members not feeling free in requesting changes in services; members not being aware of their role in the person-centered planning process; and the biggest outlier was found in members not having access to public transportation and/or being provided appropriate training in navigating public transportation systems. Other less marked discrepancies were found in these areas: members not being provided adequate choice and options in housing; members not working in truly integrated settings with non-disability groups; members not having choice with their roommates and being afforded options to change roommates; members feeling as if there are not enough assistive devices and durable medical equipment accommodations made in order to support more independence for themselves; and members not holding a lease agreement with providers.

Analysis between Provider and Member responses were completed to identify areas of agreement and misalignment. The data is based upon 150 exact matches on provider name only, using the provider and consumer surveys. As stated previously, the results of the consumer survey outside of the matches could not be used for validation, but are informative from several perspectives including identification of components of the survey that require rewording for clarity and that indicate training needs the state will need to provide to address specific member concerns. Complete results of Provider and Member Response Match Rate are located in Appendix H1.

Because the analysis was based on a relatively small sample of matches, Georgia plans on a second administration of the survey. The state will revisit the strategy and approach in the administration of all three assessments and the validation processes used and specifically the methodology for matching and validation between the provider, case manager, and consumer surveys to assure a more reliable and meaningful sample. Strategic redesign of the methodology and administration will also target greater participation and resolution of some technical issues related to use of a combined survey to address both residential and non-residential settings. With slight tweaks to the approach and instrument and greater participation, we will assemble the data needed to finalize the STP and successfully carry out the implementation strategy.

The Negative Responses below also illustrate those questions from the provider and member surveys that were misaligned and presented possible noncompliance to the final rule. These responses as well as the member themes presented in the survey results will help inform remediation.

Negative Responses

A. Provided choice in where to live, or where to receive services
Provider 1% Member 30% (discrepancy of 29%)

B. Members knowing how to relocate or request housing change
Provider 5% Member 46% (discrepancy of 41%)

C. Members employed in an integrated setting

Provider 6% Member 41% (discrepancy of 35%)

D. Choice of Roommate
Provider 1% Member 50% (discrepancy of 49%)

E. Member knowing how to request roommate change
Provider 4% Member 67% (significant discrepancy of 63%)

F. Do members freely make choices regarding where and how they receive services
Provider 2% Member 43% (discrepancy of 41%)

In A through F members are likely not being told and/or reminded they have a choice, and self-advocacy will be critical here.

G. Can members describe themselves and their role in the person-centered process
Provider 14% Member 54% (discrepancy here of 40%)
- Members needing training in self-advocacy, and providers evolving in their philosophy and overall approach to person-centered practices.

H. Assistive Devices and Durable Medical Equipment made available in order to support independence
Provider 0% Member 36% (discrepancy here of 36%)
– Providers not acknowledging the disconnect here; self-advocacy for members could be critical in obtaining assistive devices in order for them to become less dependent, and more empowered and integrated into the community.

I. Do members have access to Public Transportation
Provider 13% Member 77% (significant discrepancy of 64%)
- Members' facility or home may not be convenient to bus stop or train, and/or caregivers are uncomfortable with members taking public transportation and perceived risks.

J. Training provided for taking/using Public Transportation
Provider 15% Member 75% (discrepancy of 60%)
– Access to community at-large is very important, and public transportation can potentially extend/grow that access. More training development in taking public transportation is a very important step here. Possible opportunity to develop conversations with local transportation authorities.

Site-Specific Settings Remediation

The state identified 2,288 settings that are subject to the HCBS rule of which 383 settings were found to no longer be active. This 383 figure consisted entirely of Personal Care Homes where members no

longer lived, the home was no longer managed by the provider, and for which there was no claims data within the past 6 months and were removed from analysis.

Table 15: Site-Specific Survey Completion by Providers

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

Table 16: Reported Compliance by Providers

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

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

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

For all providers who are not in 100% compliance, the remediation platform detailed below will be enacted. These strategies serve to enforce the Final Rule and may include actions such as a) On-line 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 period of time to correct deficiencies to avoid termination, further suspension period, and prepayment review) and e) Termination.

The settings remediation strategy consists of the following activities and tasks.

The state will record in MS Project all outreach steps for remediation purposes. DCH has cross-referenced provider enrollment lists and site locations on record with the Office of Decision Support

Services to determine provider enrollment validity. Beginning in March 2017, the 110 providers who failed to complete a self-assessment will be contacted to determine if a self-assessment is required and if further remediation will be conducted.

Global provider education and training. During the survey analysis phase the state conducted a stratification process within the tool in order to address areas of non-compliant commonality and misalignment between providers, case managers and members. Stratification was based upon the number of the questions with "No" responses between the provider and member surveys as well as case manager validation. The state focused on those characteristics of HCBS deemed to be most critical to compliance with the Rule.

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

The state has determined that these significant areas are where more Education and Training are needed. This will include interactive dialogues between providers and the state to strengthen understanding of the requirements of the rule as well as how the state is expecting them to achieve compliance in routine activities and in overall auditing purposes. Education sessions are scheduled to begin in early 2017 to discuss specific survey responses.

All non-compliant HCBS providers will be instructed to undergo comprehensive training on the HCBS settings rule provided by the state. Training curricula will be developed by DCH HCBS Program Specialists, DCH Provider Enrollment and Healthcare Facility Regulation staff and with existing resources through operating agencies and Quality Improvement Organization contractors. Concurrently, DCH HCBS staff will begin establishing a schedule to conduct site visits starting on or around 4/1/2017.

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 will have thirty (30) days to meet all requirements. When the provider cannot comply within the designated thirty (30) days, all subsequent claims submitted to the state will go into a pre-payment status. The provider will remain in a pre-payment status for thirty (30) days as they continue to make adjustments to settings. If the provider is not making substantial improvement or discontinues the process to come into compliance, the Provider ID will be terminated and members will be relocated.

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

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

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 bases – 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 a few settings that may be institutional in nature which require further investigation and others that may be determined to be isolating/segregating in such a way as to not be reversible. Through remediation and heightened scrutiny as necessary, it is the intent of the state to afford all providers the opportunity to become compliant with the Final Rule through the remediation process. However, if a member has to be relocated due to inability of the setting to come into compliance, the provider, the member and/or designee, and assigned case management agency will be notified via certified mail at least 30 days in advance that the facility has not met the current HCBS settings requirements and the member(s) must be transitioned to a compliant setting. The state has a protocol for the relocation process involving not only this official notification, but also an established timeline of

45 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.

SECTION FIVE – HEIGHTENED SCRUTINY PROCESS

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

Settings that Isolate Survey

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

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

An example of one of the survey questions is:

Q. A group activity in which more than two individual HCBS waiver recipients travel together on the same outing, to the same destination, on the same schedule is not isolating or segregating if the group activity adheres to all of the following criteria:

a) Individuals choose the type of activity;
b) Individuals determine with whom they travel and when;
c) The activity is in a documented person-centered care plan;
d) The activity is outside of the home;
e) The activity goal is to increase independence and related skills.

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

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

Settings that Isolate Survey Results

The Isolation Survey was relatively condensed with only 8 questions, in its question narrative DCH was able to further tease out exactly what people in Georgia's communities consider to be an isolated setting. In studying the survey results, there are 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, meal time 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 exploratory survey was distributed to 4,500 stakeholders (members, families, advocacy groups, and providers, and state agencies). The state received 10% (n=458) responses. The results demonstrated combined agreement (strongly agree and agree) in the majority of the 8 questions posed in the survey.

Strong agreement was evidenced in the areas of Adult Day Health (87.33% n=325), Group activities based upon choices of those participating (85.81% n=381), Employment focused group activities in a provider setting that is integrated within the community (81.63% n= 360), and those that are receiving personal support services in a licensed home when the setting is a part of the community at large *(88.97% n=395).* However, there was significant combined disagreement (strongly disagree and disagree) for questions about gated communities and group homes where services may be received entirely within the gated community and is not integrated in the community at large (21.11% n=95). There was also combined disagreement among survey participants in the same area of gated communities and lease agreements (20.9% n=93).

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

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

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

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

Settings that are not HCBS

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

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

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

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

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

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

SECTION SIX – OVERSIGHT AND MONITORING

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

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

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

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

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

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

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

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

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

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

Additional Resources required for oversight and monitoring

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

1) Staffing – The DCH estimates that 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.
2) Infrastructure Supports – The state envisions the need to create standardized, cross-waiver training and certifications, tools for supporting person-centered planning and service delivery, and centralized resources for tracking waiver provider performance and member outcomes. The state will need to engage consultation to develop training strategies and establish a Quality Management System which incorporates Settings Rule criteria as well as correlated information tracking system. Consultation would be an initial expense while infrastructure maintenance would be ongoing.
3) Reimbursement Rate Methodologies -- Rate studies may need to be performed to inform rate methodology based on expectations of providers to conform to the Rule.

The total of all additional resources needed may be tempered by some efficiencies that might be ultimately be garnered through revisiting administrative responsibilities that can be shifted or alleviated through application of automation and information technology. This will be an objective in completing the full analysis of impact to resources.

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

SECTION SEVEN – APPENDICES

Appendix Title	Description	Document link
A. Milestone Document	Outlines each task to be completed for the Final Rule	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-A-GAhttps://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-A-GA-Milestones-for-HCBS-STP-08082016.pdfMilestones-for-HCBS-STP-08082016.pdf
B. Outreach and Engagement Feedback (Public Notices)	Describes all outreach and engagement activities	http://dch.georgia.gov/public-notices  Home and Community Based Services Transition Plan Survey.html
C. Georgia Email campaigns	Includes sample of notice distributed electronically to the public	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-Chttps://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-C-DCH_e-blast_CommsEdit_Sept15-accepted-RD_JA.pdfDCH_e-blast_CommsEdit_Sept15-accepted-RD_JA.pdf
D. Statewide Taskforce Systemic Review Recommenda-tions	Review of State's current policies, procedures and regulations by STP Taskforce members	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-Dhttps://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-D-HCBS-Final-Rule-Regulatory-Change-Recommendations.pdfHCBS-Final-Rule-Regulatory-Change-Recommendations.pdf
E. Systemic Review Crosswalk	Review of State's current policies, procedures and regulations by GHPC.	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-E-HCBShttps://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-E-HCBS-Settings-Rule-Policy-Review-Updated.pdfSettings-Rule-Policy-Review-Updated.pdf
F. Provider SelfAssessment Tool (link)	Site-specific self-assessment completed by providers	https://waiverproad.dbhdd.ga.gov/surveys/HCBSForm.aspx

Appendix Title	Description	Document link
G. Provider SelfAssessment Analysis	Review of selfassessment results by GHPC	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-Ghttps://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-G-GHPC-Provider-Survey-Report032016.pdfGHPC-Provider-Survey-Report032016.pdf
H. Member Survey Analysis	Review of member survey responses by GHPC	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-H1https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-H1-HCBS-STP-Member-Survey.pdfHCBS-STP-Member-Survey.pdf https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-Hhttps://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-H-Consumer-Survey-Output032016_0.pdfConsumer-Survey-Output032016_0.pdf
H 1. Provider/Member Survey Comparison	Response comparison between provider and member surveys	
I. Member Survey Responses	Complete list of comments provided by members during the member survey process	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-Ihttps://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-I-Comments032016.pdfComments032016.pdf
J. Systemic Remediation Plan	Systemic remediation plan and crosswalk as identified by GHPC and approved by the state	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-J-HCBShttps://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-J-HCBS-Policy-Remediation-Plan-Final.pdfPolicy-Remediation-Plan-Final.pdf
K. Site-Specific Remediation Process Flow	Current remediation process for providers	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-K-GAhttps://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-K-GA-Remediation-Strategy-Flow.pdfRemediation-Strategy-Flow.pdf

Appendix Title	Description	Document link
L. Settings that Isolate Survey	Isolation survey distributed to members and providers through advocacy organizations	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-Lhttps://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-L-Settings-that-Isolate-04212016-Final.pdfSettings-that-Isolate-04212016-Final.pdf
M. Settings that Isolate Survey Analysis	Analysis of isolation survey responses by GHPC	https://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-Mhttps://dch.georgia.gov/sites/dch.georgia.gov/files/Appendix-M-Settings-Isolation-Survey-Summary_04272016.pdfSettings-Isolation-Survey-Summary_04272016.pdf
N. Waiver Provider Policy Manuals	Policy Manuals for all 1915 c waiver programs	https://www.mmis.georgia.gov/
O. Georgia Rules and Regulations (subject to Rule)	Official Code of Georgia Annotated (O.C.G.A)	http://dch.georgia.gov/hfr-laws-regulations