



Provider Transition Plan submission date: []

Person submitting: []

Six month follow up submission date: []

Person submitting follow up: []

Home & Community Based Services (HCBS) Setting Provider Transition Plan (PTP) - Residential Settings for Adults

Section A: Demographic Information

Please confirm, update, and/or correct the information in this section.

Setting Name: []

Provider Name: []

Waiver Type: []

Number served: []

Provider ID: []

Setting Score Level (1-4): []

Setting Street Address: []

City: []

County: []

Zip Code: []

Provider Main Point of Contact: []

Phone Number: []

Email: []

- Setting Type:
- Alternative Care Facility (ACF)
 - Group Residential Services & Supports (GRSS) - Group Homes
 - Individual Residential Services & Supports (IRSS) - Host Homes
 - Individual Residential Services & Support (IRSS)
 - Transitional Living Program (TLP)
 - Supported Living Program (SLP)

Please review the initial and secondary survey information for accuracy and make corrections. Fill in the date and the Department lead for site visits.

Date Initial Provider Survey was completed: []

Number of Potential Areas of Noncompliance Identified: []

Site Visit Lead Name: []

Site Visit Lead Email: []

Date Secondary Provider Survey was completed: []

Number of Potential Areas of Noncompliance Identified: []

Estimated Site Visit Date: []

Supporting Individual Participants

The changes to achieve compliance with the federal requirements may lead to disruption in the daily routines and patterns of participants. This section asks for strategies to support participants through this change.

Please select all of the strategies for implementing change that you are using to support individuals.

- Education on rights and autonomy

Please list individuals, other providers, or other resources that you will use to support participants through transitions related to the Final Rule (examples include care team, case manager, residential provider, etc.):

- Education on community integration
- Discussion on informed choice
- Person centered planning meetings
- Other?

Please list all supporting documentation that you plan to submit with this completed PTP.

Provider Attestation

I attest that I reviewed all the tabs of the PTP that were made available to me, and that all of the information I provided is true and accurate to the best of my knowledge.

Please electronically attest to the statement above:

HCBS Setting Provider Transition Plan - Residential Settings for Adults

Section B. Rights/Autonomy

As you review the compliance category below, please REVIEW and SUBMIT VIA EMAIL the evidence that is relevant to each issue -- for example, your current policies/procedures, resident agreements, or training schedules and learning objectives.

These are the elements of the HCBS Final Rule that relate to Rights and Autonomy in all HCBS settings:

- The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.

In a provider-owned or controlled residential setting, the following additional conditions relating to Rights and Autonomy must be met:

1. The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.
2. Each individual has privacy in their sleeping or living unit:
 - Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
 - Individuals sharing units have a choice of roommates in that setting.
3. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
4. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
5. Individuals are able to have visitors of their choosing at any time.
6. The setting is physically accessible to the individual.
7. Any modification of these additional conditions must be supported by a specific assessed need and justified in the person-centered service plan (see 42 C.F.R. 5 441.301(c)(4)(vi)(F) for documentation requirements).

The compliance issues below are examples that conflict with the HCBS Final Rule. Text boxes are available for you to enter additional compliance issues at your organization related to Rights and Autonomy.

Initial Submission

Please review and edit the compliance issues listed below.

Please review the issue sources for the compliance issues. If unknown, please select "unknown."

Compliance Issue

Issue Source(s)

- The setting does not allow individuals to manage their own finances (e.g., access to their own funds or checking account when they choose), or requires them
- Individuals do NOT have a legally enforceable lease or residency agreement that provides protections for evictions and appeals at least comparable to those t
- Individuals have ONLY scheduled times that they are allowed to be away from the facility
- Individual/Family Survey data (if available)
- Initial Provider Survey data
- Second Provider Survey data
- Provider's records or personal knowledge

Individuals have until scheduled times that they are allowed to be away from the facility

- Individuals DO NOT have access to food when they choose
- Individuals do NOT have full access to the typical facilities in the home (kitchen, dining area, laundry, comfortable seating in shared areas)
- Individuals must share a home/room and do NOT have choice of roommates/housemates
- Individuals do NOT have the opportunity to exercise personal choice (e.g., haircut and style, preferred clothing, personal items in rooms) and such limitations are not outlined in a person-centered plan

- The setting regiments daily activities
- The setting employs chemical, mechanical, or physical restraints
- Individuals cannot lock their bedroom doors
- Individuals do NOT have the ability to have visitors at any time and to socialize with whomever they choose (including romantic relationships)
- Individuals do NOT have the ability to participate in religious or spiritual ceremonies and communities
- Provider is otherwise noncompliant with the federal requirements above relating to rights and autonomy

Other compliance issues not identified by the above examples include:

Provider has no compliance issues relating to rights and autonomy

Please select the action steps that will be taken to address the compliance issue. If the action step is not included, please select "other" and describe the action step in the applicable text box below. Use the HCBS settings standards and other guidance when developing action steps (links below).

Federal Register HCBS Settings Standards. Other Guidance available on the State's HCBS Website

Provider training, outreach, and education

- Provider participation in specific education and outreach on rights/autonomy sponsored by the Colorado Department of Health Care Policy and Financing (the Department)
- Staff participation in specific education and outreach on rights/autonomy sponsored by the Department
- Provider participation in national education and outreach on rights/autonomy
- Staff training in rights/autonomy sponsored by a service provider
- Staff training in person centered principles and day to day living sponsored by a service provider
- Review and modification of current staff trainings to ensure rights and autonomy
- Development of tools/messaging materials to enhance staff application of rights/autonomy
- Other (please specify in the text box below under "Provider training, outreach, and education")

Policy change at the provider level

- Internal audit of provider capacity to promote rights and autonomy
- Modifications to policies and procedures to align with federal and state requirements on rights/autonomy
- Enhanced monitoring of staff application of rights/autonomy
- Development of a legally enforceable lease or residency agreement
- Application of a new legally enforceable lease or residency agreement
- Modifications to a legally enforceable lease or residency agreement
- Development of policy to allow residents to lock their own doors
- Development of a policy to allow residents privacy in their sleeping or living unit
- Development of policy to allow residents access to food 24 hours a day
- Development of policy to allow residents to have visitors at any time
- Development of a policy to allow resident freedom to furnish and decorate their sleeping or living units with the enforceable lease or residency agreement

Education at the participant level

- Development of peer advocacy or peer support programs
- Application of peer advocacy or peer support programs
- Training for individuals on managing budgets, safety and other independent living skills
- Development of tools/messaging materials to educate individuals and families on rights/autonomy, empowerment, and inclusion
- Other (please specify in text box below under "Education at the participant level")

- Provider's data file supplied by the Dept.
- Site visit data
- Other - Please enter below:
- Unknown

Other (please specify in text box below under "Policy change at the provider level")

Please provide detail on action items. For example, if you plan to develop a legally enforceable lease or residency agreement, please indicate how this action will meet the HCBS standards (e.g. residency agreement will provide the same responsibilities/protections from eviction as all tenants under landlord tenant law in the jurisdiction or protections are in place to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law).

Provider training, outreach, and education

Policy change at the provider level

Education at the participant level

Please enter the appropriate timeline and the person responsible for each for each action step category.

Provider training, outreach, and education

Policy change at the provider level

Education at the participant level

Less than one month
1-3 months
4-6 months
6 months+

Less than one month
1-3 months
4-6 months
6 months+

Less than one month
1-3 months
4-6 months
6 months+

Six-Month Update

This section is to be completed during your six-month update. Please select the most appropriate options for progress made and enter a description in the text box. Please attach evidence of actions such as revised policies/procedures, example care plans, resident handbooks, new lease/residency agreements, staff training curriculum and materials, and training schedules.

Provider training, outreach, and education

Policy change at the provider level

Education at the participant level

Fully Successful
In progress; additional action needed
Not Complete

Fully Successful
In progress; additional action needed
Not Complete

Fully Successful
In progress; additional action needed
Not Complete

Update: Validation Submission (if applicable--e.g., in conjunction with a site visit)

Please enter the date:

Please review and edit the compliance issues listed below.

Please review the issue sources for the compliance issues. If unknown, please select "unknown."

Compliance Issue

Issue Source(s)

The setting does not allow individuals to manage their own finances (e.g., access to their own funds or checking account when they choose), or requires them to receive unwanted/non-optional assistance in managing their finances. If an individual wants such assistance or has an SSI rep payee, this fact should be documented in their service plan.

Individual/Family Survey data (if available)

Initial Provider Survey data

Individuals do NOT have a legally enforceable lease or residency agreement that provides protections for evictions and appeals at least comparable to those under the jurisdiction's landlord tenant law

Second Provider Survey data

Provider's records or personal knowledge

Individuals do NOT have a legally enforceable lease or residency agreement that provides protections for evictions and appeals at least comparable to those under the jurisdiction's landlord tenant law

Individuals have UNL1 scheduled times and they are allowed to be away from the facility

Individuals DO NOT have access to food when they choose

Individuals do NOT have full access to the typical facilities in the home (kitchen, dining area, laundry, comfortable seating in shared areas)

Individuals must share a home/room and do NOT have choice of roommates/housemates

Individuals do NOT have the opportunity to exercise personal choice (e.g., haircut and style, preferred clothing, personal items in rooms) and such limitations are not outlined in a person-centered plan

The setting regiments daily activities

The setting employs chemical, mechanical, or physical restraints

Individuals cannot lock their bedroom doors

Individuals do NOT have the ability to have visitors at any time and to socialize with whomever they choose (including romantic relationships)

Individuals do NOT have the ability to participate in religious or spiritual ceremonies and communities

Provider is otherwise noncompliant with the federal requirements above relating to rights and autonomy

Other compliance issues not identified by the above examples include:

Provider has no compliance issues relating to rights and autonomy

Provider's data file supplied by the Dept.

Site visit data

Other - Please enter below:

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Unknown

Please select the action steps that will be taken to address the compliance issue. If the action step is not included, please select "other" and describe the action step in the applicable text box below. Use the HCBS settings standards and other guidance when developing action steps (links below).

Provider training, outreach, and education

Provider participation in specific education and outreach on rights/autonomy sponsored by the Department

Staff participation in specific education and outreach on rights/autonomy sponsored by the Department

Provider participation in national education and outreach on rights/autonomy

Staff training in rights/autonomy sponsored by a service provider

Staff training in person centered principles and day to day living sponsored by a service provider

Review and modification of current staff trainings to ensure rights and autonomy

Development of tools/messaging materials to enhance staff application of rights/autonomy

Other (please specify in the text box below under "Provider training, outreach, and education")

Policy change at the provider level

Internal audit of provider capacity to promote rights and autonomy

Modifications to policies and procedures to align with federal and state requirements on rights/autonomy

Enhanced monitoring of staff application of rights/autonomy

Development of a legally enforceable lease or residency agreement

Application of a new legally enforceable lease or residency agreement

Modifications to a legally enforceable lease or residency agreement

Development of policy to allow residents to lock their own doors

Development of a policy to allow residents privacy in their sleeping or living unit

Development of policy to allow residents access to food 24 hours a day

Development of policy to allow residents to have visitors at any time

Development of a policy to allow resident freedom to furnish and decorate their sleeping or living units with the enforceable lease or residency agreement

Education at the participant level

Development of peer advocacy or peer support programs

Application of peer advocacy or peer support programs

Training for individuals on managing budgets, safety and other independent living skills

Development of tools/messaging materials to educate individuals and families on rights/autonomy, empowerment, and inclusion

Other (please specify in text box below under "Education at the participant level")

Other (please specify in text box below under "Policy change at the provider level")

Please provide detail on action items. For example, if you plan to develop a legally enforceable lease or residency agreement, please indicate how this action will meet the HCBS standards (e.g. residency agreement will provide the same responsibilities/protections from eviction as all tenants under landlord tenant law in the jurisdiction or protections are in place to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law).

Provider training, outreach, and education	Policy change at the provider level	Education at the participant level
<p>Please enter the appropriate timeline and the person responsible for each for each action step category.</p> <p>Provider training, outreach, and education</p>	<p>Policy change at the provider level</p>	<p>Education at the participant level</p>
<p>Less than one month 1-3 months 4-6 months 6 months +</p>	<p>Less than one month 1-3 months 4-6 months 6 months +</p>	<p>Less than one month 1-3 months 4-6 months 6 months +</p>
<p>Six-Month Update</p>		
<p>This section is to be completed during your six-month update. Please select the most appropriate options for progress made and enter a description in the text box. Please attach evidence of actions such as revised policies/procedures, example care plans, resident handbooks, new lease/residency agreements, staff training curriculum and materials, and training schedules.</p>		
<p>Provider training, outreach, and education</p>	<p>Policy change at the provider level</p>	<p>Education at the participant level</p>
<p>Fully Successful In progress; additional action needed Not Complete</p>	<p>Fully Successful In progress; additional action needed Not Complete</p>	<p>Fully Successful In progress; additional action needed Not Complete</p>

HCBS Setting Provider Transition Plan - Residential Settings for Adults

Section C. Informed Choice

As you review the compliance category below, please REVIEW and SUBMIT VIA EMAIL the evidence that is relevant to each issue -- for example, your current policies/procedures, resident agreements, or training schedules and learning objectives.

These are the elements of the HCBS Final Rule that relate to Informed Choice:

- The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
- The setting facilitates individual choice regarding services and supports, and who provides them.

The compliance issues below are examples that conflict with the HCBS Final Rule. Text boxes are available for you to enter additional compliance issues at your organization related to Informed Choice.

Initial Submission

Please review and edit the compliance issues listed below.

Compliance Issue

- Individuals are told that they must reside in or receive services from the setting, even if they would prefer something else
- Individuals are not informed of and given a chance to choose among options, including non-disability specific settings
- Setting does NOT offer individualized supports that enable individuals to choose activities of their own interests (within a group or individually)
- Setting options are not identified and documented in the person-centered service plan
- Setting options are not based on the individual's needs, preferences, and, for residential settings, resources available for room and board
- Provider is otherwise noncompliant with the federal requirements above relating to informed choice

Other compliance issues not identified by the above examples include:

- Provider has no compliance issues relating to informed choice

Please select the action steps that will be taken to address the compliance issue. If the action step is not included, please select "other" and describe the action step in the applicable text box below. Use the HCBS settings standards and other guidance when developing action steps (links below).

Please review the issue sources for the compliance issues. If unknown, please select "unknown."

Issue Source(s)

- Individual/Family Survey data (if available)
- Initial Provider Survey data
- Second Provider Survey data
- Provider's records or personal knowledge
- Provider's data file supplied by the Dept.
- Site visit data
- Other - Please enter below:
- Unknown

Provider training, outreach, and education

- Provider participation in specific education and outreach events on informed choice sponsored by the Colorado Department of Health Care Policy and Financing (the Department)
- Staff participation in specific education and outreach events on informed choice sponsored by the Department
- Provider participation in national education and outreach on informed choice
- Staff training in informed decision making and choice sponsored by a service provider
- Staff training in person centered principles and day to day living sponsored by a service provider
- Staff training in motivational interviewing
- Development of tools/messaging materials to enhance staff application of informed choice
- Other (please specify in the text box below under "Provider training, outreach, and education")

Policy change at the provider level

- Modify policies/procedures to align with federal/state requirements enabling choice among options (e.g. non-disability settings and a private unit in a residential setting)
- Enhanced monitoring of staff application of informed choice
- Development of informed choice forms and procedures
- Development of a policy to allow residents their choice of roommates
- Revisions to existing informed choice forms and materials
- Application of revised informed choice forms and materials
- Internal audit of provider capacity to promote informed choice
- Internal audit to recognize capacity limitations
- Other (please specify in text box below under "Policy change at the provider level")

Education at the participant level

- Development of tools/messaging materials to educate individuals and families on informed choice
- Development of peer advocacy or peer support programs empowering effective decision-making
- Application of peer advocacy or peer support programs empowering effective decision-making
- Training for individuals on empowerment, decision-making, managing budgets, safety and other independent living skills
- Other (please specify in text box below under "Education at the participant level")

Please provide detail on action items. For example, if you plan to develop a policy to ensure that the setting facilitates individual choice, please indicate how this action will meet the HCBS standards.

Provider training, outreach, and education

Policy change at the provider level

Education at the participant level

Please enter the appropriate timeline and the person responsible for each for each action step category.

Provider training, outreach, and education

Less than one month
1-3 months
4-6 months
6 months +

Policy change at the provider level

Less than one month
1-3 months
4-6 months
6 months +

Education at the participant level

Less than one month
1-3 months
4-6 months
6 months +

Six-Month Update

This section is to be completed during your six-month update. Please select the most appropriate options for progress made and enter a description in the text box. Please attach evidence of actions such as revised policies/procedures, example care plans, resident handbooks, new lease/residency agreements, staff training curriculum and materials, and training schedules.

Provider training, outreach, and education

Fully Successful
In progress: additional action needed
Not Complete

Policy change at the provider level

Fully Successful
In progress: additional action needed
Not Complete

Education at the participant level

Fully Successful
In progress: additional action needed
Not Complete

Update: Validation Submission (if applicable--e.g., in conjunction with a site visit)

Please enter the date:

Please review and edit the compliance issues listed below.

Compliance Issue

- Individuals are told that they must reside in or receive services from the setting, even if they would prefer something else.
- Individuals are not informed of and given a chance to choose among options
- Setting does NOT offer individualized supports that enable individuals to choose activities of their own interests (within a group or individually)
- Setting options are not identified and documented in the person-centered service plan
- Setting options are not based on the individual's needs, preferences, and, for residential settings, resources available for room and board
- Provider is otherwise noncompliant with the federal requirements above relating to informed choice

Other compliance issues not identified by the above examples include:

Provider has no compliance issues relating to informed choice

Please select the action steps that will be taken to address the compliance issue. If the action step is not included, please select "other" and describe the action step in the applicable text box below. Use the HCBS settings standards and other guidance when developing action steps (links below).

Federal Register: [HCBS Settings Standards](#) Other Guidance available on the [State's HCBS Website](#)

Provider training, outreach, and education

- Provider participation in specific education and outreach events on informed choice sponsored by the Department
- Staff participation in specific education and outreach events on informed choice sponsored by the Department
- Provider participation in national education and outreach on informed choice
- Staff training in informed decision making and choice sponsored by a service provider.
- Staff training in person centered principles and day to day living sponsored by a service provider
- Staff training in motivational interviewing

Policy change at the provider level

- Modify policies/procedures to align with federal/state requirements enabling choice among options (e.g. non-disability settings and a private unit in a residential setting)
- Enhanced monitoring of staff application of informed choice
- Development of informed choice forms and procedures
- Development of a policy to allow residents their choice of roommates
- Revisions to existing informed choice forms and materials
- Application of revised informed choice forms and materials
- Internal audit of provider capacity to promote informed choice

Education at the participant level

- Development of tools/messaging materials to educate individuals and families on informed choice
- Development of peer advocacy or peer support programs empowering effective decision-making
- Application of peer advocacy or peer support programs empowering effective decision-making
- Training for individuals on empowerment, decision-making, managing budgets, safety and other independent living skills
- Other (please specify in text box below under "Education at the participant level")

Please review the issue sources for the compliance issues. If unknown, please select "unknown."

Issue Source(s)

- Individual/Family Survey data (if available)
- Initial Provider Survey data
- Second Provider Survey data
- Provider's records or personal knowledge
- Provider's data file supplied by the Dept.
- Site visit data
- Other - Please enter below:
- Unknown

- Development of tools/messaging materials to enhance staff application of informed choice
- Other (please specify in the text box below under "Provider training, outreach, and education")

- Internal audit to recognize capacity limitations
- Other (please specify in text box below under "Policy change at the provider level")

Please provide detail on action items. For example, if you plan to develop a policy to ensure that the setting facilitates individual choice, please indicate how this action will meet the HCBS standards.

Provider training, outreach, and education	Policy change at the provider level	Education at the participant level
<p>Please enter the appropriate timeline and the person responsible for each for each action step category.</p> <p>Provider training, outreach, and education</p>	<p>Policy change at the provider level</p>	<p>Education at the participant level</p>
<p>Less than one month 1-3 months 4-6 months 6 months +</p>	<p>Less than one month 1-3 months 4-6 months 6 months +</p>	<p>Less than one month 1-3 months 4-6 months 6 months +</p>
<p>Six-Month Update</p> <p>This section is to be completed during your six-month update. Please select the most appropriate options for progress made and enter a description in the text box. Please attach evidence of actions such as revised policies/procedures, example care plans, resident handbooks, new lease/residency agreements, staff training curriculum and materials, and training schedules.</p>		
<p>Provider training, outreach, and education</p>	<p>Policy change at the provider level</p>	<p>Education at the participant level</p>
<p>Fully Successful In progress: additional action needed Not Complete</p>	<p>Fully Successful In progress: additional action needed Not Complete</p>	<p>Fully Successful In progress: additional action needed Not Complete</p>



HCBS Setting Provider Transition Plan - Residential Settings for Adults

Section D. Community Integration

As you review the compliance category below, please REVIEW and SUBMIT VIA EMAIL the evidence that is relevant to each issue – for example, your current policies/procedures, resident agreements, or training schedules and learning objectives.

This is the element of the HCBS Final Rule that relates to Community Integration:

- The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

The compliance issues below are examples that conflict with the HCBS Final Rule. Text boxes are available for you to enter additional compliance issues at your organization related to Community Integration.

Initial Submission

Please review and edit the compliance issues listed below.

Compliance Issue

- Individuals interact only with people with disabilities and paid staff
- Setting has a Medicaid-only resident or client population
- Setting has policies preventing individuals from interacting with or receiving services in the community
- Provider is otherwise noncompliant with the federal requirements above relating to community integration

Other compliance issues not identified by the above examples include:

- Provider has no compliance issues relating to community integration

Please select the action steps that will be taken to address the compliance issue. If the action step is not included, please select "other" and describe the action step in the applicable text box below. Use the HCBS settings standards and other guidance when developing action steps (links below).

Federal Register HCBS Settings Standards [Other Guidance available on the State's HCBS Website](#)

Provider training, outreach, and education [Policy change at the provider level](#)

Provider notification to receive notification and outreach on community

Modify, update, or remove to align with federal standards

Education at the participant level

Please review the issue sources for the compliance issues. If unknown, please select "unknown."

Issue Source(s)

- Individual/Family Survey data (if available)
- Initial Provider Survey data
- Second Provider Survey data
- Provider's records or personal knowledge
- Provider's data file supplied by the Dept.
- Site visit data
- Other - Please enter below:

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- Unknown

<p><input type="checkbox"/> Provider participation in specific education and outreach on community integration sponsored by the Department</p> <p><input type="checkbox"/> Staff participation in specific education and outreach on community integration sponsored by the Department</p> <p><input type="checkbox"/> Provider participation in national education and outreach on community integration</p> <p><input type="checkbox"/> Staff training in community integration sponsored by a service provider</p> <p><input type="checkbox"/> Staff training in person centered principles and community integration sponsored by a service provider</p> <p><input type="checkbox"/> Development of tools/messaging materials to enhance staff application of community integration</p> <p><input type="checkbox"/> Other (please specify in the text box below under "Provider training, outreach, and education")</p>	<p><input type="checkbox"/> Community processes/procedures to align with federal/state requirements to ensure individuals can receive services in the community to the same degree as individuals not receiving Medicaid HCBS</p> <p><input type="checkbox"/> Enhanced monitoring of staff application of community integration</p> <p><input type="checkbox"/> Development of programs aimed at increasing opportunities for community integration</p> <p><input type="checkbox"/> Implementation of programs aimed at increasing opportunities for community integration</p> <p><input type="checkbox"/> Development of satisfaction surveys and other monitoring tools to measure improvements in community integration</p> <p><input type="checkbox"/> Implementation of satisfaction surveys and other monitoring tools to measure improvements in community integration</p> <p><input type="checkbox"/> Internal audit of provider capacity to promote community integration</p> <p><input type="checkbox"/> Other (please specify in text box below under "Policy change at the provider level")</p>	<p><input type="checkbox"/> Development of tools/messaging materials to educate individuals and families on community integration</p> <p><input type="checkbox"/> Development of peer advocacy or peer support programs enhancing choice, control and integration</p> <p><input type="checkbox"/> Application of peer advocacy or peer support programs enhancing choice, control and integration</p> <p><input type="checkbox"/> Training for individuals on managing budgets, safety and other independent living skills</p> <p><input type="checkbox"/> Other (please specify in text box under "Education at the participant level")</p>
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Please provide detail on action items. For example, if you plan to develop a policy to ensure community integration, please indicate how this action will meet the HCBS standards.

Provider training, outreach, and education	Policy change at the provider level	Education at the participant level
<p>Please enter the appropriate timeline and the person responsible for each action step category.</p> <p>Provider training, outreach, and education</p>	<p>Policy change at the provider level</p>	<p>Education at the participant level</p>

Six-Month Update

This section is to be completed during your six-month update. Please select the most appropriate options for progress made and enter a description in the text box. Please attach evidence of actions such as revised policies/procedures, example care plans, resident handbooks, new lease/residency agreements, staff training curriculum and materials, and training schedules.

Provider training, outreach, and education	Policy change at the provider level	Education at the participant level
<p>Fully Successful</p> <p>In progress; additional action needed</p> <p>Not Complete</p>	<p>Fully Successful</p> <p>In progress; additional action needed</p> <p>Not Complete</p>	<p>Fully Successful</p> <p>In progress; additional action needed</p> <p>Not Complete</p>

Update: Validation Submission (if applicable--e.g., in conjunction with a site visit)

Please enter the date:

Please review and edit the compliance issues listed below.

Please review the issue sources for the compliance issues. If unknown, please select "unknown."

Compliance Issue

- Individuals interact only with people with disabilities and paid staff
- Setting has a Medicaid-only resident or client population
- Setting has policies preventing individuals from interacting with or receiving services in the community
- Provider is otherwise noncompliant with the federal requirements above relating to community integration

Other compliance issues not identified by the above examples include:

- Provider has no compliance issues relating to community integration

Please select the action steps that will be taken to address the compliance issue. If the action step is not included, please select "other" and describe the action step in the applicable text box below. Use the HCBS settings standards and other guidance when developing action steps (links below).

Federal Register, HCBS Settings Standards, Other Guidance available on the State's HCBS Website

Provider training, outreach, and education

- Provider participation in specific education and outreach on community integration sponsored by the Department
- Staff participation in specific education and outreach on community integration sponsored by the Department
- Provider participation in national education and outreach on community integration
- Staff training in community integration sponsored by a service provider
- Staff training in person centered principles and community integration sponsored by a service provider
- Development of tools/messaging materials to enhance staff application of community integration
- Other (please specify in the text box below under "Provider training, outreach, and education")

Policy change at the provider level

- Modify policies/procedures to align with federal/state requirements to ensure individuals can receive services in the community to the same degree as individuals not receiving Medicaid HCBS
- Enhanced monitoring of staff application of community integration
- Development of programs aimed at increasing opportunities for community integration
- Implementation of programs aimed at increasing opportunities for community integration
- Development of satisfaction surveys and other monitoring tools to measure improvements in community integration
- Implementation of satisfaction surveys and other monitoring tools to measure improvements in community integration
- Internal audit of provider capacity to promote community integration
- Other (please specify in text box below under "Policy change at the provider level")

Education at the participant level

- Development of tools/messaging materials to educate individuals and families on community integration
- Development of peer advocacy or peer support programs enhancing choice, control and integration
- Application of peer advocacy or peer support programs enhancing choice, control and integration
- Training for individuals on managing budgets, safety and other independent living skills
- Other (please specify in text box under "Education at the participant level")

Please provide detail on action items. For example, if you plan to develop a policy to ensure community integration, please indicate how this action will meet the HCBS standards.

Provider training, outreach, and education

Policy change at the provider level

Education at the participant level

Please enter the appropriate timeline and the person responsible for each for each action step category.

Provider training, outreach, and education

Less than one month
1-3 months
4-6 months
6 months+

Less than one month
1-3 months
4-6 months
6 months+

Policy change at the provider level

Education at the participant level

Less than one month
1-3 months
4-6 months
6 months+

Six-Month Update

This section is to be completed during your six-month update. Please select the most appropriate options for progress made and enter a description in the text box. Please attach evidence of actions such as revised policies/procedures, example care plans, resident handbooks, new lease/residency agreements, staff training curriculum and materials, and training schedules.

Provider training, outreach, and education

Fully Successful
In progress: additional action needed
Not Complete

Policy change at the provider level

Fully Successful
In progress: additional action needed
Not Complete

Education at the participant level

Fully Successful
In progress: additional action needed
Not Complete



HCBS Setting Provider Transition Plan - Residential Settings for Adults

Section E. Institutional Characteristics

As you review the compliance category below, please REVIEW and SUBMIT VIA EMAIL the evidence that is relevant to each issue -- for example, your current policies/procedures, resident agreements, or training schedules and learning objectives.

These are the elements of the HCBS Final Rule that relate to Institutional Characteristics:

For 1915(c) home and community-based waivers, 42 C.F.R. § 441.301(c)(5)(v) specifies that the following settings are presumed to have the qualities of an institution:

- any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,
- any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution, or
- any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

Initial Submission

Please review and edit the compliance issues listed below.

Compliance Issue

- Setting is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment
- Setting is located in a building on the grounds of, or immediately adjacent to, a public institution
- Setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS
- Provider has no compliance issues relating to institutional characteristics

Please review the issue sources for the compliance issues. If unknown, please select "unknown."

Issue Source(s)

- Individual/Family Survey data (if available)
- Initial Provider Survey data
- Second Provider Survey data
- Provider's records or personal knowledge
- Provider's data file supplied by the Dept.
- Site visit data
- Other - Please enter below:
- Unknown

Please select the action steps that will be taken to address the compliance issue. If the action step is not included, please select "other" and describe the action step in the applicable text box below. Use the HCBS settings standards and other guidance when developing action steps (links below).

Federal Register HCBS Settings Standards

Other Guidance available on the State's HCBS Website

Policy change at the provider level

- Staff training in community inclusion sponsored by a service provider
- Other (please specify in the text box below under "Provider training, outreach and education")

Provider request for state assistance to relocate individuals to a community residence

- Development of a plan to increase community opportunities
- Implementation of a plan to increase community opportunities
- Separating operations from those of the institution

Education at the participant level

- Access to peer support or peer advocacy to help individuals and families to understand residential options available in the community
- Access to peer support or peer advocacy to help individuals and families to understand inclusion options available in the community
- Other (please specify in text box below under "Education at the participant level")

Other (please specify in text box below under "Policy change at the provider level")

Please provide detail on action items. For example, if you plan to develop a policy to ensure that individuals are not isolated from the broader community, please indicate how this action will meet the HCBS standards.

Provider training, outreach, and education	Policy change at the provider level	Education at the participant level
<p>Please enter the appropriate timeline and the person responsible for each for each action step category.</p> <p>Provider training, outreach, and education</p>	<p>Policy change at the provider level</p>	<p>Education at the participant level</p>
<p>Less than one month 1-3 months 4-6 months 6 months +</p>	<p>Less than one month 1-3 months 4-6 months 6 months +</p>	<p>Less than one month 1-3 months 4-6 months 6 months +</p>
<p>This section is to be completed during your six-month update. Please select the most appropriate options for progress made and enter a description in the text box. Please attach evidence of actions such as revised policies/procedures, example care plans, resident handbooks, new lease/residency agreements, staff training curriculum and materials, and training schedules.</p>	<p>Policy change at the provider level</p>	<p>Education at the participant level</p>
<p>Provider training, outreach, and education</p>	<p>Policy change at the provider level</p>	<p>Education at the participant level</p>
<p>Fully Successful In progress: additional action needed Not Complete</p>	<p>Fully Successful In progress: additional action needed Not Complete</p>	<p>Fully Successful In progress: additional action needed Not Complete</p>

Update: Validation Submission (if applicable--e.g., in conjunction with a site visit)

Please enter the date:

Please review and edit the compliance issues listed below.

Compliance Issue

- Setting is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment
- Setting is located in a building on the grounds of, or immediately adjacent to, a public institution
- Setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS
- Provider has no compliance issues relating to institutional characteristics

Issue Source(s)

- Individual/Family Survey data (if available)
- Initial Provider Survey data
- Second Provider Survey data
- Provider's records or personal knowledge
- Provider's data file supplied by the Dept.
- Site visit data

Please review the issue sources for the compliance issues. If unknown, please select "unknown."

Other - Please enter below:

Unknown

Please select the action steps that will be taken to address the compliance issue. If the action step is not included, please select "other" and describe the action step in the applicable text box below. Use the HCBS settings standards and other guidance when developing action steps (links below).

[Federal Register HCBS Settings Standards](#)

[Other Guidance available on the State's HCBS Website](#)

Provider training, outreach, and education

- Staff training in community inclusion sponsored by a service provider
- Other (please specify in the text box below under "Provider training, outreach and education")

Policy change at the provider level

- Provider request for state assistance to relocate individuals to a community residence
- Development of a plan to increase community opportunities
- Implementation of a plan to increase community opportunities
- Separating operations from those of the institution
- Other (please specify in text box below under "Policy change at the provider level")

Education at the participant level

- Access to peer support or peer advocacy to help individuals and families to understand residential options available in the community
- Access to peer support or peer advocacy to help individuals and families to understand inclusion options available in the community
- Other (please specify in text box below under "Education at the participant level")

Please provide detail on action items. For example, if you plan to develop a policy to ensure that individuals are not isolated from the broader community, please indicate how this action will meet the HCBS standards.

Provider training, outreach, and education

Policy change at the provider level

Education at the participant level

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Please enter the appropriate timeline and the person responsible for each for each action step category.

Provider training, outreach, and education

Policy change at the provider level

Education at the participant level

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This section is to be completed during your six-month update. Please select the most appropriate options for progress made and enter a description in the text box. Please attach evidence of actions such as revised policies/procedures, example care plans, resident handbooks, new lease/residency agreements, staff training curriculum and materials, and training schedules.

Provider training, outreach, and education

Policy change at the provider level

Education at the participant level

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