

Oklahoma Statewide Transition Plan
Submission for Final Approval
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Table of Contents

Purpose	4
Background	4
Overview	4
Section A: Systemic Review	
I. Review Methodology	5
II. Compliance Analysis	5
III. Remediation Activities	6
IV. Alignment of Review	7
Section B: NF LOC Waivers	
Introduction	7
I. Assessment Methodology & Continued Monitoring	7
II. Assessment Process	11
III. Remediation Strategy	11
IV. Plan of Action	14
V. Baseline Assessment Process and Results	18
VI. NFLOC Heightened Scrutiny	18
Section C: ICF/ID Waivers	
Introduction	20
I. Assessment Methodology & Continued Monitoring	20
II. Assessment Process	23
III. Remediation Strategy	23
IV. Plan of Action	26
V. Baseline Assessment Process and Results	30
VI. ICF/ID LOC Heightened Scrutiny	32

Section D: Public Input 33

Section E: Appendices

Appendix A: NF LOC System Remediation Grid 1

Appendix B: ICF/ID Systems Remediation Grid 27

Appendix C: NF LOC Waivers Proposed Language 65

Appendix D: ICF/ID Waivers Proposed Language 75

Appendix E: NFLOC Waiver Settings & Compliance 79

Appendix F: NFLOC Settings – Heightened Scrutiny 82

Appendix G: ICF/ID Settings & Compliance 86

Appendix H: ICF/ID Settings – Heightened Scrutiny 89

Appendix I: Oklahoma Comments and Responses 97

Appendix J: ICF/ID Training and Technical Assistance 102

Purpose

The Centers for Medicare and Medicaid Services (CMS) published its final rule related to Home and Community Based Services (HCBS) for Medicaid funded long-term services and supports provided in residential and non-residential home and community based settings. The final rule took effect March 17, 2014. States are required to submit transition plans to CMS within a year of the effective date indicating how they intend to comply with the new requirement within a reasonable time period. If states amend or renew any of their currently operating waivers or state plan amendments prior to the effective date, that action serves as a trigger for the state to submit a transition plan for all its waivers under 1915(c), as well as any state plan amendments under 1915(i) or 1915(k) within 120 days of the amendment/renewal submission.

Background

This document describes the Statewide Transition Plan (SWTP) of the Oklahoma Health Care Authority (OHCA), the single State Medicaid Agency, as required by the CMS final regulation related to new federal requirements for home and community based (HCBS) settings. This SWTP includes the state's assessment of its regulations, standards, policies, licensing requirements, and other provider requirements to ensure settings comply with the new federal requirements. Additionally, the SWTP plan will describe action the state proposes to assure full and on-going compliance with the HCBS settings requirements.

Overview

Oklahoma administers/operates six 1915 (c) waivers. There are approximately 26,106 individuals served in the State of Oklahoma through the 1915 (c) waivers. Oklahoma does not currently offer services through the state plan under 1915 (i) or 1915 (k) authority. Oklahoma operates two waiver programs with a Nursing Facility level of care (NFLOC) designation and four waiver programs with an Intermediate Care Facility/Intellectual Disability (ICF/ID) level of care designation. Across the six waiver programs, there are nine distinct settings utilized among Home and Community Based Waiver members, that does not include the member owned or family owned home. The settings represented in the NFLOC waivers are Assisted Living (supports provided in a leased home) and Adult Day Health Centers (supports provided in a structured comprehensive program that provides a variety of services in a protective environment for some portion of the day). The settings represented in the ICF-ID waivers are Agency Companion (supports for one service recipient in a private family home), Specialized Foster Care (supports for up to three service recipients in a private family home), Daily Living Supports (supports in a home owned or leased by the service recipient), Group Home Services (supports in a provider owned or leased home), Adult Day Health, (supports provided in a structured comprehensive program that provides a variety of services in a protective environment for some portion of the day), Supported Employment (job supports in an integrated employment setting

such as job development, assessment, supportive assistance and job coaching), and Prevocational Services (center based vocational supports in a center based facility, community based prevocational supports in a community based setting such as active participation in paid or unpaid work experience sites in community settings, job tours, job shadowing, training). This document summarizes the State's preliminary assessment activities and its proposed strategy for continuous monitoring and remediation of HCBS settings for both the aged and physically disabled (NFLOC) waivers and the developmental disabilities waivers (ICF/ID LOC).

Section A: Systemic Review

I. Review Methodology

This section details how the State approached the systemic review for the Statewide Transition Plan. The State utilized a three-pronged approach for the review. The review began with the State lead compiling and reviewing all related regulations, contracts, policies and procedures, and service definitions. It was the responsibility of the State lead, the State Medicaid agency, to compile this information, assess it, and define its consistency to the HCBS Final Rule. The second prong of the process was a review by the State leads' partner agencies. These partner agencies included the Oklahoma Department of Human and Services (DHS) Developmental Disabilities Services Division and the Aging Services Divisions (ASD). These partner agencies had the responsibility of reviewing the assessed regulation, policies and procedures, and service definitions. Partner Agencies were responsible for adding additional regulations and policies that were not previously identified. Partner Agencies made an assessment of each of the regulations and policies consistency/compliance with the HCBS final rule. Partner Agencies also proposed remediation and action plans for all of those regulations and policies that required such. The third prong of the systemic review process involved stakeholder groups. Stakeholders represented both the ICF/ID level of care waivers as well as the NFLOC waivers. The systemic assessment was sent to all stakeholder groups affiliated with the waivers. The stakeholder groups were charged with reviewing the systemic grid and providing feedback on the State leads and partner agencies determination of applicable regulations and policies and their consistency with the HCBS final rule. All feedback, comments, and suggestions were reviewed and incorporated as appropriate in the STWP and systemic assessment grids.

II. Compliance Analysis

Within the three-prong review process each group (State Lead, Partner Agencies, and Stakeholders) made an analysis of whether the identified relevant policies and regulations were consistent with the elements outlined the HCBS Final Rule. The analysis of the policies and regulations resulted in a determination of fully compliant, partially compliant, silent, or non-compliant with the elements of the HCBS Final Rule. The outcome was determined through an evaluation of the regulations and/or policies consistency and congruence with elements of the HCBS final rule. Regulation and policy language precisely consistent and congruent with the

elements was determined to be fully compliant. Policies and/or regulations consistent with only part of the elements of the HCBS Final Rule were determined to be partially compliant. Inconsistent language or language opposing the elements of the HCBS final rule was determined to be non-compliant. Absent language was determined to be silent. DHS DDS adopted an overarching general provision administrative rule in order to ensure clarity, consistency, and compliance across all waiver program settings. The overarching general provision administrative rule precisely follows the elements detailed in the HCBS Final Rule. As a result, it was determined that all ICF/ID LOC settings are compliant with the HCBS Final Rule. The systemic grid also includes supporting regulation and policies that enhance the consistency of the regulations and policies that address the elements in the HCBS Final Rule. Aging Services plans to adopt a similar overarching general provision administrative rule that will assist in its settings becoming more compliant with the HCBS Final Rule. Much of the regulations and policy pertaining to the NFLOC settings specifically Adult Day Health setting, remained silent; therefore the adoption of an overarching administrative rule would more directly signify that settings must comply with the standards of the HCBS Final Rule.

III. Remediation Activities

NF LOC Waivers

Many of the current policy and regulations pertaining to settings in the NF LOC waivers were determined to remain silent or be partially compliant with the elements of the HCBS Final Rule. It has been determined that remediation is necessary in order to allow the settings to become compliant with the HCBS Final Rule. Remediation activities will consist of the development and addition of an overarching policy that will precisely follow language of the HCBS Final Rule that settings will have to abide by. The development of this standard for NF LOC waiver settings will go through the States permanent rule promulgation process. It is projected the proposed additional standards for NF LOC waiver settings will be effective 9/1/2017. A draft copy of the updated policy and language can be found in Appendix C.

ICF/ID LOC

The DHS DDS developed an overarching general provision standard that was made effective 9/1/2015. This standard pertains to and must be followed by all settings in the ICF/ID waivers. This overarching general provision strictly follows the language in the HCBS Final Rule. There are minimal instances where remediation is needed, specifically where the state policy and the waiver language conflict such as the case with the policy surrounding restraints. DHS has supporting policy that will be updated as a means of enhancing compliance and having additional policy to directly correspond with the HCBS Final Rule. Proposed changes to specific language can be found in Appendix D.

IV. Alignment of Review

The State of Oklahoma, pursuant to House Bill 1566 which passed the Oklahoma Legislature and was signed by Governor Mary Fallin in April 2015, has issued a Request for Proposal (RFP). The RFP is for a care coordination model for the Aged, Blind, and Disabled populations (ABD). Throughout the process of the RFP development OHCA has worked with the State's contracted consultant group to verify all related managed care rules and how the proposed new service delivery model will ensure compliance with the HCBS Final Rule. The intent of the Legislation is to provide better access to care, improve quality and health outcomes, and control spending costs for the ABD populations. The State is working to gather all relevant information from federal statutes including the HCBS Final Rule, the newly proposed managed care rules, State policy, and stakeholder engagement. Currently the project is unfunded; however research continues on how the project will align with the HCBS Final Rule in the event that it is funded in the future.

Section B: NF LOC Waivers

Introduction

Oklahoma operates two 1915(c) waivers with a Nursing Facility level of care (NFLOC) designation serving approximately 21,000 individuals per month in community settings. The State conducted a review of all of its applicable State statutes, administrative rules, approved waivers, provider requirements, and service specifications pertaining to the HCBS settings. The results of the State's systemic review are located in Appendix A.

The following are the approved NFLOC Waiver Programs.

Medically Fragile – Serves individuals 19 years of age and older who meet hospital and/or skilled nursing level of care. The purpose of the waiver is to provide assistance for families who require long-term supports and services to maintain the medically fragile member in the family home while meeting their unique medical needs. Daily operation of this waiver is performed by the Oklahoma Health Care Authority.

ADvantage – Serves frail elderly individuals age 65 or older and adults age 21 to 64 with physical disabilities or other disabilities, without cognitive impairment that would otherwise require placement in a nursing facility. Daily operation of this waiver is the responsibility of the Department of Human Services Aging Services (DHS-AS). The Oklahoma Health Care Authority retains administrative oversight of the waiver.

I. Assessment Methodology & Continued Monitoring

The DHS – Aging Services, Medicaid Services Unit, (MSU), Quality Assurance/Improvement (QAI) department Provider Audit team has begun formally conducting annual on-site provider agency reviews in all NFLOC settings. Settings including Assisted

Living (AL), and Adult Day Health (ADH) onsite reviews were conducted in SFY17 (July 1, 2016 – June 30, 2017) and will continue annually after the transition plan period. The Provider Audit team has been conducting annual on-site reviews for Home Care (HC) and Case Management (CM) providers since 2000, and will continue these reviews, in accordance to the *ADvantage* Waiver performance measure requirements. Reviews are completed by DHS-AS MSU-QAI for /HCBS settings annually, extending beyond the transition period (March 15, 2022) via the Consumer-Focused Quality Care Review (C-FQCR) tool. The C-FQCR is a tool that has multiple categories with a section dedicated for Home and Community Based settings compliance and Member survey responses. The C-FQCR is completed at the setting level with information from observations, Member level charts, and Member survey with all data linked to individual Members and the provider/setting. In accordance to the *ADvantage* Waiver, Raosoft is used to obtain a representative sample of case records of Members receiving services in each provider type reviewed, including ADH Members and Members who reside in an AL facility. A proportionate sampling guide is created to determine how many Members are to be reviewed per setting. Once this sampling guide determines a minimum sample number per setting, a query is run to determine a random selection of Members for each setting. Included in each setting review is a survey of Member perception. Member Perception contacts are made with Members who were randomly selected for provider review in their ADH/AL setting, in the Member's home, or via telephone. These Member surveys are linked to the C-FQCR tool that combines data regarding compliance with contractual documents, Home and Community Based setting rules, state policy, and Member survey responses. Each setting review results are provided to the setting at an individual Member level, as well as a categorical level to determine areas of improvement. *ADvantage* does not currently have a Provider utilizing more than one setting type. If a provider had multiple types of settings, each setting would be reviewed separately. Providers with multiple locations have separate reviews for each location.

In SFY 2015, the State conducted baseline provider self-assessment surveys. By the end of SFY16, DHS-AS completed follow-up onsite reviews of Assisted Living facilities. In SFY16, DHS-AS also worked with DHS, Developmental Disabilities Services (DDS), to complete Adult Day site visit reports at the Adult Day Centers. During these follow-up reviews, DHS-AS found 71% of the seven AL providers reviewed were in full compliance while the other two AL settings and all 29 ADH settings were not in compliance but could be with modifications.

Preliminary findings for SFY 2017 show three of all six (6) AL providers reviewed for SFY 17 were in full compliance while the other three (3) AL settings and all 28 ADH settings were not in compliance but could be with modifications. There were notable changes in Providers from SFY 2016 to SFY 2017. The same ADH providers were pulled for review; however, one closed prior to review in SFY 2017. Of the AL facilities reviewed the previous SFY, two terminated their contracts; additionally, one facility was added for review. With these changes, a total of six AL facilities were reviewed using the C-FQCR tool.

During SFY 2017, the *ADvantage* waiver commenced three new contracts with AL

facilities that were not previously contracted. The three newly contracted AL facilities were reviewed on-site using a Facility Evaluation tool with sections focusing on HCB Setting requirements and Heightened Scrutiny. These three settings are not included in the C-FQCR results because *ADvantage* Members are not placed in a facility until all requirements of the Facility Evaluation are met. The Facility Evaluation includes observation, interviews, review of policy and procedure, information collection, etc. to evaluate the facility's ability to appropriately serve HCBS recipients. This visit also includes a training element and is an opportunity to answer questions.

Examples of reasons a setting did not comply include the lack of community outing opportunities; unclear opportunities to provide change in Member needs and preferences; secure places for personal belongings; removal of gates, locked doors or other barriers to allow access to areas to the same degree of those not receiving HCBS; and providing members with information regarding how to update or change services and/or providers. Providers received feedback directly after each review regarding agency specific findings. In addition, a statewide overview of common findings and pertinent training reminders was provided at the Fall 2016 Regional Provider Trainings. Presentations were also given to ADH providers in January 2017 as a joint effort of DHS-AS and DHS-DDS to assure 100% compliance.

DHS-AS Medicaid Services Unit has developed Adult Day Health (ADH) and Assisted Living (AL) C-FQCR tools using exploratory questions as a guide for the HCB settings section of the C-FQCR tools. A C-FQCR tool was used to review Assisted Living provider settings in SFY16, while an Adult Day site visit report was used for ADH provider settings in SFY16. Updates to the Assisted Living C-FQCR tool have been made and an Adult Day Health C-FQCR tool was developed for use in SFY17 and subsequent review years. The C-FQCR tools are based on the *ADvantage* Program contractual documents, Oklahoma Administrative Code (OAC), Oklahoma statutes, and HCBS Final Rules. The tools are designed to measure provider compliance with defined standards and adherence to the waiver requirements, including Member choice of services and provider, training, compliance with delivery of services as authorized. As a measure to further validate findings, the tool will also survey the member's perception of service delivery performance and support to integrate into the greater community. Each SFY17 review will include a remediation plan of correction that the agency completes, as well as progress reports if there were any non-compliance issues with any of the requirements. The provider review team is responsible for monitoring and tracking the provider's progress in complying with the performance measures, HCB settings requirements, and any necessary remediation. MSU-QAI staff has received trainings provided by CMS through various webinars. MSU-QAI work is reviewed prior to final determinations being made and ongoing, with a minimum of quarterly training is provided to the MSU-QAI staff. Ongoing review staff training will be provided on the usage of the C-FQCR tool, user instructive material, policy, and CMS rules. Seasoned reviewers participate at least yearly in interrater reliability demonstration

training; new reviewers are assessed more frequently at milestones in orientation training through interrater reliability activities with various reviewers. MSU-QAI and Provider staff at the ADH and AL settings have been given specific information regarding community integration requiring Members' access outside of the facility, to avoid reverse integration (a model of intentionally inviting individuals not receiving HCBS into a facility-based setting to participate in activities with HCBS beneficiaries), to be used and considered as a sufficient strategy. It has been clearly documented that all Members must be provided opportunities to access the greater community, outside of the setting; this information is detailed in the provider-developed Community Integration Plan.

Compliance Determination

During SFY 16, HCB settings compliance was determined using a site visit report for Adult Day Health Centers and a C-FQCR tool for Assisted Living Centers. In order to be considered fully compliant, the HCBS settings score had to be 100% on the respective tool. HCBS settings scores below 100% were reviewed to designate whether the setting could comply with modifications. Non-compliance was defined as an agency that could not comply with modifications. All *ADvantage* agencies scoring below 100% were determined to be able to comply with minor modifications.

Individual, Private Home

The Department of Human Services Social Worker and Long Term Care (LTC) Nurse complete both financial and medical criteria, respectively, to evaluate eligibility for the *ADvantage* Program. A Uniform Comprehensive Assessment (UCAT Part III) is completed, in the home of each applicant by the LTC Nurse initially, then annually, or more often as needed, by the Member's Case Manager. Using the UCAT III as a tool in the home to evaluate health and safety, the LTC Nurse and Case Manager obtain information relevant in the assessment of compliance with Home and Community Based (HCBS) settings requirements including setting choice and access to the greater community including a section that asks "if you could not continue to live in your present location, do you have any ideas about where you would live?" The tool is designed to ask probing questions regarding activities of daily living (ADLs) and instrumental activities of daily living (IADLs) to aid in the development of the member driven person-centered service plan. During this initial assessment, the member chooses their desired providers and offers input to the services in their person-centered service plan. The LTC Nurse and Case Manager use the UCAT Assessor Manual to complete the form. Additionally, case management training is a requirement for *ADvantage* Case Management certification. A full day is devoted to the UCAT which requires the assessor to review the Member's physical and mental health, functional abilities, social supports, and physical environment documenting safety and accessibility concerns. The assessment is extensive and allows the assessor to document all observations and professional determinations regarding the appropriateness of home and community based services and settings assuring that any setting even the private home

overcomes the presumptions of compliance. The UCAT addresses information regarding the owner of the applicant/Member's home. This information will be reviewed to determine if the beneficiary is living in a home owned by an unrelated, paid caregiver. If the LTC nurse, case manager, any MSU staff or provider staff finds this to be, they will be required to contact the MSU-QAI Programs Assistant Administrator to schedule staff to evaluate the setting as a provider-owned or –controlled setting. If the member or applicant is in a setting that does not comply, the member or applicant will be advised of options of remediation, relocation to another setting, or other program options.

II. Assessment Process

Aging Services (AS), Quality Assurance and Improvement (QAI) staff review all applicable rules, provider contractual documents, lease agreements, as well as any other pertinent documentation before the on-site provider agency review. During the on-site provider agency review, AS-QAI staff review member charts, personnel records, other agency documentation, conduct observational review of the facility, interview members identified via random sampling procedure and evaluate this information in the context of appropriate and applicable contract standards, state, and federal rules. The Consumer-Focused Quality Care Review (C-FQCR) tool is utilized during the provider agency review. The tool has been revised to specifically address requirements for home and community based settings. After compiling the findings from the provider agency review, the AS-MSU QAI lead reviewer conducts an Exit conference with the provider agency presenting the findings and the preliminary provider report. The provider is given an opportunity to provide refuting documentation at that time. Any refuting documentation is considered and the provider is provided a Final Review Letter with the Final Review Report and instruction for completing any required remedial action.

III. Remediation Strategy

Remediation

Any provider who scored below 100% on these HCB settings compliance reviews will be required to complete a plan of correction developed by the review team, complete two progress reports over a 6-month period and receive a follow-up visit. The plan of correction includes the identification and cause of the problem, the proposed action/intervention, a monitoring plan, the person accountable, the implementation and projected completion dates and the expected outcome. The progress reports include the status of implementation, what data has been collected, the collection date and the person accountable. The plan of correction is submitted within 30 days from the date that the final reports are mailed to the agency and the progress reports are due every 30 days after the plan of correction is approved by the Programs Assistant Administrator of the Quality Assurance/Improvement department or designee. The follow-up review is completed during the month following the final progress report and includes only those conditions that require a plan of correction. All annual AL and ADH reviews for SFY18 must be

completed by June 30, 2018, and remediation for HCB settings requirements and follow-up confirmation of full compliance must be confirmed by November 30, 2018 for AL and December 31, 2018 for ADH allowing appropriate time for relocation activities as necessary. Remediation will continue as a regular part of the methodology for continuous monitoring for quality assurance and improvement as outlined above.

Non-Disability Specific Settings: The AS-MSU Training and Development department offers all of its providers, specifically case managers, ongoing training to build capacity to increase Member's access to various setting options across home and community-based services. Members choose the most appropriate settings based on the Member's abilities, goals, and needs maintaining access to services in non-disability specific settings among their service options for both residential and non-residential services. Member's document choice of all Home and Community Based Services (HCBS) providers; case managers send the chosen provider information to MSU prior to authorization of services.

Improvement

Full compliance is requested for all HCB setting requirements, as well as other performance measures to be evaluated during the review. During the transition period DHS Aging Services staff will work with providers to come into full compliance on all HCB settings by December 31, 2021 in accordance with the timeline for relocation below. Trainings have been conducted with providers, including separate trainings with ADH and AL Providers during the Fall of 2015 to explain the monitoring method and answer any questions (see Provider HCB Setting Compliance Trainings in timeline). Regional Provider Trainings were held throughout the state during the months of September 2015 and September 2016. Trainings held on September 15, 2015 in McAlester, September 16, 2015 in Tulsa, September 17, 2015 in Lawton, and September 18, 2015 in Norman covered person-centered service delivery and were offered to all NFLOC waiver providers. Trainings that were held on September 7, 2016 in Tulsa, September 8, 2016 in McAlester, September 14, 2016 in Norman, and September 15, 2016 in Lawton provided continued education on Quality Assurance and Improvement activities, the HCB Settings review process and devoted much focus to requirements of the final rule, this was offered to all NFLOC waiver providers. MSU offered Regional Provider Training in Spring 2017, on April 10, 2017 in Tulsa, April 11, 2017 In McAlester, April 12, 2017 in Norman, and April 13, 2017 in Lawton to address Person-Centered Thinking, a concept utilized during person-centered planning and service delivery; trainings were offered to all NFLOC providers. Additional trainings are scheduled for June 26, 2017 for Adult Day Health setting providers and June 29, 2017 to Assisted Living setting providers. MSU is committed to offer trainings at least twice annually to assist providers in achieving compliance. These trainings rotate topics so that providers are well-rounded in meeting the person-centered needs of our Members. Regular and ongoing case management trainings continue to address the responsibility of the case manager to assure person-centered planning, service delivery, and coordination of care with all settings and providers. Additionally, providers continue to receive training at least annually regarding

Quality Assurance and Improvement changes and reminders. MSU also sends regular, unscheduled bulletins to providers to give updates and reminders regarding rules, regulations, and best practice for service delivery of Members.

Plan for Relocation

1. Each Member has an individualized person-centered service plan, prepared by the *ADvantage* Case Manager in conjunction with the Interdisciplinary Team (IDT), completed during each service plan year or when living arrangements are modified. One section of the service plan is life transition planning. In this area, contingency plans list choices by the member if they can no longer stay at the assisted living and the supports available to assist with this transition.

2. Each Member has an individualized person-centered services backup plan crafted by the *ADvantage* Case Manager in conjunction with the IDT team completed during each service plan year or when living arrangements are modified. This services backup plan includes contingency plans for direct care assistance, critical health and supportive services, equipment repair or replacement, medications, DME supplies, transportation, etc. First, second, and third tier designated backups are also listed on the plan. The plan is signed by the member, *ADvantage* Case Manager and any witnesses, if applicable.

3. Should the setting fail to meet compliance, members, *ADvantage* Case Managers and the IDT will strategize utilizing the contingency plans included in the person-centered service plan as a basis for identifying possible living options available in the community. Should relocation become necessary, alternative community residential and day options will be explored with the members. Immediate coordination with the *ADvantage* Case Manager and all other IDT members requested by the member are critical in evaluating the wishes of the Member and the options available to them. Some of the options available would be as follows:

Assisted Living

- Transferring to another certified *ADvantage* Assisted Living Center
- Home with HCB services and informal supports
- Home with Adult Day Health services
- Explore all assistance and living arrangements with family, friends

Adult Day Health

- Transferring to another Adult Day Health facility
- Remaining in the home with PCA services in place, in conjunction with informal supports
- Move to a certified *ADvantage* Assisted Living Center
- Explore all assistance and living arrangements with family, friends.

IV. Plan of Action

The proposed plan of action is contingent upon CMS approval of the plan.

SFY	Start Date	End Date	Milestone	Plan of Action
SFY 15	August 2014	March 2015	All Baseline Data Collected	The State will obtain baseline data using provider performance self-assessments. Baseline provider self-assessments were completed utilizing the exploratory questions from the CMS Rule toolkit.
SFY 15	March 2015	March 2015	Public Meeting	The State hosted its first public meeting regarding the requirements of the Final Rule and the Statewide Transition Plan process.
SFY 15	April 2015	April 2015	Public Meeting	The State hosted its second public meeting to discuss the draft version of the State's initial Statewide Transition Plan.
SFY 15	May 2015	May 2015	Submission of Initial SWTP	The State submitted its first version of the Statewide Transition Plan
SFY 16	August 2015	August 2015	Provider HCB Settings Compliance Training	The State (DHS Aging Services and DHS Developmental Disabilities Services) met with Adult Day Health Providers, reviewed the Final Rule, and the On-Site Visit Report that would be used to assess compliance with HCB Settings. Allowed providers opportunities for Questions and Answers.
SFY 16	September 2015	September 2015	Regional Provider Trainings	The State (DHS Aging Services) met with all interested <i>ADvantage</i> providers for training that covered person-centered service delivery.
SFY 16	October 2015	October 2015	Provider HCB Settings Compliance Training	The State (DHS Aging Services) met with Assisted Living Providers, reviewed the Final Rule, and the Consumer-Focused Quality Care Review (C-FQCR) tool that would be used to assess compliance with HCB Settings and other contractual requirements. Allowed providers opportunities for Questions and Answers.
SFY 16	December	December	Public Meeting	The State hosted its third public

	2015	2015		meeting to inform stakeholders and the public of the feedback garnered from the CMIA letter and begin the development of a plan to amend the initial Statewide Transition Plan.
SFY 16	April 2016	April 2016	Follow-up/Preliminary Site Review (Assisted Living Settings)	The State assessed all Assisted Living Providers during on-site monitoring visits and through the annual provider review process. Data was collected and analyzed to further determine compliance with the Final Rule.
SFY 17	September 2016	September 2016	Regional Provider Training	The State (DHS Aging Services) met with all interested <i>ADvantage</i> providers, reviewed the Final Rule, and the Consumer-Focused Quality Care Review (C-FQCR) tools for Assisted Living and Adult Day Health providers that would be used to assess compliance with HCB Settings. The State also reemphasized Person-Centered Planning and its impact and every phase of service delivery.
SFY 17	October 2016	October 2016	Follow-up/Preliminary Site Review (Adult Day Health Settings)	The State assessed all Adult Day Health Providers during on-site monitoring visits and through the annual provider review process. Data was collected and analyzed to further determine compliance with the Final Rule.
SFY 17	November 2016	November 2016	Submission of Revised Statewide Transition Plan (Initial Approval)	The state submitted its revisions to the Systemic Assessment portions of the Statewide Transition Plan for initial approval.
SFY 17	January 2017	January 2017	Public Meeting	The State hosted a public meeting in January to discuss and garner feedback from Stakeholders pertaining to the latest version of the SWTP.
SFY 17	February 2017	February 2017	Submission of Revised Statewide Transition Plan (Final Approval)	
SFY 17	April 2017	April	Regional	The State (DHS Aging Services) met

		2017	Provider Trainings	with all interested <i>ADvantage</i> providers for training that covered person-centered thinking, a concept utilized during person-centered planning and service delivery.
SFY 17	June 2017	June 2017	Adult Day Health Service Specific Trainings for HCB Settings Providers	The State (DHS Aging Services) will meet with all interested <i>ADvantage</i> Adult Day Health providers to review the Final Rule requirements, and the Consumer-Focused Quality Care Review (C-FQCR) tools for Adult Day Health providers that are used to assess compliance with HCB Settings.
SFY 17	June 2017	June 2017	Assisted Living Service Specific Trainings for HCB Settings Providers	The State (DHS Aging Services) will meet with all interested <i>ADvantage</i> Assisted Living providers to review the Final Rule requirements, and the Consumer-Focused Quality Care Review (C-FQCR) tools for Assisted Living providers that are used to assess compliance with HCB Settings.
SFY 17	July 2016	June 2017	New Tool Developed	The State will be utilizing a new tool in July 2016 for Adult Day Health and an amended tool for Assisted Living for the purpose of ongoing monitoring. These new/amended tools will include a review of provider agency contractual documents, Oklahoma Administrative Code (OAC), Oklahoma statutes, and HCBS Final Rule. The State will work with providers to identify ways to achieve compliance within required timeframes. The State will provide ongoing training and consultation to providers to ensure providers are working toward successful methods for achieving compliance.
SFY 18	July 2017	June 2018	Completion of Annual Reviews (All Settings Types)	The State will continue to monitor providers' compliance through the provider performance review process. Any provider that scores below 100% on the provider review will be required to complete a plan of correction.
SFY 19	July 2018	June 2019	Continuous QAI Procedures	The State will continue training and monitoring of Provider compliance

				throughout the SFY to include Regional Provider Trainings, reviews using the C-FQCR tools, Plan of Correction/Progress Report requirements as well as additional specific trainings as needed.
SFY 20	July 2019	June 2020	Continuous QAI Procedures	The State will continue training and monitoring of Provider compliance throughout the SFY to include Regional Provider Trainings, reviews using the C-FQCR tools, Plan of Correction/Progress Report requirements as well as additional specific trainings as needed.
SFY 21	July 2020	June 2021	Continuous QAI Procedures	The State will continue training and monitoring of Provider compliance throughout the SFY to include Regional Provider Trainings, reviews using the C-FQCR tools, Plan of Correction/Progress Report requirements as well as additional specific trainings as needed.
SFY 22	November 2021	November 2021	Remediation of non-compliance complete (Assisted Living)	All remediation for non-compliance with HCB settings requirement including Plan of Correction, Progress Reporting and Follow-up visits completed by this date for Assisted Living providers
SFY 22	December 2021	December 2021	Remediation of non-compliance complete (Adult Day Health)	All remediation for non-compliance with HCB Settings requirement including Plan of Correction, Progress Reporting and Follow-up visits completed by this date for Adult Day Health providers
SFY 22	December 2021	December 2021	Notifications of Decertification Sent (Assisted Living)	Notices will be sent advising of the decertification of the Assisted Living contract with the MSU-AA, in conjunction with the Oklahoma Health Care Authority.
SFY 22	December 2021	December 2021	Notification sent to Members of Decertified Assisted Livings	Notices will be sent to Members and Members' Case Managers advising of the decertification of the Assisted Living contract with the MSU-AA, in conjunction with the Oklahoma Health Care Authority. This will advise of

				timeline for Service Plan options, addendums and relocation steps.
SFY 22	January 2022	January 2022	Notifications of Decertification Sent (Adult Day Health)	Notices will be sent advising of the decertification of the Adult Day Health contract with the MSU-AA, in conjunction with the Oklahoma Health Care Authority.
SFY 22	January 2022	January 2022	Notification sent to Members of Decertified Adult Day Health provider	Notices will be sent to Members and Members' Case Managers advising of the decertification of the Adult Day Health provider contract with the MSU-AA, in conjunction with the Oklahoma Health Care Authority. This will advise of timeline for Service Plan options, addendums and relocation steps.
SFY 22	March 2022	March 2022	Relocation Completed	All settings that are not fully compliant with the HCB settings regulation will be identified and individuals receiving HCBS in those setting will be relocated to a compliant setting.
Ongoing			Education	Trainings, provider education, and technical assistance were provided throughout the STP process beginning in FY15 and beyond. It will continue throughout the transition period and after the transition period has ended.

V. Baseline Assessment Process and Results

Baseline assessments were completed from August 2014 to March 2015. Providers received a survey via electronic mail and follow-up phone calls. The survey consisted of questions from the CMS Final Rule Exploratory Questions document. Follow-up calls were made to ensure that providers completed the survey in the allotted timeframe. Surveys were sent to the entire NFLOC waiver settings locations. There was an 80% response rate on the survey. The State did reach out to those providers that did not respond to the survey. It was estimated based on the baseline provider self-assessments that at least 75% of all settings comply with the HCBS Final Rule and 25% are non-compliant. A more detailed overview of the baseline provider self-assessment survey results can be found in Appendix E. In an effort to validate the baseline findings, the State conducted a follow-up assessment that included all providers in the AL and ADH settings. The State assessed these individuals during on-site monitoring visits and through the annual provider review process discussed in Section B.I that includes a site visit and Member perception survey. The C-FQCR tool was used to review Assisted Living provider settings in SFY16, while an Adult Day site visit report was used for ADH provider settings in

SFY16. The findings from the follow-up review indicated that most providers need minor adjustments to become fully compliant with the HCBS final rule. Further details concerning the results of the assessment can be found in Appendix E.

During annual reviews, if a setting is found to not fully comply and unable to complete remediation activities within required timeframe, the state will implement the relocation plan with the above referenced timeline.

VI. NFLOC Heightened Scrutiny

DHS-AS MSU-AA staff completed on-site visits for all HCBS settings using the Final Rule and exploratory questions for residential and non-residential settings to identify settings that are presumed NOT a home and community based setting. Each setting was reviewed to determine if the setting was not in a public or privately operated facility that provides inpatient institutional treatment and if the setting was in a building on the grounds of, or adjacent to, a public institution. Each setting was also reviewed to determine if it isolated the member from the broader community. If the setting was determined to not be integrated and did not support the member's full access to the greater community, the review teams ensured that the modifications were and continue to be supported by a specific, assessed need, and justified in the person-centered plan when appropriate. The facilities identified for heightened scrutiny are listed in Appendix F with the reason for heightened scrutiny. These facilities were further reviewed line by line with the exploratory questions by the DHS-AS MSU-AA QAI department and evidence was submitted demonstrating the setting had qualities of an HCBS setting and did NOT have institutional qualities.

As settings are identified by DHS as presumed NOT Home and Community Based or presumed to have qualities of an institution with potential to isolate individuals, DHS proceeds with a Heightened Scrutiny Review of the setting. This review includes an onsite visit for observation as well as interviews. Upon completion of the review, a detailed report is compiled and the packet with supporting evidence that the setting is indeed HCBS is submitted electronically to the OHCA with a recommendation for Heightened Scrutiny Review. If DHS has determined the setting is not an HCBS setting, and institutional in nature, the information will be sent to OHCA for informational with recommendation to not pursue Heightened Scrutiny from CMS.

Upon receipt of a Heightened Scrutiny Packet, OHCA adds the Heightened Scrutiny review as an agenda item for the Long Term Care Quality Improvement Committee LTCQIC meeting. The committee, comprised of The State, Partner Agencies and Stakeholders such as (Centers for Independent Living, CILs; Leading Age; Volunteers of America; AAA, etc.) work in collaboration to review and make recommendations for policy and/or system changes as indicated; as well as provide a public forum for discussion of long-term care issues. The committee will review the evidence submitted by DHS-AS and make a determination to forward the information to CMS for Heightened Scrutiny or recommend remediation of the setting or relocation of Members. The LTCQIC will meet quarterly to review and make any necessary

determinations. The CMS Heightened Scrutiny process requires public input, thus this will be incorporated into the OHCA review process. Oklahoma does not intend to submit services/settings to CMS for application of Heightened Scrutiny unless the State believes that the setting in fact has the qualities of a home and community based setting, which may include steps that will be taken by the provider as part of an approved transition plan which the State believes are expected to achieve compliance. The intent is to further evaluate any setting that may be institutional in nature—by virtue of physical location, or because it is designed specifically for people with disabilities and individuals in the setting are primarily or exclusively people with disabilities and the on-site staff that provide services to them. Oklahoma is utilizing this process to clearly identify what it believes to be appropriate and sufficient in establishing and demonstrating that the settings meet the qualities for being home and community based settings.

The detailed reports of the assessment conducted using the CMS exploratory questions can be found in Appendix F; they demonstrate the State's evidence that each setting meets the qualities of Home and Community Based Settings. All HCBS settings under contract were reviewed after the Final Rule was released to include; Assisted Living facilities and Adult Day Health centers. Those identified for Heightened Scrutiny will continue to be reviewed annually using CMS guidelines for facilities to Not be or Presumed Not to be HCBS settings. Settings applying to be a certified provider under these waivers will be screened before approval is granted. Those identified with the CMS guidelines as facilities that are presumed Not to be HCBS settings will require approval from OHCA and CMS prior to certification.

Section C: ICF/ID Waivers Introduction

Oklahoma operates four home and community based waivers which require an ICF/ID level of care. Average monthly enrollment in these waivers is approximately 5,382. In accordance with Title 340 Chapter 100 of the Oklahoma Administrative Code (OAC), the ICF/ID level of care is mutually exclusive from the nursing facility levels of care, which are necessary for enrollment in the waivers administered and operated by DHS DDS. The State conducted a review of all of its applicable State statutes, administrative rules, approved waivers, provider requirements, and service specifications. The results of the State's systemic review are located in Appendix B.

The following are the approved ICF/ID Waiver Programs. Daily operation of each of these waivers is the function of the Oklahoma Department of Human Services – Developmental Disabilities Services.

Community – Serves individuals who are 3 years of age and older who have intellectual disabilities and certain persons with related conditions who would otherwise require placement in an ICF/ID.

Homeward Bound – Serves individuals who are 18 years of age and older who have intellectual disabilities and certain persons with related conditions who (1) would otherwise require placement in an ICF/ID; and (2) have been certified by the U.S. District Court for the Northern

District of Oklahoma as being members of the plaintiff class in *Homeward Bound et al. v. The Hissom Memorial Center et al.*, Case No. 85-C-437-e.

In-Home Supports Waiver for Adults – Serves the needs of individuals 18 years of age and older with intellectual disabilities who would otherwise require placement in an ICF/ID.

In-Home Supports Wavier for Children – Serves the needs of children ages 3 through 17 years with intellectual disabilities who would otherwise require placement in an ICF/ID

I. Assessment Methodology & Continued Monitoring

The Oklahoma Department of Human Services (DHS), Developmental Disabilities Services Division (DDS), Quality Assurance department conducts an annual on-site performance survey with all agencies providing services through the ICF/ID Home and Community Based Waivers. Performance surveys are conducted to assess compliance with all relevant rules and policies. Performance surveys are conducted each fiscal year. The performance survey includes an evaluation of information obtained from observations, interviews with both members and providers, and records reviewed in the context of appropriate and applicable contract standards, state, and federal rules. In accordance with current ICF/ID waiver renewal language, Raosoft is used to obtain the appropriate sample size. Once the sample size is ascertained this information is sent to the DHS Office of Planning, Research, and Statistics to select the random sample of waiver members. Utilizing Statistical Package for the Social Science (SPSS) SPSS software, individual waiver members are randomly selected. The Quality Assurance department then identifies all provider agencies and setting types that coincides with the waiver member sample. Notification is given to provider agencies of when the performance survey will be completed. The Quality Assurance department completes all performance surveys via on-site visits. The on-site visits are conducted at the individual settings where the member receives their HCB services. While the performance review is conducted at the provider agency level, assessments of all the provider's individual locations are included for every setting under the provider agency's responsibility, thereby accounting for the providers who have more than one setting. All settings that group or cluster individuals for the purpose of receiving HCBS is assessed by the state for compliance with the federal rule. Each onsite visit evaluates the criteria of each of the HCB settings requirements as reflected in the survey. Performance surveys are completed on an annual basis; however the survey has only recently been updated to reflect the settings requirements in the HCBS Final Rule. In SFY 16, the Quality Assurance department collected the baseline data pertaining to the HCB settings requirements. The Quality Assurance department will continue to assess settings requirements in provider surveys on an annual basis hereafter.

The Developmental Disability, Quality Assurance department, also conducts an Area survey and has designed a Case Management Survey in an effort to further validate the Performance Survey conducted annually. The Area survey is conducted utilizing the same

representative sample reviewed for the Performance surveys. The Area survey review compliance of the HCBS settings rules as it pertains to person centered planning. Data is analyzed to reflect compliance data received and reviewed during the provider performance survey process. The Quality Assurance department has designed a new Case Management review tool that will be used annually to assess 100% of members served in the four ICF/ID waivers. The Case management review tool includes all of the federal HCB settings requirements. The tool is currently being completed by all case managers for SFY 17 baseline data. Beginning July 1, 2018, this tool will be completed as part of the person-centered process for each individual receiving waiver supports. The results will become part of the recipient's record as well as being provided to Quality Assurance for data collection purposes. This review tool will not only be used to validate the HCB settings, but will also be used to evaluate case managements' understanding of the HCB settings rule. If needed, further training will be provided to those case managers who may not have a clear grasp of the rule. The data will be used to validate the results of the performance surveys, as they will be focused on member perception and experience with services received. The DDS Quality Assurance staff also plan to utilize the NCI data as a means of statistical validation. The staff will compare the results of this data with data gathered from the performance survey. Any statistically relevant discrepancies will be further investigated.

All new Quality Assurance staff is required to complete 60 hours of classroom training and 180 hours of on the job training that includes shadowing a senior quality assurance staff member. After the initial 180 hours of on the job training is completed, quality assurance staff participates in 8 hours of additional training with his or her supervisor. Quality assurance staff is provided quarterly training on policy and procedural updates. An annual performance survey is conducted with agencies providing services through a Home and Community Based Waiver, to assess compliance with expectations defined in the agency's contract. A random sample is selected by DHS Office of Planning, Research and Statistics utilizing SPSS software. Surveys are conducted during each state fiscal year with providers of residential, vocational, or non-medical home supports. A representative sample of service recipients from each of the four waivers is selected and then organized by provider agency who serves each service recipient included in the random sample. Notification is given to providers in the survey sample of when the survey will be completed. Surveys are completed through on-site visits. DDS ADH settings have been given specific information regarding community integration requiring member access to the greater community. ICF-ID contract provider agencies are monitored for settings compliance at least annually. The provider developed Community Integration Plan is utilized to document the opportunities given to each member. All contract provider agency that are in violation of the HCB settings requirement, are monitored at 60 day intervals until they come into compliance. Additionally, the Performance Review Committee can sanction the agency for non-compliance, limiting the agency's ability to add new members to any of the waivers and settings.

Technical assistance is provided on a regular basis by Program Managers and staff that visit each HCB settings location and review the programs to assure that these supports are providing service recipient access to the broader community. Case Managers also provide site visits for their recipients receiving Adult Day supports. These visits are recorded on the quarterly report and are part of the service recipient's official record.

Individual, Private Home

Members who reside in individual, private homes are included in the provider survey sample universe, case managers ensure all service recipients living arrangements are monitored and updated as living arrangements change.. Based on the data collected in SFY 16 and the data collected thus far in SFY 17, it reveals that individual residences are in compliance with the HCBS Final Rule on settings. There are currently no potentials for heightened scrutiny.

II. Assessment Process

Developmental Disabilities Services (DDS) Quality Assurance staff review all applicable rules and provider contracts before the site visit. During the site visit, DDS Quality Assurance staff observes and conducts interviews with service recipients and staff involved in each type of service provided by the agency. Observations and interviews occur during various times of service delivery. Quality Assurance staff members evaluate information obtained from observations, interviews, and records reviewed in the context of appropriate and applicable contract standards, state, and federal rules. The survey tools utilized by the Quality Assurance team have been revised to specifically address requirements for home and community based settings. Once the site visit is complete, the DDS Quality Assurance team conducts an Exit conference with the provider agency, where the findings of the review are presented. The proposed action steps and timelines for the SWTP are outlined below in the Plan of Action Section.

III. Remediation Strategy

In the ICF-ID waiver group, performance survey teams conduct onsite visits (re-surveys) to assess resolution of identified contract deficiencies. Focused re-surveys including a new random sample are conducted at any time following the established resolution date. Focused re-surveys require no advance notice. Focused re-surveys may, at the discretion of the performance survey team be expanded to include any new performance issue identified. Focused re-surveys evaluate whether the provider has corrected identified deficiencies by the approved resolution date. The written report provided to the provider includes any new performance issues identified as well as the resolution of conditions resulting in the citation of a standard; and continued existence of a deficiency. Provider agencies surveyed by DDS Quality Assurance Staff are given two weeks after the exit conference to send a written response to the Quality Assurance staff that identifies a date by which the agency will comply with cited requirements. The projected resolution date must be within two months of the exit conference. During SFY 17 Provider

agencies that receive citations for non-compliance will be re-surveyed to assess resolution of identified contract and rule deficiencies. Each agency is re-surveyed 60 days after the original survey. Following the re-survey the provider is informed of the results; however, if the initial re-survey does not reveal correction of cited deficiencies or new citations are found this new information is added to the original survey report and forwarded to the Performance Review Committee (PRC) for recommendations.

The PRC meets monthly to review and issue a determination on referrals and re-surveys which have not corrected all outstanding deficiencies in the original survey. Available determinations include:

(1) Acceptance, denial, or modification of an appeal;

(2) A determination that sanctions are not warranted;

(3) Invocation of one or more sanctions including:

(A) A vendor hold that precludes the admission to the agency of any person whose services are funded by DDS or Waiver services. The agency may not provide services to a participant who was not being served before the vendor hold was issued;

(B) Suspension of funding pending resolution of conditions violating terms of the contract;

(C) Disallowance of claims for services by staff whose:

(i) Training was not completed per OAC 340:100-3-38; or

(ii) Pre-employment screening does not comply with OAC 340:100-3-39;

(D) Termination of contract with the Oklahoma Department of Human Services (DHS);

(E) Recommendation for termination of contract with the Oklahoma Health Care Authority (OHCA);

Re-surveys are conducted every 60 days until all deficiencies are resolved.

In the event that an agency continues to fail to comply with the HCBS settings requirements by June 30, 2021, Developmental Disability Services will begin the process of relocation. Each service recipient has an individualized person-centered service plan, prepared by the Case Manager in conjunction with the Interdisciplinary Team (IDT), completed during each service plan year or when living arrangements are modified. Waiver members may not remain in a non-compliant setting. Immediate coordination with the Case Manager, the IDT Team members, and the member will be critical in determining the options available. Choices of other compliant settings will be made available to the member by the case manager. The member

will have the opportunity to visit each of his or her choosing and will make a final selection. Waiver member will be relocated prior to March 17, 2022. Options available to the member include continuing to receive the same supports in another setting that is fully compliant with the HCBS settings or changing the supports he or she receives based on the person-centered plan. Oklahoma DDS staff will follow person-centered planning in the transition process. Individuals will have choice among qualified providers, settings and be provided opportunities to visit several settings and given information to help them understand the various options available.

Non-Disability Specific Settings

Oklahoma has enhanced capacity of existing providers by approving Provider agencies' request to expand to new counties as well as to add to their current service delivery programs. During the transitions from the remaining Resource Centers, DDS encouraged agencies to expand their geographic areas as well as their capacity to provide supports for the additional members. DDS provided regular monitoring of these homes to assist the agencies in making the transitions successful. For SFY17, 12 of our current service providers have expanded their HCBS service delivery to additional waivers or to expand to additional geographic catchment area. In order to improve access to non-disability specific settings, DDS outlined strategies within its SFY13-16 state plan to develop new providers. The goal was to improve access to services "by strategically expanding the number of contracted professionals providing home and community-based services to individuals." This was done by the staff in each of the Area offices personally reaching out to community providers, meeting with them, and providing them with written material in regards to the service delivery system and contracting process. This resulted in the identification of 60 additional community providers. In FY 17-19, this strategy continues through the community engagement committee that continues identifying non disability specific setting needs and strengthening our community providers.

Improvement

Full compliance is requested for all HCB setting requirements, as well as other performance measures to be evaluated during the review. During the transition period Developmental Disabilities Services staff will work with providers to come into full compliance on all HCB settings by December 31, 2018 in accordance with the timeline for relocation below. Training and technical assistance have been conducted with providers, case managers, quality assurance staff and professionals. See appendix J. These training have been conducted several times throughout the state and include topics related to person centered planning, community integration, policy provisions of home and community based services, personal choice and autonomy and the HCB setting requirements. DDS has implemented a quarterly newsletter to include information regarding settings to DDS staff. DDS staff and providers continue to receive annual training regarding the HCB setting requirements. DDS program staff continues to provide technical assistance and professional advice regarding rules, regulations, and best practice to ensure that members receive quality services.

Plan for Relocation

Each Member has an individualized person-centered service plan prepared by the Case Manager in conjunction with the Interdisciplinary Team (IDT), that includes action steps and outcomes in support of the member accessing the community during each service plan year or when living arrangements are modified. Waiver members may not remain in a non-compliant setting. Immediate coordination with the Case Manager, the IDT Team members, and the member will be critical in determining the options available. Choices of other compliant settings will be made available to the member. The member will have the opportunity to visit each of his or her choosing and will make a final selection. Waiver member will be relocated prior to March 17, 2022. Options available to the member include continuing to receive the same supports in another setting that is fully compliant with the HCBS settings or changing the supports he or she receives based on the person-centered plan. Oklahoma DDS staff will follow person-centered planning in the transition process. Individuals will have choice among qualified providers, settings and be provided opportunities to visit several settings and given information to help them understand the various options available. Individuals will be relocated as necessary by March 15, 2022.

DDS is committed to providing on going technical assistance regarding the HCBS final rule to contracted provider agencies, case management, contracted professionals and interested community partners. A compliance committee meets regularly to review current findings, trends, issues, etc. regarding the HCB settings requirements. These reviews are then shared with the stakeholders. In the event that a remediation strategy is needed, appropriate state office staff will assist the contracted provider agency or case manager to develop such.

IV. Plan of Action

The proposed plan of action is contingent upon CMS approval of the plan.

SFY	Start Date	End Date	Milestone	Plan of Action
SFY 14 - 15	April 2014	June 2016	Training & Education	Participated in several Final Rule trainings and survey development meetings.
SFY 15	March 2015	March 2015	Public Meeting	The State hosted its first public meeting regarding the requirements of the Final Rule and the Statewide

				Transition Plan process.
SFY 15	April 2015	April 2015	Public Meeting	The State hosted its second public meeting to discuss the draft version of the State's initial Statewide Transition Plan.
SFY 15	May 2015	May 2015	Submission of Initial SWTP	The State submitted its first version of the Statewide Transition Plan
SFY 16	July 2015	September 2015	Collected the first quarter of Baseline Data	The State obtained the first quarter of baseline data utilizing settings requirements in the provider performance surveys
SFY 16	July 2015	June 2016	All Baseline Date Collected	The State obtained baseline data utilizing the updated survey to include settings requirements.
SFY 16	December 2015	December 2015	Public Meeting	The State hosted its third public meeting to inform stakeholders and the public of the feedback garnered from the CMIA letter and begin the development of a plan to amend the initial Statewide Transition Plan.

SFY 17	July 2016	June 2017	Provider Performance Survey Assessments & an remediation necessary Completed	The State continues to collect data and monitor compliance on settings requirements.
SFY 17	July 2016	June 2017	Case Management Review Assessments Completed.	The State will utilize newly developed case management review assessments to validate the provider surveys.
SFY 17	October 2016	October 2016	Follow-up/Preliminary Site Review (Adult Day Health Settings) (in conjunction with Aging)	The State assessed all Adult Day Health Providers during on-site monitoring visits and through the annual provider review process. Data was collected and analyzed to further determine compliance with the Final Rule.
SFY 17	November 2016	November 2016	Submission of Revised Statewide Transition Plan (Initial Approval)	The state submitted its revisions to the Systematic Assessment portions of the Statewide Transition Plan for initial approval.
SFY 17	January 2017	January 2017	Public Meeting	The State hosted a public meeting in January to discuss and garner feedback from

				Stakeholders pertaining to the latest version of the SWTP.
SFY 17	February 2017	February 2017	Submission of Revised Statewide Transition Plan (Final Approval)	
SFY 21	July 2020	September 2020	Provider Survey Assessments & an remediation necessary Completed	The State will continue to collect data and monitor compliance on settings requirements.
Ongoing	June 2017	September 2020	Case Management Review Assessments Completed.	The State will utilize newly developed case management review assessments to validate the provider surveys.
SFY 21	July 2017	September 2020	Completion of Adult Day Health Reviews (in conjunction with Aging)	The State will continue to monitor provider's compliance through the provider performance review process. Any provider that scores below 100% of the provider survey will be required to complete a plan of correction.
SFY 22	September 2021	March 2022	Sanctions imposed for non-compliant settings	The State will impose sanctions on settings that remain non-compliant

				according to contractual agreements.
SFY 22	September 2021	March 2022	Relocation from non-compliant settings.	All settings that are not fully compliant with the HCBS settings regulation will be identified and individuals receiving HCBS in those setting will be relocated to a compliant setting.
SFY 22	November 2021	November 2022	Remediation of non-compliance complete (Adult Day Health)	All remediation for non-compliance with HCB Settings requirement including Plan of Correction, Progress Reporting and Follow-up visits completed by this date for Adult Day Health facilities
SFY 22	January 2021	January 2022	Notifications of Decertification Sent (Adult Day Health)	Notices will be sent advising of the decertification of the Adult Day Health contract with the DDS - QA, in conjunction with the Oklahoma Health Care Authority.
Ongoing			Education	Trainings, provider education, and technical

				assistance were provided throughout the STP process beginning in FY15 and beyond. It will continue throughout the transition period and after the transition period has ended.
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V. Baseline Assessment Process & Results

First quarter provider surveys conducted during the period of July 2015 to September 2015 are being used for baseline information. This baseline assessment information was compiled utilizing the process outlined in the Assessment Methodology and Assessment Process Section above. The baseline information included the portion of the annual representative sample served by the provider agencies surveyed, which comprised 207 service recipients and 213 different settings. Assessment results indicate that 86% of settings assessed comply with the HCBS Final Rule and 14% do not comply. Since the submission of the amended Statewide Transition Plan (January 2016), the entire baseline provider surveys have been completed. The updated results can be found in Appendix G. According to the completed baseline data 94% of all settings are compliant and 6% of all settings could comply with modifications. For example, a member receiving employment supports considered to be isolating requires modification. The member must be provided opportunities for community inclusion and competitive employment. The employment provider is required to implement a plan to offer the member opportunities to seek employment and work in competitive integrated settings. Settings are found to be non-compliant when only one setting is found to not meet the HCBS settings. For example, during the performance survey if 60 settings were reviewed and one setting was found to have not met the setting standard. The performance standard for this measure would be found as "Condition not Met." therefore not compliant with the settings standard. For those settings that were found to be non-compliant, the State will take the steps listed above in the Remediation Section to ensure compliance by March 2022. We estimate based on the baseline assessments that at least 85% of all settings comply with the HCBS Final Rule and 15% are non-compliant. Assessments are conducted to each provider on an annual basis, throughout the year, results are reported quarterly. A more detailed overview of the survey and the survey results can be found in Appendix H.

VI. ICF/ID LOC Heightened Scrutiny

DHS-DDS staff completed on-site visits for all HCBS settings using the Final Rule and exploratory questions for residential and non-residential settings to identify settings that are presumed NOT a home and community based setting. Each setting was reviewed to determine if the setting was not in a public or privately operated facility that provides inpatient institutional treatment and if the setting was in a building on the grounds of, or adjacent to, a public institution. Each setting was also reviewed to determine if it isolated the member from the broader community. If the setting was determined to not be integrated and did not support the member's full access to the greater community, the review teams ensured that the modifications were and continue to be supported by a specific, assessed need, and justified in the person-centered plan when appropriate. The facilities identified for heightened scrutiny are listed in Appendix H with the reason for heightened scrutiny. These facilities were further reviewed line by line with the exploratory questions by the DHS-DDS department and evidence was submitted demonstrating the setting had qualities of an HCBS setting and did NOT have institutional qualities with the exception of Mercy Love County Adult Day Center; this packet was submitted for heightened scrutiny and submitted for review by DHS Aging.

As settings are identified by DHS-DDS as presumed NOT Home and Community Based or presumed to have qualities of an institution with potential to isolate individuals, DHS-DDS proceeds with a Heightened Scrutiny Review of the setting. This review includes an onsite visit for observation as well as interviews. Upon completion of the review, a detailed report is compiled and the packet with supporting evidence that the setting is indeed HCBS is submitted electronically to the OHCA with a recommendation for Heightened Scrutiny Review. If DDS determined the setting is not an HCBS setting, and institutional in nature, the information will be sent to OHCA for informational with recommendation to not pursue Heightened Scrutiny from CMS.

Upon receipt of a Heightened Scrutiny Packet, OHCA adds the Heightened Scrutiny review as an agenda item for the Long Term Care Quality Improvement Committee LTCQIC meeting. The committee, comprised of The State, Partner Agencies and Stakeholders such as (Centers for Independent Living, CILs; Leading Age; Volunteers of America; AAA, etc.) work in collaboration to review and make recommendations for change to rules, policy/practices in programs administered by the OHCA; as well as provide a public forum for discussion of long-term care issues. The committee will review the evidence submitted by DHS-DDS and make a determination to forward the information to CMS for Heightened Scrutiny or recommend remediation of the setting or relocation of Members. The LTCQIC will meet quarterly to review and make any necessary determinations. The CMS Heightened Scrutiny process requires public input, thus this will be incorporated into the OHCA review process. Oklahoma does not intend to submit services/settings to CMS for application of Heightened Scrutiny unless the State believes that the setting in fact has the qualities of a home and community based setting, which may include steps that will be taken by the provider as part of an approved transition plan which the State believes are expected to achieve compliance. The intent is to further evaluate any setting that may be institutional in nature—by virtue of physical location, or because it is designed specifically

for people with disabilities and individuals in the setting are primarily or exclusively people with disabilities and the on-site staff that provide services to them. Oklahoma is utilizing this process to clearly identify what it believes to be appropriate and sufficient in establishing and demonstrating that the settings meet the qualities for being home and community based settings.

The detailed reports of the assessment conducted using the CMS exploratory questions can be found in Appendix G; they demonstrate the State's evidence that each setting meets the qualities of Home and Community Based Settings. All HCBS settings under contract were reviewed after the Final Rule was released to include; Agency Companion, Specialized Foster Care, Daily Living Supports, Group Home Services, Adult Day Health, Supported Employment, and Prevocational Services. Those identified for Heightened Scrutiny will continue to be reviewed annually using CMS guidelines for facilities to Not be or Presumed Not to be HCBS settings. Settings applying to be a certified provider under these waivers will be screened before approval granted. Those identified with the CMS guidelines as facilities that are presumed Not to be HCBS settings will require approval from OHCA and CMS prior to certification.

DDS HCBS Compliance Committee initially identified settings as potentially meeting characteristics of an institutional setting or a setting that isolates through a simple brain storming session of those providers who may be categorized under the three prongs of heightened scrutiny; (on the grounds of a public institution, adjacent to a private institution, or have the effect of isolating the individual). The heightened scrutiny list developed included those settings that we believed may have been adjacent to a private institution or had the effects of isolating. The DDS Compliance Committee and Quality Assurance staff utilized all training and documents provided by CMS to compile probes that were utilized in the quality assurance audits and face-to-face site visits. to validate and ensure the settings did not have institutional qualities.

The initial heightened scrutiny chart was developed by DDS HCBS Compliance Committee in an effort to identify those settings which might meet the definition of needing heightened scrutiny. DDS evaluated these settings through Quality Assurance audits and face-to-face site visits to validate and ensure the settings did not have institutional qualities. The determination was made that the settings did not meet the criteria that would trigger heightened scrutiny and therefore should not have been included as locations that have institutional qualities with the exception of Mercy Love County Adult Day Center; this packet was submitted for heightened scrutiny review by DHS Aging Services.

Section D: Public Input

Oklahoma hosted meetings to include representatives from advocacy and stakeholder groups as well as the state agencies involved in operating its 1915(c) waivers. The purpose of the meetings was to plan the State's response to the new CMS rule for home and community based settings and to develop its approach to this statewide transition plan.

The Oklahoma Health Care Authority (OHCA) held a public meeting on March 10, 2015 to educate providers and stakeholders about the federal rules and the transition planning process, as well as to discuss preliminary survey results and answer questions. Final results of the surveys and transition plan was presented at the second public meeting on April 28, 2015.

OHCA held another public meeting on December 7, 2015 in an effort to make the public aware of the response letter from CMS concerning the Statewide Transition Plan, and the States process for making revisions and submitting the revised plan back to CMS. Stakeholders were made aware of the meeting through newspaper advertisements and the OHCA public website. The Public Meeting Notice was included in the 5 major Oklahoma Newspapers. The State did not receive any comments at the public meeting held on December 7, 2015. The option to submit a written comment in a non-electronic format was made available by the State on the State website (<http://www.okhca.org/individuals.aspx?id=16904>). The revised SWTP was posted to the OHCA website on December 15, 2015. There were no comments received.

As a means of garnering more public input for the SWTP, the State and its partner agencies reached out to the established stakeholder groups and community to participate in the development of the revised SWTP. The State sent information to over 100 stakeholders, requesting their participation in the development and review of the revised plan. The state also hosted a training of over 300 providers where the SWTP was an agenda item. The State solicited feedback from the providers in attendance at the training. The majority of the comments received were related to HB 1566, the proposal of implementing managed long term care in the State. Other comments received requested clarification on the determination of compliance for certain State policies. The State added language in the SWTP that clarifies the relationship of the HCBS.

Final rule with the proposed managed care implementation. The State also revised the systemic assessment grid to clarify the appropriate compliance determination for the State policy in question. The revised SWTP was posted to the OHCA website on October 5, 2016. The revised SWTP was posted from October 5, 2016 to November 7, 2016. The current SWTP and each iteration of the SWTP can be found at <http://okhca.org/xPolicyChange.aspx?id=19561&blogid=68505>. The State provided an avenue to submit comments via electronic and non-electronic means. Written comments are accepted and can be sent directly to the Oklahoma Health Care Authority via postal mail. A non-electronic version of the posting can also be requested by phone or mail and sent via postal mail.

Stakeholders were sent a notification of invite to the public posting. OHCA also sends an automatic notification of any new postings requiring public comment to all those who are signed up to receive notification. Each of the State partner agencies has also worked to inform individuals and providers about the public posting during meetings, trainings, and conferences. Members and providers are knowledgeable of the option to receive a non-electronic version of the SWTP as well as provide comments in a non-electronic format. The State received four comments from the 30 day posting for public comments on October 5, 2016. The SWTP was updated to include the comments received and the States responses to those comments. Modifications were made to the SWTP and other changes will be made in the submission of the SWTP for final approval based on the comments received. The comments and responses can be found in Appendix I. To summarize, the comments expressed concerns with the SWTP and the current service system delivery structure and methodology, in particular with the lack of clarity regarding how expectations, pertaining to employment and community integration will impact the individual's right to choose services and settings. Additional comments viewed the current

living arrangements of service recipients to already allow for choice, but had questions about the oversight and the process of how the determination is made concerning an individuals' experience of that choice. The comments for the most part support the intent of the HCBS final rule, on the choice and integration of individuals; yet would like the State to account for the idea that community integration for some is difficult to accomplish and unwanted. Comments also expressed the need for additional time and resources to explore community integration of the non- verbal autistic population. As a means of providing more understanding and clarification of the purpose and intent of the Final Rule, the OHCA developed a webinar to be posted on the Statewide Transition Plan website that can be viewed at the leisure of individuals desiring more education and training about the rule. The SWTP will also be updated to reflect further clarifications about the issues raised in the comments received.

The State posted its Revised Statewide Transition Plan for Final Approval for publiccomment from December 22, 2016 to January 23, 2017. The State published information concerning the posting and public meeting to be held regarding the posting in all five major Oklahoma Newspapers. The option to submit a written comment in a non-electronic format was made available by the State. A public meeting regarding the Revised Statewide Transition Plan was held January 11, 2017. Those individuals that could not attend in person were given the opportunity to participate via webinar. There was a total attendance of 71 participants. The State received 10 public comments. Comments reflected the providers desire to have more feedback regarding how many outings are required, to comply with the guidance to offer frequent and routine community integration as well whether there will be provider rate increase to help providers comply with the elements in the Final Rule. The State has made all of the comments received available in Appendix I. The State has responded to each comment received.

Appendix A

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
Setting is integrated in, and supports full access of, individual receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.	<p>1. Adult Day Health OAC 310:605-13-1 Oklahoma Administrative Code 310:605-13-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma. This particular section outlines the services that are required to be provided to service recipients.</p>	Partially Compliant	This policy outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The policy addresses choice for members; however it does not directly address the requirements to be integrated and support full access to the greater community. Therefore the State has determined that it is partially compliant.	Remediation is required and will consist of updating current policy and drafting overarching language to follow the elements found in the HCBS Final Rule. A draft of the policy and corresponding language can be found in Appendix C.	Language has been proposed for Medicaid Services Unit-Advantage Administration (MSU-AA) policy OAC 317:30-5-763(3)(F) and will go through the States rule promulgation process. Please see Appendix C for a copy of the proposed language.	<ul style="list-style-type: none"> •Tribal Consultation: November 2016 Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34: December 2016 •Comment Period Begins: January 2017 •Comment Period Ends: February 2017 •Public Hearing): February 2017 •MAC: March 2017 •Board Vote: March 2017 •ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2017 •SOS Submitted to OAR: March 2017 Expected effective date is 9/1/17
	<p>2. Assisted Living OAC 310:663 Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in</p>	Silent	This Administrative Code outlines the requirements for Assisted Living Facilities in the State of Oklahoma. The regulation does not contradict or speak against	While OAC 310:663 is silent, the setting remains fully compliant as OAC 317:30-5-763(18) upholds the HCBS Final Rule Requirement.		

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	the State of Oklahoma.		the requirement in the HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to silent on the HCBS Final Rule.			
	<p>3. Assisted Living OAC 317:30-5-763(18) Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.</p>	Fully Compliant	The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.			
The setting includes opportunities to seek employment and work in competitive integrated settings to the same degree of access as individuals not receiving	<p>1. Adult Day Health OAC 310:605 Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.</p>	Silent	This Administrative Code outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the	Remediation is required and will consist of updating current policy and drafting overarching language to follow the elements found in the HCBS Final Rule. A draft	Language has been proposed for Medicaid Services Unit-ADvantage Administration (MSU-AA) policy OAC 317:30-5-763(3)(F) and will go through the States rule	<ul style="list-style-type: none"> •Tribal Consultation: November 2016 Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34: December 2016 •Comment Period

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
Medicaid HCBS.			HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to be silent.	of the policy and corresponding language can be found in Appendix C.	promulgation process. Please see Appendix C for a copy of the proposed language.	Begins: January 2017 •Comment Period Ends: February 2017 •Public Hearing): February 2017 •MAC: March 2017 •Board Vote: March 2017* •ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2017 •SOS Submitted to OAR: March 2017 Expected effective date is 9/1/17
	2. Assisted Living OAC 310:663 Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma.	Silent	This Administrative Code outlines the requirements for Assisted Living Facilities in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to be silent.	While OAC 310:663 is silent, the setting remains fully compliant as OAC 317:30-5-763(18) upholds the HCBS Final Rule Requirement.		
	1. Assisted Living OAC 317:30-5-	Fully Compliant	The Administrative Code outlines the requirements	No Remediation Required.		

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	763(18)(C)(v)(III) Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.		of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.			
The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.	1. Adult Day Health OAC 310:605-3-1 Oklahoma Administrative Code 310:605-3-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.	Partially Compliant	Administrative policy is partially compliant with the rule as it does address the independence and choice of the service recipient; however it does not address the opportunities to engage in community life to the same degree of access as individuals not receiving HCBS.	Remediation is required and will consist of updating current policy and drafting overarching language to follow the elements found in the HCBS Final Rule. A draft of the policy and proposed language can be found in Appendix C.	Language has been proposed for Medicaid Services Unit-ADvantage Administration (MSU-AA) policy OAC 317:30-5-763(3)(F) and will go through the States rule promulgation process. Please see Appendix C for a copy of the proposed language.	<ul style="list-style-type: none"> •Tribal Consultation: November 2016 •Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34: December 2016 •Comment Period Begins: January 2017 •Comment Period Ends: February 2017 •Public Hearing): February 2017 •MAC: March 2017 •Board Vote: March

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
						2017 •ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2017 •SOS Submitted to OAR: March 2017 Expected effective date is 9/1/17
	2. Assisted Living OAC 310:663 Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma.	Silent	This Administrative Code outlines the requirements for Assisted Living Facilities in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to be silent.	While OAC 310:663 is silent, the setting remains fully compliant as OAC 317:30-5-763(18) upholds the HCBS Final Rule Requirement.		
	3. Assisted Living OAC 317:30-5-763(18) Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.	Fully Compliant	The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice,	No Remediation is Required.		

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
			opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.			
The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.	<p>1. Adult Day Health OAC 310:605 Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.</p>	Silent	This Administrative Code outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to be silent.	Remediation is required and will consist of updating current policy and drafting overarching language to follow the elements found in the HCBS Final Rule. A draft of the policy and proposed language can be found in Appendix C.	Language has been proposed for Medicaid Services Unit-Advantage Administration (MSU-AA) policy OAC 317:30-5-763(3)(F) and will go through the States rule promulgation process. Please see Appendix C for a copy of the proposed language.	<ul style="list-style-type: none"> •Tribal Consultation: November 2016 Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34: December 2016 •Comment Period Begins: January 2017 •Comment Period Ends: February 2017 •Public Hearing): February 2017 •MAC: March 2017 •Board Vote: March 2017 •ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2017 •SOS Submitted to OAR: March 2017

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
						Expected effective date is 9/1/17
	<p>2. Assisted Living Title 63 O.S. 1-1918 Oklahoma Statutes found in Title 63 1-1918 includes the rights and responsibilities of nursing home residents. Oklahoma Administrative Code 310:663-15-1 refers to this policy for the treatment of rights and responsibilities for service recipients in the Assisted Living facility as well.</p>	Fully Compliant	The State determined this policy to be fully compliant with the HCBS Final Rule as language specifically mentions the service recipient’s right to manage his or her own financial affairs.	No Remediation is Required		
	<p>1. Assisted Living OAC 317:30-5-763(18)(C)(v)(III) Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.</p>	Fully Compliant	The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully	No Remediation Required.		

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
			compliant.			
<p>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.</p>	<p>1. Adult Day Health OAC 310:605 Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.</p>	Silent	<p>This Administrative Code outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to be silent.</p>	<p>Remediation is required and will consist of updating current policy and drafting overarching language to follow the elements found in the HCBS Final Rule. A draft of the policy and the proposed language can be found in Appendix C.</p>	<p>Language has been proposed for Medicaid Services Unit-ADvantage Administration (MSU-AA) policy OAC 317:30-5-763(3)(F) and will go through the States rule promulgation process. Please see Appendix C for a copy of the proposed language.</p>	<ul style="list-style-type: none"> •Tribal Consultation: November 2016 •Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34: December 2016 •Comment Period Begins: January 2017 •Comment Period Ends: February 2017 •Public Hearing): February 2017 •MAC: March 2017 •Board Vote: March 2017 •ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2017 •SOS Submitted to OAR: March 2017 Expected effective date is 9/1/17
	<p>2. Assisted Living OAC 310:663 Oklahoma Administrative Code 310:663 outlines the</p>	Silent	<p>This Administrative Code outlines the requirements for Assisted Living Facilities in the State of Oklahoma.</p>	<p>While OAC 310:663 is silent, the setting remains fully compliant as OAC 317:30-5-763(18)</p>		

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	requirements for Continuum of Care and Assisted Living in the State of Oklahoma.		The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the state has determined this regulation to be silent.	upholds the HCBS Final Rule Requirement.		
	<p>3. Assisted Living OAC 317:30-5-763(18) Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.</p>	Fully Compliant	The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.	No Remediation Required.		
An individual's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint	<p>1. Adult Day Health OAC 310:605-3-1 Oklahoma Administrative Code 310:605-3-1 outlines the requirements for Adult</p>	Partially Compliant; Partially Non-Compliant	The State has determined that the Administrative policy is partially compliant and partially non-compliant with the HCBS	Remediation is Required.	The state has proposed policy that is – 317:30-5-763(1)(A)(3)(F)(iii) which states “The ADH ensures the member's rights of	November 2016 Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34; December 2016

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
are protected.	Day Care Centers in the State of Oklahoma.		Final Rule.		privacy, dignity, respect, and freedom from coercion and restraint.”	<ul style="list-style-type: none"> •Comment Period Begins: January 2017 •Comment Period Ends: February 2017 •Public Hearing): February 2017 •MAC: March 2017 •Board Vote: March 2017 •ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2017 •SOS Submitted to OAR: March 2017 Expected effective date is 9/1/17
	<p>2. Assisted Living Title 63 O.S. 1-1918 Oklahoma Statutes found in Title 63 O.S. 1-1918 includes the rights and responsibilities of nursing home residents. Oklahoma Administrative Code 310:663-15-1 refers to this policy for the treatment of rights and responsibilities for service recipients in the Assisted Living facility as well.</p>	Partially Compliant; Partially non-compliant; silent	The State has determined that the Administrative policy is Partially Compliant; Partially non-compliant; silent with the HCBS Final Rule as it addresses member’s rights of privacy, dignity, respect, and freedom from coercion and restraints.	No Remediation is required		

Appendix A: NFLOC Waivers

System Remediation Grid

Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	<p>3. Assisted Living</p> <p>OAC 317:30-5-763(18)(C)(iv)</p> <p>Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.</p>	Fully Compliant	The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.	No Remediation is Required.		
Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but not limited to, daily activities, physical environment, and with whom to interact.	<p>1. Adult Day Health</p> <p>OAC 310:605-3-1 OAC 310:605-13-1</p> <p>Oklahoma Administrative Code 310:605-13-1(3) outlines the requirements for Adult Day Care Centers in the State of Oklahoma.</p>	Fully Compliant	The State has determined that the Administrative policy is fully compliant as it specifies the service recipient's independence in making choices that include daily activities, physical environment, and with whom to interact.	No Remediation is Required		
	<p>2. Assisted Living</p> <p>Title 63 O.S. 1-1918</p> <p>Oklahoma Statutes found in</p>	Silent	The State has determined that the Administrative policy is Silent.	No Remediation is Required		

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	Title 63 1-1918 includes the rights and responsibilities of nursing home residents. Oklahoma Administrative Code 310:663-15-1 refers to this policy for the treatment of rights and responsibilities for service recipients in the Assisted Living facility as well.					
	<p>3. Assisted Living OAC 317:30-5-763(18)(C)(IV)(iv) Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.</p>	Fully Compliant	The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.	No Remediation Required		
Individual choice regarding services and supports, and who	<p>1. Adult Day Health OAC 310:605-3-1 Oklahoma Administrative</p>	Fully Compliant	The State has determined that the Administrative policy is fully compliant as	No Remediation is Required		

Appendix A: NFLOC Waivers

System Remediation Grid

Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
provides them, is facilitated.	Code 310:605-3-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.		it specifies the service recipient's opportunity to participate in developing one's care plan for services. It also specifies the service recipient's right to be involved in program planning and operation.			
	<p>2. Assisted Living OAC 310:663 Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma.</p>	Silent	This Administrative Code outlines the requirements for Assisted Living Facilities in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the state has determined this regulation to be silent.	While OAC 310:663 is silent, the setting remains fully compliant as OAC 317:30-5-763(18) upholds the HCBS Final Rule Requirement.		
	<p>3. Assisted Living OAC 317:30-5-763(18)(C)(IV)(iv) Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.</p>	Fully Compliant	The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and	No Remediation Required.		

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
			integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.			
Provider owned or controlled residential settings: 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	1. Adult Day Health OAC 310:605 Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.	N/A – Adult Day Health Setting includes services furnished on a regularly scheduled basis, for one or more days per week in an outpatient setting.				
	2. Assisted Living OAC 310:663-13-1 Oklahoma Administrative Code 310:663-13-1 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma.	Partially Compliant	The State has determined that the policy is consistent with and partially complies with the HCBS Final Rule. The language in the policy outlines the legally enforceable agreement between the provider and the service recipient.	No Remediation is Required		
	3. Assisted Living OAC 317:30-5-763(18)(D)(II)	Fully Compliant	The Administrative Code outlines the requirements of Assisted Living Settings.	No Remediation is Required.		

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
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.	Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.		The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.			
Provider owned or controlled residential settings: 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.	<p>1. Adult Day Health OAC 310:605 Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.</p>	N/A – Adult Day Health Setting includes services furnished on a regularly scheduled basis, for one or more days per week in an outpatient setting.				
	<p>2. Assisted Living OAC 310:663-7-2 Oklahoma Administrative Code 310:663 outlines the requirements for Continuum</p>	Non-Compliant; Silent	The State has determined that the policy is both Non-compliant and silent with the HCBS Final Rule.	No Remediation is Required. Policy found at OAC 317:30-5-763(18)(D)(i) must be followed by all		

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	of Care and Assisted Living in the State of Oklahoma.			ADvantage Waiver contracted providers and settings.		
	<p>3. Assisted Living OAC 317:30-5-763(18)(D)(i) Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.</p>	Partially Compliant	The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.	Remediation is required.	The State will add in the following additional language at 317:30-5-763. Description of services (18) Assisted living services (ALS). (D) ADvantage ALS provider standards in addition to licensure standards. (i) Physical environment. (I) The ALC must provide lockable doors on the entry door of each rental unit and an attached, lockable compartment within each member unit for valuables. Members must have exclusive rights to his or her unit with lockable doors at the entrance of the individual or shared rental unit. Keys to rooms may be held only	November 2016 Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34: December 2016 •Comment Period Begins: January 2017 •Comment Period Ends: February 2017 •Public Hearing): February 2017 •MAC: March 2017 •Board Vote: March 2017 •ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2017 •SOS Submitted to OAR: March 2017 Expected effective date is 9/1/17

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
					by appropriate ALC staff as designated by the member's choice. Rental units may be shared only when a request to do so is initiated by the member. Members must be given the right to choose his or her roommate.	
Provider owned or controlled residential settings: Individuals have the freedom to choose roommates (if applicable)	<p>1. Adult Day Health OAC 310:605 Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.</p>	N/A – Adult Day Health Setting includes services furnished on a regularly scheduled basis, for one or more days per week in an outpatient setting.				
	<p>2. Assisted Living OAC 310:663-7-2 Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma.</p>	Silent	This Administrative Code outlines the requirements for Assisted Living Facilities in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it	While OAC 310:663 is silent, the setting remains fully compliant as OAC 317:30-5-763(18) upholds the HCBS Final Rule Requirement.		

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
			remains silent. Therefore the State has determined this regulation to be silent.			
	<p>3. Assisted Living OAC 317:30-5-763(18)(D)(i)(I) Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.</p>	Fully Compliant	The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.	No Remediation Required.		
Provider owned or controlled residential settings: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	<p>1. Adult Day Health OAC 310:605 Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.</p>	N/A – Adult Day Health Setting includes services furnished on a regularly scheduled basis, for one or more days per week in an outpatient				

Appendix A: NFLOC Waivers

System Remediation Grid

Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
		setting.				
	<p>2. Assisted Living OAC 310:663-7-2 Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma.</p>	Partially Compliant	The State has determined that the policy is partially compliant with the HCBS Final Rule as it specifically gives service recipients the right to furnish their own living space.	No Remediation is Required		
	<p>3. Assisted Living OAC 317:30-5-763(18)(D)(VII) Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.</p>	Fully Compliant	The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.	No Remediation is Required.		
Provider owned or controlled residential settings: Individuals have the freedom and support	<p>1. Adult Day Health OAC 310:605 Oklahoma Administrative Code 310:605 outlines the</p>	N/A – Adult Day Health Setting includes services furnished on a				

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
to control their own schedules and activities, and have access to food at any time.	requirements for Adult Day Care Centers in the State of Oklahoma.	regularly scheduled basis, for one or more days per week in an outpatient setting.				
	<p>2. Assisted Living OAC 310:663-3-1(b) Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma.</p>	Fully Compliant	The State has determined that the policy is fully compliant with the portion of HCBS Final Rule that says the person should have freedom to control some aspects of their schedule.	No Remediation is Required		
	<p>3. Assisted Living OAC 317:30-5-763(18)(B) Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.</p>	Partially Compliant	The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. This language complies with the freedom of the person to control his or her own schedule and activities.	No Remediation is Required.		
	<p>4. Assisted Living OAC 317:30-5-763(18)(C)(v)(II) Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for</p>	Fully Compliant	The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule concerning			

Appendix A: NFLOC Waivers

System Remediation Grid

Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	ADvantage waiver members in Assisted Living settings.		access to food.			
Provider owned or controlled residential settings: Individuals are able to have visitors of their choosing at any time.	<p>1. Adult Day Health OAC 310:605 Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.</p>	N/A – Adult Day Health Setting includes services furnished on a regularly scheduled basis, for one or more days per week in an outpatient setting.				
	<p>2. Assisted Living OAC 310:663 Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma.</p>	Silent	This Administrative Code outlines the requirements for Assisted Living Facilities in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to be silent.	While OAC 310:663 is silent, the setting remains fully compliant as OAC 317:30-5-763(18) upholds the HCBS Final Rule Requirement.		
	<p>3. Assisted Living OAC 317:30-5-763(18)(D)(XII) Oklahoma Administrative Code 317:30-5-763(18)</p>	Non-compliant due to the restrictions of overnight visits.	The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS	Remediation is required.	The State will add language to OAC 317:30-5-763(18)(D)(XII) that says, “ Overnight visitation is allowed as	Tribal Consultation: November 2017 Permanent Rule Text Submitted to Governor and Cabinet per EO

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	outlines the requirements for ADvantage waiver members in Assisted Living settings.		Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.		permissible by the Landlord/Tenant Agreement. “	2013-34: December 2017 <ul style="list-style-type: none"> •Comment Period Begins: January 2018 •Comment Period Ends: February 2018 •Public Hearing): February 2017 •MAC: March 2018 •Board Vote: March 2018 •ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2018 •SOS Submitted to OAR: March
Provider owned or controlled residential settings: The setting is physically accessible to the individual.	1. Adult Day Health OAC 310:605 Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.	N/A – Adult Day Health Setting includes services furnished on a regularly scheduled basis, for one or more days per week in an outpatient setting.				
	2. Assisted Living OAC 310:663-7-1	Non-Compliant	The State has determined that the policy is non-	No Remediation is Required. The States		

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma.		compliant as it specifies that the design of the Assisted Living Center shall be appropriate to service recipients with physical disabilities.	ADvantage waiver program regulation for Assisted Living Centers (317:30-5-763(18)(D)(i)(XIII)), complies with the federal setting requirement.		
	<p>3. Assisted Living OAC 317:30-5-763(18)(D)(XIII) Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.</p>	Fully Compliant	The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.	No Remediation is Required.		
Locations that have qualities of institutional settings, as determined by the Secretary. Any setting that is located in	<p>1. Adult Day Health OAC 310:605 Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day</p>	Silent	This Administrative Code outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The regulation does not	Remediation is required and will consist of updating current policy and drafting overarching language to follow the	Language has been proposed for Medicaid Services Unit-ADvantage Administration (MSU-AA) policy OAC 317:30-5-	<ul style="list-style-type: none"> •Tribal Consultation: November 2016 Permanent Rule Text Submitted to Governor and Cabinet per EO

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution.	Care Centers in the State of Oklahoma.		contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to be silent.	elements found in the HCBS Final Rule. A draft of the policy and proposed language can be found in Appendix C.	763(3)(F) and will go through the States rule promulgation process. Please see Appendix C for a copy of the proposed language.	2013-34: December 2016 <ul style="list-style-type: none"> •Comment Period Begins: January 2017 •Comment Period Ends: February 2017 •Public Hearing): February 2017 •MAC: March 2017 •Board Vote: March 2017 •ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2017 •SOS Submitted to OAR: March 2017 Expected effective date is 9/1/17
	<p>2. Assisted Living OAC 317:30-5-763(18)(C)(vi) Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.</p>	Fully Compliant	The Administrative code includes information pertaining to Heightened Scrutiny and the settings requirements and responsibilities.	No Remediation is Required.		
Home and community-based settings do not		All State regulation, policy,		Remediation is required and will consist of	Language has been proposed for Medicaid	•Tribal Consultation: November 2016

Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Regulations	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
include the following: a nursing facility; institution for mental diseases; an intermediate care facility for individuals with intellectual disabilities; a hospital.		or other standards are silent.		updating current policy and drafting overarching language to follow the elements found in the HCBS Final Rule. A draft of the policy and proposed language can be found in Appendix C.	Services Unit-Advantage Administration (MSU-AA) policy OAC 317:30-5-763(3)(F) and will go through the States rule promulgation process. Please see Appendix C for a copy of the proposed language.	Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34: December 2016 •Comment Period Begins: January 2017 •Comment Period Ends: February 2017 •Public Hearing): February 2017 •MAC: March 2017 •Board Vote: March 2017 •ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2017 •SOS Submitted to OAR: March 2017 Expected effective date is 9/1/17

Appendix B

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
Setting is integrated in, and supports full access of, individual receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.	<p>1. OAC 317:40-1-3 Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.</p>	Fully Compliant	<p>All Settings This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant.</p>	No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.		
	<p>2. OAC 317:40-5-5(c)(19)(4) OAC 317:40-5-5(c)(20) Oklahoma Administrative Code 317:40-5-5(c)(19)(4) and 317:40-5-5(c)(20) are specific to the Agency Companion setting. The language strongly suggests and supports community integration.</p>	Fully Compliant	<p>Agency Companion Setting This policy is specific to the <u>Agency Companion</u> setting and uses language that promotes individual integration in the community; therefore the State considers it to be consistent with the HCBS Settings Final Rule. The State has</p>	No Remediation is required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
			determined that the policy is fully compliant.			
	3. OAC 317:40-5-152(1) Oklahoma Administrative Code 317:40-5-152(1) ensures members in group home settings reside in and participate in the community.	Fully compliant	<u>Group Home Setting</u> This policy is specific to the <u>Group Home setting</u> and states that “Group homes ensure members reside and participate in the community.” The State has determined that the policy is fully compliant.	No Remediation is Required.		
	4. OAC 317:40-5-55(8) Oklahoma Administrative Code 317:40-5-55(8) ensures members in specialized foster care settings have the right to community integration.	Fully Compliant	<u>Specialized Foster Care Setting</u> This policy is specific to <u>Specialized Foster Care setting</u> and promotes individuals having experiences to enhance independence and community inclusion. The State has determined that the policy is fully compliant .	No Remediation is Required.		
	5. OAC 317:40-7 Sub Chapter 7 (the entire sub chapter) (See AppendixD) need link. Oklahoma Administrative Code 317:40-	Partially Compliant	<u>Prevocational Services Setting; Supported Employment Setting</u> This policy is specific to	While OAC 317:40-7 Sub Chapter 7 is partially compliant, the setting remains	DDS will promulgate a rule that will ensure full compliance	•Tribal Consultation: November 2016 Permanent Rule

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	7 Sub Chapter outlines the requirements for agencies providing employment services to Medicaid HCBS service recipients. An individualized plan is developed to achieve competitive integrated employment.-		Prevocational Services and Supported Employment. It identifies service options available to the individual to maximize employment opportunities. The State believes that the intent of this policy is to ensure that service recipients are integrated in the community. The state has determined that this policy is partially compliant.	fully compliant as OAC 317:40-1-3 upholds the HCBS Final Rule Requirement. In an effort to enhance its compliance policy revisions have been proposed. OAC 317:40-7-2 has been revised to reflect a new definition of competitive integrated employment. OAC 317:40-7-6 has been revised to reflect HCBS setting requirements.	with the HCBS Final Rule. The draft of the revised rule is documented in Appendix D.	Text Submitted to Governor and Cabinet per EO 2013-34: December 2016 •Comment Period Begins: January 2017 •Comment Period Ends: February 2017 •Public Hearing): February 2017 •MAC: March 2017 •Board Vote: March 2017 •ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2017 •SOS Submitted to OAR: March 2017
	6. OAC 340:100-5-22.1 Oklahoma Administrative Cod340:100-5-22.1 directs community residential	Silent	<u>Agency Companion;</u> <u>Daily Living Supports;</u> <u>and Specialized Foster</u>	No Remediation is Required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	<p>supports for individuals receiving Agency Companion Services, Specialized Foster Care, Daily Living Supports, as well as other HCBS. The service promotes, supports, and ensures community integration.</p>		<p><u>Care Settings</u> This policy is specific to Community Residential Supports a service that is provided in the following settings: <u>Specialized Foster Care Setting, Agency Companion Setting, Daily Living Supports Settings</u>. The service promotes independence and integration. The State has determined that the policy is Silent.</p>			
	<p>7. OAC 340:100-5-50 Oklahoma Administrative Code 340:100-5-50 provides direction and purpose in designing services and supports for individuals receiving DDS HCBS. It outlines the use of the person centered planning process that is an individually focused approach to identifying the needs, preferences, goals, and desired outcomes of the person receiving services.</p>	Silent	<p><u>All Settings</u> This policy is specific to principles of individual planning. It outlines the Individual Plan process and promotion of individual choice, independence, social and community integration. The intent of this policy is to promote person-centered planning</p>	No Remediation is Required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
			thereby supporting independence and integration. The State has determined based this policy is silent.			
	8. OAC 340:100-5-52 Oklahoma Administrative Code 340:100-5-52 promotes the Personal Support Team approach utilized for individuals receiving HCBS. The Team is composed of people who are selected by the service recipient and work with the recipient to insure the recipients desired person-centered outcomes.	Silent	All Settings The policy is specific to the composition of the individuals personal support team. It outlines the personal team responsibilities to respect the service recipients' dignity and implement the services needed to achieve the desired outcomes of the service recipient. The team promotes independence and integration as it works to support the person centered process. The State has determined based on the strong intent and premise of this policy that it is Silent	No Remediation is Required.		
	9. OAC 310:605-13-1	Partially	Adult Day Health	While OAC 310:605-		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	<p style="text-align: center;">OAC 317:40-5-113</p> <p>Oklahoma Administrative Code 317:40-5-113 outlines the requirements for DDS recipients receiving HCBS in an Adult Day Care Setting. Oklahoma Administrative Code 310:605-13-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma. This particular section outlines the services that are required to be provided to service recipients.</p>	Compliant	This policy outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The policy addresses choice for members; however it does not directly address the requirements to be integrated and support full access to the greater community. Therefore the State has determined that it is partially compliant.	13-1 and OAC 317:40-5-113 is partially compliant, the setting remains fully compliant as OAC 317:40-1-3 upholds the HCBS Final Rule Requirement.		
The setting includes opportunities to seek employment and work in competitive integrated settings to the same degree of access as individuals not receiving Medicaid HCBS.	<p>1. OAC 317:40-1-3</p> <p>Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.</p>	Fully Compliant	<p style="text-align: center;">All Settings</p> <p>This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant.</p>	No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	<p>2. OAC 340:100-6-60(f)(3) Oklahoma Administrative Code 340:100-6-60(f)(3) outlines the requirement that community inclusion and access to work be assessed and addressed in the individual plan of members who receive services through the group home.</p>	Partially Compliant	<p>Group Home Setting The policy outlines the requirement for community inclusion and access to work be addressed, assessed, and in the individual plan of the service recipient. Access to work settings is addressed in the Individual Plan; therefore the State has determined the policy to be partially compliant.</p>	<p>in federal regulations per CFR 441.301. While OAC 340:100-6-60(f)(3) is partially compliant, the setting remains fully compliant as OAC 317:40-1-3 upholds the HCBS Final Rule Requirement. In an effort to enhance its compliance policy revisions have been proposed. OAC 317:40-7-2 has been revised to reflect a new definition of competitive integrated employment. OAC 317:40-7-6 has been revised to reflect HCBS setting requirements.</p>	<p>DDS will promulgate rules that will ensure full compliance with the HCBS Final Rule. The draft of the revised rule is documented in Appendix D.</p>	<ul style="list-style-type: none"> •Tribal Consultation: November 2016 Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34: December 2016 •Comment Period Begins: January 2017 •Comment Period Ends: February 2017 •Public Hearing): February 2017 •MAC: March 2017 •Board Vote: March 2017 •ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2017

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
						•SOS Submitted to OAR: March 2017
	<p>3. OAC 340:100-17-25 Oklahoma Administrative Code 340:100-17-25 outlines the purpose of employment services to engage in gainful and integrated employment.</p>	Fully Compliant	<p><u>Prevocational Services Settings; Supported Employment Setting</u> This policy is specific to prevocational services and supported employment. It directs community integrated employment services. It outlines service recipient's independence and engagement in gainful integrated employment settings. The State has determined based on the purpose and direction of this policy that it is fully compliant.</p>	No Remediation is Required.		
	<p>4. OAC 340:100-5-50 Oklahoma Administrative Code 340:100-5-50 provides direction and purpose in designing services and supports for individuals receiving DDS HCBS. It outlines the use of the person</p>	Silent	<p><u>All Settings</u> This policy is specific to principles of individual planning. It outlines the Individual Plan process and promotion of</p>	No Remediation is Required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	centered planning process that is an individually focused approach to identifying the needs, preferences, goals, and desired outcomes of the person receiving services.		individual choice, independence, social and community integration. The intent of this policy is to promote person-centered planning thereby supporting independence and integration. The State has determined that it is Silent.			
	5. OAC 340:100-5-22.1 Oklahoma Administrative Code 340:100-5-22.1 directs community residential supports for individuals receiving Agency Companion Services, Specialized Foster Care,-Daily Living Supports, as well as other HCBS. The service promotes, supports, and ensures community integration.	Silent	<u>Agency Companion; Daily Living Supports; and Specialized Foster Care Settings</u> This policy is specific to Community Residential Supports a service that is provided in the following settings: <u>Specialized Foster Care Setting, Agency Companion Setting, Daily Living Supports Setting.</u> The service promotes independence and integration. The State	No Remediation Required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
			has determined that the policy is Silent.			
	<p>6. OAC 310:605-13-1 OAC 317:40-5-113</p> <p>Oklahoma Administrative Code 317:40-5-113 outlines the requirements for DDS recipients receiving HCBS in an Adult Day Care Setting. Oklahoma Administrative Code 310:605-13-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma. This particular section outlines the services that are required to be provided to service recipients.</p>	Silent	<p>Adult Day Health</p> <p>This Administrative Code outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore, the State has determined this regulation to silent on the HCBS Final Rule.</p>	While OAC 310:605-13-1 and OAC 317:40-5-113 is partially compliant, the setting remains fully compliant as OAC 317:40-1-3 upholds the HCBS Final Rule Requirement.		
The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.	<p>1. OAC 317:40-1-3</p> <p>Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.</p>	Fully Compliant	<p>All Settings</p> <p>This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the state has determined that it is fully compliant.</p>	No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
				settings have all of the qualities defined in federal regulations per CFR 441.301.		
	<p>2. OAC 317:40-5-5(c)(19) OAC 317:40-5-5(c)(20) Oklahoma Administrative Code 317:40-5-5(c)(19) and 317:40-5-5(c)(20) are specific to the Agency Companion setting. The language strongly suggests and supports community integration.</p>	Fully Compliant	<p><u>Agency Companion Setting</u> This policy is specific to the <u>Agency Companion</u> setting and uses language that promotes individual integration in the community; therefore the state considers it to be consistent with the HCBS Settings Final Rule. The State has determined that the policy is fully compliant.</p>	No Remediation is Required.		
	<p>3. OAC 317:40-5-152(A)(1) Oklahoma Administrative Code 317:40-5-152(1) ensures members in group home settings reside in and participate in the community.</p>	Fully Compliant	<p><u>Group Home Setting</u> This policy is specific to the <u>Group Home</u> setting and states that “Group homes ensure members reside and participate in the community.” The State has determined that the policy is fully compliant.</p>	No Remediation is Required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	<p>4. OAC 317:40-5-55(8) Oklahoma Administrative Code 317:40-5-55(8) ensures members in specialized foster care settings have the right to community integration.</p>	Fully Compliant	<p><u>Specialized Foster Care Setting</u> This policy is specific to <u>Specialized Foster Care</u> setting and promotes individuals having experiences to enhance independence and community inclusion. The State has determined that the policy is fully compliant.</p>	No Remediation is Required.		
	<p>5. OAC 317:40-7 Sub Chapter 7 (the entire sub chapter) (See Appendix D) need link. OAC 317:40-7 outlines the requirements for agencies providing employment services to Medicaid HCBS service recipients. An individualized plan is developed to achieve competitive integrated employment. Members have the same rights of employment as those non-Medicaid recipients.</p>	Partially Compliant	<p><u>Prevocational Services Setting; Supported Employment Setting</u> These rules ensures that service recipients have individualized employment assessments The State believes that the intent of this policy is to ensure that service recipients are and remain integrated, but language does not specify this intention, therefore the State has determined that this</p>	While OAC 317:40-7 Sub Chapter 7 is partially compliant, the setting remains fully compliant as OAC 317:40-1-3 upholds the HCBS Final Rule Requirement. In an effort to enhance its compliance policy revisions have been proposed. OAC 317:40-7-2 has been revised to reflect a new definition of	DDS will promulgate rules that will ensure full compliance with the HCBS Final Rule. The draft of the revised rule is documented in Appendix D.	<p>Tribal Consultation: November 2016 Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34: December 2016 •Comment Period Begins: January 2018 •Comment Period Ends: February 2017 •Public Hearing): February 2017</p>

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
			policy is partially compliant.	competitive integrated employment. OAC 317:40-7-6 has been revised to reflect HCBS setting requirements.		<ul style="list-style-type: none"> •MAC: March 2017 •Board Vote: March 2017 •ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2017 •SOS Submitted to OAR: March 2017
	<p>6. OAC 310:605-13-1 OAC 317:40-5-113</p> <p>Oklahoma Administrative Code 317:40-5-113 outlines the requirements for DDS service recipients receiving HCBS in an Adult Day Care Setting. Oklahoma Administrative Code 310:605-13-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma. This particular section outlines the services that are required to be provided to service recipients.</p>	Partially Compliant	<p>Adult Day Health</p> <p>This policy outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The policy addresses choice for members; however it does not directly address the requirements to be integrated and support full access to the greater community. Therefore the State has determined that it is partially compliant.</p>	While OAC 310:605-13-1 and OAC 317:40-5-113 is partially compliant, the setting remains fully compliant as OAC 317:40-1-3 upholds the HCBS Final Rule Requirement.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.	<p>1. OAC 317:40-1-3 Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.</p>	Fully Compliant	<p>All Settings This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant.</p>	No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.		
	<p>2. OAC 340:100-6-95 Oklahoma Administrative Code 340:100-6-95 outlines the rights and responsibilities of individuals residing in HCBS group home. It specifies all the rights of the individuals including the right to control personal resources to the same degree as individuals not receiving Medicaid HCBS.</p>	Fully Compliant	<p>Group Home Settings The policy is specific to service recipients in a group home. It specifies that recipients have the right to manage their own financial affairs. The State has determined that this is consistent and thereby fully compliant.</p>	No Remediation is Required.		
	<p>3. OAC 310:60513-1</p>	Silent	Adult Day Health	While OAC 310:605-		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	<p style="text-align: center;">OAC 317:40-5-113</p> <p>Oklahoma Administrative Code 317:40-5-113 outlines the requirements for Development Delayed Service recipients receiving HCBS in an Adult Day Care Setting. Oklahoma Administrative Code 310:605-13-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma. This particular section outlines the services that are required to be provided to service recipients.</p>		<p>This Administrative Code outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to silent on the HCBS Final Rule.</p>	<p>13-1 and OAC 317:40-5-113 is partially compliant, the setting remains fully compliant as OAC 317:40-1-3 upholds the HCBS Final Rule Requirement.</p>		
<p>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</p>	<p>1. OAC 317:40-1-3</p> <p>Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS. Provision specifies that settings are selected by the individual from among setting options and documented in the person centered plan.</p>	Fully Compliant	<p style="text-align: center;">All Settings</p> <p>This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant.</p>	<p>No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations</p>		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.				per CFR 441.301.		
	2. OAC 340:100-5-22.1 Oklahoma Administrative Code 340:100-5-22.1 directs community residential supports for individuals receiving Agency Companion Services, Specialized Foster Care, Group Homes Services, Daily Living Supports, as well as other HCBS. The service promotes, supports, and ensures community integration.	Silent	<p><u>Agency Companion; Daily Living Supports; and Specialized Foster Care Settings</u></p> This policy is specific to Community Residential Supports, a service that is provided in the following settings: <u>Specialized Foster Setting, Agency Companion, Setting, Daily Living Supports Settings</u> . The service promotes independence and integration. The State has determined that the policy is Silent.	No Remediation is Required.		
	3. OAC 340:100-5-50 Oklahoma Administrative Code 340:100-5-50 provides direction and purpose in designing services and supports for individuals receiving DDS HCBS. It outlines the use of the person centered planning process that is an individually focused approach to	Silent	<p><u>All Settings</u></p> This policy is specific to principles of individual planning. It outlines the Individual Plan process and promotion of individual choice, independence, social	No Remediation is Required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	<p>identifying the needs, preferences, goals, and desired outcomes of the person receiving services.</p>		<p>and community integration. The intent of this policy is to promote person-centered planning thereby supporting independence and integration. The State has determined based on the strong intent and premise of this policy that it is Silent.</p>			
	<p>4. OAC 340:100-5-52 Oklahoma Administrative Code 340:100-5-52 promotes the Personal Support Team approach utilized for individuals receiving HCBS. The Team is composed of people who are selected by the service recipient and work with the recipient to insure the recipients desired person-centered outcomes.</p>	<p>Silent</p>	<p>All Settings The policy is specific to the composition of the individuals personal support team. It outlines the personal team responsibilities to respect the service recipients' dignity and implement the services needed to achieve the desired outcomes of the service recipient. The team promotes independence and integration as it works to support the person</p>	<p>No Remediation is Required.</p>		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
			centered process. The State has determined based on the strong intent and premise of this policy that it is Silent.			
	<p>5. OAC 310:605-13-1 OAC 317:40-5-113</p> <p>Oklahoma Administrative Code 317:40-5-113 outlines the requirements for Development Delayed Service recipients receiving HCBS in an Adult Day Care Setting. Oklahoma Administrative Code 310:605-13-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma. This particular section outlines the services that are required to be provided to service recipients.</p>	Silent	<p><u>Adult Day Health</u></p> <p>This Administrative Code outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to be silent.</p>	While OAC 310:605-13-1 and OAC 317:40-5-113 is partially compliant, the setting remains fully compliant as OAC 317:40-1-3 upholds the HCBS Final Rule Requirement.		
An individual's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.	<p>1. OAC 317:40-1-3</p> <p>Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.</p>	Fully Compliant	<p><u>All Settings</u></p> <p>This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule.</p>	Remediation is required as the policy conflicts with the State's policy on restraints on Appendix G-2 sections of the Community and	The State will revise policy to specify that restraints are only allowed when specific conditions are met and modification to	Tribal Consultation: November 2017 Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34:

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
			Therefore, the State has determined that it is fully compliant.	Homeward Bound 1915 (C) waivers, which permit restraints under certain circumstances.	the HCBS regulation is expressly documented in the person-centered service plan following the criteria in OAC 317:40-1-3(b)(8)(A). The revised policy will be submitted through the administrative rule making process.	December 2017 <ul style="list-style-type: none"> •Comment Period Begins: January 2018 •Comment Period Ends: February 2018 •Public Hearing): February 2017 •MAC: March 2018 •Board Vote: March 2018 •ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2018 •SOS Submitted to OAR: March
	2. OAC 317:40-5-5 Oklahoma Administrative Code 317:40-5-5 offers Agency Companion provider responsibilities which are centered on the promotion of the individual's independence, personal rights of privacy, dignity, respect, and freedom from coercion and restraint.	Fully Compliant	<u>Agency Companion Setting</u> This policy is specific to the <u>Agency Companion</u> setting and uses language that promotes individual integration in the community;	No Remediation is Required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
			therefore the state considers it to be consistent with the HCBS Settings Final Rule. The State has determined that the policy is fully compliant.			
	3. OAC 317:40-5-55 Oklahoma Administrative Code 317:40-5-55 is specific to Specialized Foster Care and has provisions that outline the individuals' essential personal rights.	Partially Compliant	<u>Specialized Foster Care Setting</u> This policy is specific to Specialized Foster Care setting and promotes individuals having experiences to enhance independence and community inclusion. The state has determined based on this language that the Specialized Foster Care Setting partially compliant the HCBS Final Rule.	No Remediation is Required.		
	4. OAC 340:100-5-22.1 Oklahoma Administrative Code 340:100-5-22.1 directs community residential supports for individuals receiving Agency Companion Services, Specialized Foster Care, Group Homes	Silent	<u>Agency Companion; Daily Living Supports; and Specialized Foster Care Settings</u> This policy is specific to Community Residential	No Remediation is Required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	<p>Services, Daily Living Supports, as well as other HCBS. The service promotes, supports, and ensures community integration.</p>		<p>Supports a service that is provided in the following settings: <u>Specialized Foster Setting, Agency Companion, Setting, Daily Living Supports and Group Home Settings</u>. The service promotes independence and integration. The state has determined that the policy is Silent.</p>			
	<p>5. OAC 340:100-5-50 Oklahoma Administrative Code 340:100-5-50 provides direction and purpose in designing services and supports for individuals receiving DDS HCBS. It outlines the use of the person centered planning process that is an individually focused approach to identifying the needs, preferences, goals, and desired outcomes of the person receiving services.</p>	Silent	<p>All Settings This policy is specific to principles of individual planning. It outlines the Individual Plan process and promotion of individual choice, independence, social and community integration. The intent of this policy is to promote person-centered planning thereby supporting independence and</p>	No Remediation is Required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
			integration. The State has determined that it is Silent.			
	<p>6. OAC 340:100-5-52 Oklahoma Administrative Code 340:100-5-52 promotes the Personal Support Team approach utilized for individuals receiving HCBS. The Team is composed of people who are selected by the service recipient and work with the recipient to insure the recipients desired person-centered outcomes.</p>	Silent	<p>All Settings The policy is specific to the composition of the individuals personal support team. It outlines the personal team responsibilities to respect the service recipients' dignity and implement the services needed to achieve the desired outcomes of the service recipient. The team promotes independence and integration as it works to support the person centered process. The State has determined this is Silent.</p>	No Remediation is Required.		
	<p>7. OAC 310:605-13-1 (4)(B)(iii) Oklahoma Administrative Code 310:605-13-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma. This particular section outlines the services that are required</p>	Partially Compliant	<p>Adult Day Health The State has determined that the Administrative policy is Partially Compliant with the HCBS Final Rule as it</p>	No Remediation is Required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	to be provided to service recipients.		addresses member's rights of privacy, dignity, and respect.			
Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but not limited to, daily activities, physical environment, and with whom to interact.	<p>1. OAC 317:40-1-3 Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.</p>	Fully Compliant	<p>All Settings This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant.</p>	No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.		
	<p>2. OAC 317:40-5-5 Oklahoma Administrative Code 317:40-5-5 offers Agency Companion provider responsibilities which are centered on the promotion of the individual's autonomy.</p>	Fully Compliant	<p>Agency Companion Setting This policy is specific to the <u>Agency Companion</u> setting and uses language that promotes individual integration in the community; therefore the state considers it to be</p>	No Remediation is Required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
			consistent with the HCBS Settings Final Rule. The State has determined that the policy is fully compliant.			
	3. OAC 317:40-5-55 Oklahoma Administrative Code 317:40-5-55 has provisions that outline the individuals' autonomy and independence.	Partially Compliant	<u>Specialized Foster Care Setting</u> This policy is specific to <u>Specialized Foster Care</u> setting and promotes individuals having experiences to enhance independence and community inclusion. The State has determined that the policy is Partially compliant.	No Remediation is Required.		
	4. OAC 340:100-5-50 Oklahoma Administrative Code 340:100-5-50 provides direction and purpose in designing services and supports for individuals receiving DDS HCBS. It outlines the use of the person centered planning process that is an individually focused approach to identifying the needs, preferences, goals, and desired outcomes of the person receiving services.	Silent	<u>All Settings</u> This policy is specific to principles of individual planning. It outlines the Individual Plan process and promotion of individual choice, independence, social and community integration. The intent of this policy is to	No Remediation is Required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
			promote person-centered planning thereby supporting independence and integration. The State has determined this policy is Silent.			
	<p>5. OAC 340:100-5-52 Oklahoma Administrative Code 340:100-5-52 promotes the Personal Support Team approach utilized for individuals receiving HCBS. The Team is composed of people who are selected by the service recipient and work with the recipient to insure the recipients desired person-centered outcomes.</p>	Silent	<p>All Settings The policy is specific to the composition of the individuals personal support team. It outlines the personal team responsibilities to respect the service recipients' dignity and implement the services needed to achieve the desired outcomes of the service recipient. The team promotes independence and integration as it works to support the person centered process. The State has determined is Silent.</p>	No Remediation is Required.		
	<p>6. OAC 310:605-3-1 OAC 317:40-5-113</p>	Partially Compliant	<p>Adult Day Health The State has</p>	No Remediation is Required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	Oklahoma Administrative Code 317:40-5-113 outlines the requirements for Development Delayed Service recipients receiving HCBS in an Adult Day Care Setting. Oklahoma Administrative Code 310:605-13-1(3) outlines the requirements for Adult Day Care Centers in the State of Oklahoma.		determined that the Administrative policy is Partially compliant as it specifies the service recipient's independence in making choices that include daily activities, physical environment, and with whom to interact.			
Individual choice regarding services and supports, and who provides them, is facilitated.	1. OAC 317:40-1-3 Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.	Fully Compliant	All Settings This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the state has determined that it is fully compliant.	No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.		
	2. OAC 340:100-5-50 Oklahoma Administrative Code	Silent	All Settings This policy is specific to	No Remediation is Required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	340:100-5-50 provides direction and purpose in designing services and supports for individuals receiving DDS HCBS. It outlines the use of the person centered planning process that is an individually focused approach to identifying the needs, preferences, goals, and desired outcomes of the person receiving services.		principles of individual planning. It outlines the Individual Plan process and promotion of individual choice, independence, social and community integration. The intent of this policy is to promote person-centered planning thereby supporting independence and integration. The State has determined this policy is Silent.			
	3. OAC 340:100-5-52 Oklahoma Administrative Code 340:100-5-52 promotes the Personal Support Team approach utilized for individuals receiving HCBS. The Team is composed of people who are selected by the service recipient and work with the recipient to insure the recipients desired person-centered outcomes.	Silent	All Settings The policy is specific to the composition of the individuals personal support team. It outlines the personal team responsibilities to respect the service recipients' dignity and implement the services needed to achieve the desired outcomes of the service recipient.	No Remediation is Required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
			The team promotes independence and integration as it works to support the person centered process. The State has determined this policy is Silent.			
	<p>4. OAC 310:605-13-1 OAC 317:40-5-113</p> <p>Oklahoma Administrative Code 317:40-5-113 outlines the requirements for Development Delayed Service recipients receiving HCBS in an Adult Day Care Setting.</p> <p>Oklahoma Administrative Code 310:605-13-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma. This particular section outlines the services that are required to be provided to service recipients.</p>	Silent	<p>Adult Day Health</p> <p>The State has determined that the Administrative policy is Silent.</p>	No Remediation Required.		
Provider owned or controlled residential settings: The unit or dwelling is a specific physical place that can be owned, rented, or	<p>1. OAC 317:40-1-3</p> <p>Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.</p>	Fully Compliant	<p>All Settings</p> <p>This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule.</p>	No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
<p>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</p>			<p>Therefore, the State has determined that it is fully compliant.</p>	<p>compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.</p>		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
agreement will be in place for each HCBS participant, and that that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.						
Provider owned or controlled residential settings: Each individual has privacy in their sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate	<p>1. OAC 317:40-1-3 Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.</p>	Fully Compliant	<p>All Settings This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant.</p>	No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
staff having keys to doors.				the qualities defined in federal regulations per CFR 441.301.		
Provider owned or controlled residential settings: Individuals have the freedom to choose roommates (if applicable)	<p>1. OAC 317:40-1-3 Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.</p>	Fully Compliant	<p><u>All Settings</u> This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant.</p>	No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.		
	<p>2. OAC 317:40-5-40(d)(4) Oklahoma Administrative Code 317:40-5-40 specifies that individuals have their own private room. Bedrooms are only shared when it is determined to be in the best interest of the member.</p>	Fully Compliant	<p><u>Agency Companion Settings; Group Home Setting; Specialized Foster Care</u> This policy is specific to the home profile process for Agency Companion Services, Specialized Foster Care and any other situation</p>	No Remediation is Required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
			that requires home profiling. This policy specifies that bedrooms be provided for each service recipient and that adequate space be provided for privacy. The State has determined that this policy is fully compliant.			
Provider owned or controlled residential settings: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	1. OAC 317:40-1-3 Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.	Fully Compliant	All Settings This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant.	No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.		
	2. OAC 317:40-5-40(d)(4) Oklahoma Administrative Code 317:40-5-40(4) outlines the individuals	Fully Compliant	Agency Companion Settings; Group Home Setting; Specialized	No Remediation is Required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
	freedoms to furnish and decorate living spaces.		<p style="text-align: center;"><u>Foster Care</u></p> <p>This policy outlines the service recipient's right to furnish and decorate their living unit. Therefore the State has determined that it is in full compliance.</p>			
Provider owned or controlled residential settings: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	<p>1. OAC 317:40-1-3 Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.</p>	Fully Compliant	<p style="text-align: center;"><u>All Settings</u></p> <p>This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant.</p>	No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.		
Provider owned or controlled residential settings:	<p>1. OAC 317:40-1-3 Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access</p>	Partially Compliant	<p style="text-align: center;"><u>All Settings</u></p> <p>This policy outlines the requirements for all HCBS settings. The</p>	Remediation is required as the policy addresses the person's right to have	The State will revise policy to include the right for an individual to	Tribal Consultation: November 2017 Permanent Rule

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
Individuals are able to have visitors of their choosing at any time.	of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.		language in the policy allows for visitors at any time, but does not specify that it is visitors of the person's choosing. Therefore, the State has determined that it is Partially compliant.	visitors at any time, but not have the visitors of his or her choosing.	have visitors of his or her choosing. The State will submit the revised rules through the administrative rule making process.	Text Submitted to Governor and Cabinet per EO 2013-34: December 2017 •Comment Period Begins: January 2018 •Comment Period Ends: February 2018 •Public Hearing): February 2017 •MAC: March 2018 •Board Vote: March 2018 •ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2018 •SOS Submitted to OAR: March
	2. OAC 340:100-6-41 Oklahoma Administrative Code 340:100-6-41 specifically outlines access to the group home premises.	Non-Compliant	Group Home Setting This policy is specific to Group homes and specifies the right of the	Remediation is required.	The State will revise OAC 340:100-6-41 to strike current	Tribal Consultation: November 2017 Permanent Rule

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
			service recipient to have visitors according to the desires of the service recipient. Therefore the State has determined that this policy is Non-Compliant.		language and include language that aligns with the Final Rule.	Text Submitted to Governor and Cabinet per EO 2013-34: December 2017 •Comment Period Begins: January 2018 •Comment Period Ends: February 2018 •Public Hearing): February 2017 •MAC: March 2018 •Board Vote: March 2018 •ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2018 •SOS Submitted to OAR: March
Provider owned or controlled residential	1. OAC 317:40-1-3 Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be	Fully Compliant	All Settings This policy outlines the requirements for all	No Remediation is Required.		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
settings: The setting is physically accessible to the individual.	fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.		HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the state has determined that it is fully compliant.			
	2. OAC 317:40-5-40(d) Oklahoma Administrative Code 317:40-5-40 outlines the requirements for physical accessibility.	Fully Compliant	<u>Agency Companion Settings; Group Home Setting; Specialized Foster Care</u> This policy outlines the requirements home standards for DDS HCBS settings that include the requirements for physical accessibility. The State has determined that this policy is fully compliant.	No Remediation is Required.		
Locations that have qualities of institutional settings, as determined by the Secretary. Any setting that is	1. OAC 317:40-1-3 Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not	Fully Compliant	<u>All Settings</u> This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS	No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included		

Appendix B: ICF/ID Waivers

System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

Regulation	Current State Standard of Relevance	Compliance Status	States Justification of Compliance Determination	Remediation Required	Action Steps	Timeline
located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution.	receiving Medicaid HCBS.		Settings Final Rule. Therefore, the State has determined that it is fully compliant.	to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.		
Home and community-based settings do not include the following: a nursing facility; institution for mental diseases; an intermediate care facility for individuals with intellectual disabilities; a hospital.	1. OAC 317:40-1-3 Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.	Fully Compliant	All Settings This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant.	No Remediation is Required.		

Appendix C

Proposed Language for Rule

317-30-5-763(3)(f)

(3) Adult day health (ADH) care.

~~(A) Adult day health care (ADH) is furnished on a regularly-scheduled basis for one or more days per week in an outpatient setting. It provides both health and social services necessary to ensure the member's optimal functioning. Most assistance with activities of daily living (ADLs), such as eating, mobility, toileting, and nail care are integral services to ADH care service and are covered by the ADH care basic reimbursement rate.~~

~~(B)ADH care is a 15-minute unit of service. No more than 32 units (eight hours) are authorized per day. The number of units of service a member may receive is limited to the number of units approved on the member's approved service plan.~~

~~(C) Physical, occupational, and speech therapies are only provided as an enhancement to the basic adult day health-ADH care service when authorized by the service plan and are billed as a separate procedure. ADH care therapy enhancement is a maximum of one session unit per day of service.~~

~~(D) Meals provided as part of this service do not constitute a full nutritional regimen. One meal, that contains at least one-third of the current daily dietary recommended intake (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, is provided to those participants who are in the center for four or more hours per day, and does not constitute a full nutritional regimen. Member's access to food at any time must also be available in addition to the required meal and is consistent with an individual not receiving Medicaid-funded services and supports.~~

~~(E) Personal care service enhancement in adult day health care-ADH is assistance in bathing, hair care, or laundry service, authorized by the person-centered service plan and billed as separate procedures. Most assistance with activities of daily living (ADL), such as eating, mobility, toileting, and nail care are integral services to adult day health care service and are covered by the adult day health care basic reimbursement rate. This service is authorized when an ADvantage Waiver member who uses ADH requires assistance with bathing, hair care, or laundry to maintain health and safety. Assistance with bathing, hair care, or laundry service is not a usual and customary adult day health-ADH care service. Enhanced personal care in adult day health care for assistance with bathing, hair care, or laundry service is authorized when an ADvantage Waiver member who uses adult day health care requires assistance with bathing, hair care, or laundry service to maintain his or her health and safety.—ADH personal care enhancement is a maximum of one unit per day of bathing, hair care, or laundry service.~~

~~(B)Adult day health care is a 15-minute unit of service. No more than eight hours, 32 units, are authorized per day. The number of units of service a member may receive is limited to the number of units approved on the member's approved service plan.~~

~~(C)Adult day health care therapy enhancement is a maximum of one session unit per day of service.~~

~~(D)Adult day health personal care enhancement is a maximum of one unit per day of bathing, hair care, or laundry service.~~

~~(F)DHS Home and Community-Based Services (HCBS) Waiver settings have qualities defined in federal regulation per Section 441.301(c)(4) of Title 42 of the Code of Federal Regulations (42 C.F.R. § 441.301(c)(4)) based on the needs of the individual defined in the member's authorized service plan.~~

~~(i)The ADH center is integrated and supports full access of ADvantage members to the greater community, including opportunities to:~~

~~(I) seek employment and work in competitive integrated ADH Center, not a requirement for persons that are retirement age;~~

~~(II)engage in community life;~~

~~(III)control personal resources; and~~

~~(IV)receive services in the community, to the same degree as individuals not receiving ADvantage Program or other Medicaid HBCS Waiver services.~~

~~(ii) The ADH is selected by the member from all available service options and given the opportunity to visit and understand the options.~~

~~(iii)The ADH ensures the member's rights of privacy, dignity, respect, and freedom from coercion and restraint.~~

(iv) The ADH optimizes the member's initiative, autonomy, and independence in making life choices including, but not limited to:

- (I) daily activities;
- (II) the physical environment; and
- (III) with whom to interact.

(v) The ADH facilitates the member's choice regarding services and supports, including the provider.

(vi) Each member has the freedom and support to control his or her own schedules, activities, and access to food at any time.

(vii) Each member may have visitors whenever he or she chooses.

(viii) The ADH center is physically accessible to the member.

(G) ADH centers that are presumed not to be Home and Community-Based settings per 42 C.F.R. § 441.301(c)(5)(v) include:

(i) ADH centers in a publicly or privately-owned facility providing inpatient treatment;

(ii) ADH centers on the grounds of or adjacent to a public institution;

(iii) ADH centers with the effect of isolating individuals from the broader community of individuals not receiving ADvantage Program or another Medicaid HCBS;

(H) If the ADH is presumed not HCBS, according to 42 C.F.R. § 441.301(c)(5)(v), it may be subject to heightened scrutiny by AA, OHCA, and CMS. The ADH must provide evidence that the ADH portion of the facility has clear administrative, financial, programmatic, and environmental distinctions from the institution and comply with additional monitoring by the AA.

(18) Assisted living services—(ALS).

(A) ~~Assisted living services (ALS)~~ ALS are personal care and supportive services furnished to Waiver members who reside in a homelike, non-institutional setting that includes 24-hour, on-site response capability to meet scheduled or unpredictable member needs and to provide supervision, safety, and security. Services also include social and recreational programming and medication assistance, to the extent permitted under State law. The ALS provider is responsible for coordinating services provided by third parties to ADvantage members in the assisted living center. Nursing services are incidental rather than integral to the provision of ALS. ADvantage reimbursement for ALS includes services of personal care, housekeeping, laundry ~~service~~, meal preparation, periodic nursing evaluations, nursing supervision during nursing intervention, intermittent or unscheduled nursing care, medication administration, assistance with cognitive orientation, assistance with transfer and ambulation, planned programs for socialization, activities, and exercise, and for arranging or coordinating transportation to and from medical appointments. Services, except for planned programs for socialization, activities, and exercise are to meet the member's specific needs as determined through the individualized assessment and documented on the member's person-centered service plan.

(B) The ADvantage ALS philosophy of service delivery promotes member choice, and to the greatest extent possible, member control. A member has control over his or her living space and his or her choice of personal amenities, furnishings, and activities in the residence. The ADvantage member must have the freedom to control his or her schedule and activities. The ALS provider's documented operating philosophy, including policies and procedures, must reflect and support the principles and values associated with the ADvantage assisted living philosophy and approach to service delivery emphasizing member dignity, privacy, individuality, and independence.

(C) ADvantage ALS required policies for admission and termination of services and definitions.

(i) ADvantage-certified assisted living centers (ALC) are required to accept all eligible ADvantage members who choose to receive services through the ALC, subject only to issues relating to, one or more of the following:

(I) rental unit availability;

(II) the compatibility of the member with other residents;

(III) the center's ability to accommodate residents who have behavior problems, wander, or have needs that exceed the services the center provides; or

(IV) restrictions initiated by statutory limitations.

(ii) The ALC may specify the number of units the provider is making available to service ADvantage members. ~~The number of rental units available to service the ADvantage participants may be altered based upon written request from the provider and acceptance by the ADvantage Administration (AA).~~ At minimum, the ALC must designate 10 residential units for ADvantage members. Residential units designated for ADvantage may be used for other residents at the ALC if there are no pending ADvantage members for those units. Exceptions may be requested in writing subject to the approval of AA.

(iii) Mild or moderate, cognitive impairment of the applicant is not a justifiable reason to deny ALC admission. Centers are required to specify whether they are able to accommodate members who have behavior problems or wander. Denial of admission due to a determination of incompatibility must be approved by the case manager and the ADvantage Administration (AA). Appropriateness of placement is not a unilateral determination by the ALC. The ADvantage case manager, the member, or member's designated representative, and the ALC in consultation determine the appropriateness of placement.

(iv) The ALC is responsible for meeting the member's needs for privacy, dignity, respect, and freedom from coercion and restraint. The ALC must optimize the member's initiative, autonomy and independence in making life choices. The ALC must facilitate member choices regarding services and supports, and who provides them. Inability to meet those needs is not recognized as a reason for determining an ADvantage member's placement is inappropriate. The ALC agrees to provide or arrange and coordinate all of the services listed in the Oklahoma State Department of Health regulations per ~~(OAC 310:663-3-3)~~, OAC 310:663-3-3, except for specialized services.

(v) In addition, the ADvantage participating ALC agrees to provide or coordinate the services listed in (I) through (III).

(I) Provide an emergency call system for each participating ADvantage member.

(II) Provide up to three meals per day plus snacks sufficient to meet nutritional requirements, including modified special diets, appropriate to the member's needs and choices; and provide members with 24-hour access to food by giving members control in the selection of the foods they eat, by allowing the member to store personal food in his or her room, by allowing the member to prepare and eat food in his or her room, and allowing him or her to decide when to eat.

(III) Arrange or coordinate transportation to and from medical appointments. The ALC must assist the member with accessing transportation for integration into the community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, and control his or her personal resources and receive services in the community to the same degree of access as residents not receiving ADvantage services.

(vi) The provider may offer any specialized service or rental unit for members with Alzheimer's disease and related dementias, physical disabilities, or other special needs the facility intends to market. Heightened scrutiny, through additional monitoring of the ALC by AA, will be utilized for those ALC's that also provide inpatient treatment; settings on the grounds of or adjacent to a public institution and/or other settings that tend to isolate individuals from the community. The ALC must include evidence that the ALC portion of the facility has clear administrative, financial, programmatic and environmental distinctions from the institution.

(vii) When the provider arranges and coordinates services for members, the provider is obligated to ~~assure~~ensure the provision of those services.

(viii) Per OAC 310:663-1-2, "personal care" is defined as "assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision of the physical and mental well-being of a person, and includes assistance with toileting." For ADvantage ALS, assistance with "other personal needs" in this definition includes assistance with grooming and transferring. The term "assistance" is clarified to mean hands-on help, in addition to supervision.

(ix) The specific ALS assistance provided along with amount and duration of each type of assistance is based upon the member's assessed need for service assistance and is specified in the ALC's service plan that is incorporated as supplemental detail into the ADvantage comprehensive person-centered service plan. The ADvantage case manager in cooperation with ALC professional staff, develops the person-centered service plan to meet member needs. As member needs change, the person-centered service plan is amended consistent with the assessed, documented need for change in services.

(x) Placement, or continued placement of an ADvantage member in an ALC is inappropriate ~~if~~when any one or more of the conditions exist.

(I) The member's needs exceed the level of services the center provides. Documentation must support ALC efforts to provide or arrange for the required services to accommodate participant needs.

(II) The member exhibits behavior or actions that repeatedly and substantially ~~interfere~~interferes with the rights or well-being of other residents and the ALC ~~has~~ documented efforts to resolve behavior problems including medical, behavioral, and increased staffing interventions. Documentation must support the ALC attempted interventions to resolve behavior problems.

(III) The member has a complex, unstable, or unpredictable medical condition and treatment cannot be developed and implemented appropriately in the assisted living environment. Documentation must support the ALC attempts to obtain appropriate member care.

(IV) The member fails to pay room and board charges and/or DHS determined vendor payment obligation.

(xi) Termination of residence when inappropriately placed. Once a determination is made that a member is inappropriately placed, the ALC must inform the member and the member's representative, ~~if~~when any, the AA and the member's ADvantage case manager. The ALC must develop a discharge plan in consultation with the member, the member's representative, the ADvantage case manager, and the AA. The ALC and case manager must ensure the discharge plan includes strategies for providing increased services, when appropriate, to minimize risk and meet the higher care needs of members transitioning out of the ALC, when the reason for discharge is inability to meet member needs. ~~if~~When voluntary termination of

residency is not arranged, the ALC must provide written notice to the member and to the member's representative, with a copy to the member's ADvantage case manager and the AA, giving the member ~~30-calendar days~~, 30-calendar days written notice of the ALC's intent to terminate the residency agreement and move the member to an appropriate care provider. The ~~30-calendar day~~ 30-calendar day requirement must not apply when emergency termination of the residency agreement is mandated by the member's immediate health needs or when the termination of the residency agreement is necessary for the physical safety of the member or other ALC residents. The written notice of involuntary termination of residency for reasons of inappropriate placement must include:

(I) a full explanation of the reasons for the termination of residency;

(II) the notice date;

(III) the date notice was given to the member and the member's representative, the ADvantage Case Manager, and the AA;

(IV) the date the member must leave ALC; and

(V) notification of appeal rights and the process for submitting appeal of termination of Medicaid ALS to OHCA.

(D) ADvantage ALS provider standards in addition to licensure standards.

(i) Physical environment.

(I) The ALC must provide lockable doors on the entry door of each rental unit and an attached, lockable compartment within each member unit for valuables. Members must have exclusive rights to his or her unit with lockable doors at the entrance of the individual or shared rental unit. Keys to rooms may be held by only appropriate ALC staff as designated by the member's choice. Rental units may be shared only when a request to do so is initiated by the member. Members must be given the right to choose his or her roommate.

(II) The member has a legally enforceable agreement, (lease)lease, with the ALC. The member must have the same responsibilities and protections from eviction as all tenants under the landlord tenant law of the state, county, city, or other designated entity.

(III) The ALC must provide each rental unit with a means for each member to control the temperature in the residential unit through the use of a damper, register, thermostat, or other reasonable means ~~that is~~ under the control of the member and that preserves privacy, independence, and safety, provided that the Oklahoma State Department of Health may approve an alternate means based on documentation that the design of the temperature control is appropriate to the special needs of each member who has an alternate temperature control.

(IV) For ALCs built prior to January 1, 2008, each ALC individual residential unit must have a minimum total living space, including closets and storage areas, of 250 square feet; for ALCs built after December 31, 2007, each ALC individual residential unit must have a minimum total living space, including closets and storage areas, of 360 square feet.

(V) The ALC must provide a private bathroom for each living unit that must be equipped with one lavatory, one toilet, and one bathtub or shower stall.

(VI) The ALC must provide at a minimum, a kitchenette, defined as a space containing a refrigerator, adequate storage space for utensils, and a cooking appliance, a microwave is acceptable.

(VII) The member is responsible for furnishing the rental unit. ~~If~~When a member is unable to supply basic furnishings defined as a bed, dresser, nightstand, chairs, table, trash can, and lamp, or if member supplied furnishings pose a health or safety risk, the member's ADvantage case manager in coordination with the ALC, must assist the member in obtaining basic furnishings for the rental unit. The member must have the freedom to furnish and decorate the rental unit within the scope of the lease or residency agreement.

(VIII) The ALC must meet the requirements of all applicable federal and state laws and regulations including, but not limited to, state and local sanitary codes, state building and fire safety codes, and laws and regulations governing use and access by persons with disabilities.

(IX) The ALC must ensure the design of common areas accommodates the special needs of the resident population and that the rental unit accommodates the special needs of the member in compliance with the Americans with Disabilities Act accessibility guidelines per 28 Code of Federal Regulations, Part 36, Appendix A, at no additional cost to the member.

(X) The ALC must provide adequate and appropriate social and recreational space for residents and the common space must be proportionate to the number of residents and appropriate for the resident population.

(XI) The ALC must provide appropriately monitored outdoor space for resident use.

(XII) The ALC must provide the member with the right to have visitors of his or her choosing at any time. Overnight visitation is allowed, but may be limited by the ALC to the extent to which a visitor may stay overnight.

(XIII) The ALC must be physically accessible to members.

(ii) Sanitation.

(I) The ALC must maintain the facility, including its individual rental units that are in a clean, safe, sanitary, and sanitary manner, that are insect and rodent free, odorless, and in good repair at all times.

(II) The ALC must maintain buildings and grounds in a good state of repair, in a safe and sanitary condition, and in compliance with the requirements of applicable regulations, bylaws, and codes.

(III) The ALC stores clean laundry in a manner that prevents contamination and changes linens at time intervals necessary to avoid health issues.

(IV) The ALC must provide housekeeping in member rental units to maintain a safe, clean, and sanitary environment.

(V) The ALC must have policies and procedures for members' pets.

(iii) Health and Safety.

(I) The ALC must provide building security that protects members from intruders with security measures appropriate to building design, environmental risk factors, and the resident population.

(II) The ALC must respond immediately and appropriately to missing members, accidents, medical emergencies, or deaths.

(III) The ALC must have a plan in place to prevent, contain, and report any diseases considered to be infectious or are listed as diseases that must be reported to the Oklahoma State Department of Health (OSDH).

(IV) The ALC must adopt policies for the prevention of abuse, neglect, and exploitation that include screening, training, prevention, investigation, protection during investigation, and reporting.

- (V) The ALC must provide services and facilities that accommodate the needs of members to safely evacuate in the event of fires or other emergencies.
 - (VI) The ALC must ensure staff is trained to respond appropriately to emergencies.
 - (VII) The ALC must ensure that fire safety requirements are met.
 - (VIII) The ALC must offer meals that provide balanced and adequate nutrition for members.
 - (IX) The ALC must adopt safe practices for the preparation and delivery of meals.
 - (X) The ALC must provide a 24-hour response to personal emergencies that is appropriate to the needs of the resident population.
 - (XI) The ALC must provide safe transportation to and from ALC sponsored social or recreational outings.
- (iv) Staff to resident ratios.
- (I) The ALC must ensure a sufficient number of trained staff are on duty, awake, and present at all times, 24 hours a day, and seven days a week, to meet the needs of residents and to carry out all of the processes listed in the ALC's written emergency and disaster preparedness plan for fires and other disasters.
 - (II) The ALC must ensure staffing is sufficient to meet the needs of the ADvantage Program members in accordance with each member's ADvantage person-centered service plan.
 - (III) The ALC must have plans in place to address situations where there is a disruption to the ALC's regular work force.
- (v) Staff training and qualifications.
- (I) The ALC must ensure staff has qualifications consistent with their job responsibilities.
 - (II) All staff assisting in, or responsible for, food service must have attended a food service training program offered or approved by OSDH.
 - (III) The ALC must provide staff orientation and ongoing training to develop and maintain staff knowledge and skills. All direct care and activity staff receive at least eight hours of orientation and initial training within the first month of employment and at least four hours annually thereafter. Staff providing direct care on a dementia unit must receive four additional hours of dementia specific training. Annual first aid and cardiopulmonary resuscitation (CPR) certification do not count toward the four hours of annual training.
- (vi) Staff supervision.
- (I) The ALC must ensure delegation of tasks to non-licensed staff ~~must be~~ is consistent and in compliance with all applicable state regulations including, but not limited to, the Oklahoma Nurse Practice Act and OSDH Nurse Aide Certification rules.
 - (II) The ALC must ensure that, where the monitoring of food intake or therapeutic diets is provided at the prescribed services level, a registered dietitian monitors member health and nutritional status.
- (vii) Resident rights.
- (I) The ALC must provide to each member and each member's representative, at the time of admission, a copy of the resident statutory rights listed in Section 1-1918 of Title 63 of the Oklahoma Statutes (O.S. 63-1-1918) amended to include additional rights and the clarification of rights as listed in the ADvantage Member Assurances. A copy of

resident rights must be posted in an easily accessible, conspicuous place in the facility. The facility must ensure that staff is familiar with and observes, the resident rights.

(II) The ALC must conspicuously post for display in an area accessible to residents, employees, and visitors, the assisted living center's complaint procedures and the name, address, and telephone number of a person authorized to receive complaints. A copy of the complaint procedure must also be given to each member, the member's representative, or the legal guardian. The ALC must ensure all employees comply with the ALC's complaint procedure.

(III) The ALC must provide to each member and member's representative, at the time of admission, information about Medicaid grievance and appeal rights, including a description of the process for submitting a grievance or appeal of any decision that decreases Medicaid services to the member.

(viii) Incident reporting.

(I) The ALC must maintain a record of incidents that occur and report incidents to the member's ADvantage case manager and to the AA, utilizing the AA Critical Incident Reporting form. Incident reports are also ~~to be made to Adult Protective Services (APS) and to the Oklahoma State Department of Health (OSDH),~~ OSDH, as appropriate, ~~in accordance with the ALC's~~ per ALC licensure rules, utilizing the specific reporting forms required.

(II) Incidents requiring report by licensed ALC are those defined by OSDH per OAC 310:663-19-1 and listed on the AA Critical Incident Reporting Form.

(III) Reports of incidents must be made to the member's ADvantage case manager and to the AA via ~~facsimile or~~ mailelectronic submission within one business day of the reportable incident's discovery utilizing the AA Critical Incident Reporting form. ~~If~~ When required, a follow-up report of the incident must be submitted via ~~facsimile or~~ mailelectronic submission to the member's ADvantage case manager and to the AA. The ~~follow-up~~ follow-up report must be submitted within ~~five business~~ 5-business days of the incident. The final report must be filed with the member's ADvantage case manager and the AA when the investigation is complete, not to exceed ~~10 business~~ 10-business days after the incident.

(IV) Each ALC having reasonable cause to believe that a member is suffering from abuse, neglect, exploitation, or misappropriation of member property must make a report to ~~DHS Adult Protective Services (APS)~~ APS as soon as the person is aware of the situation per O.S. 43A § 10-104.A. Reports are also made to OSDH, as appropriate, per ALC licensure rules.

(V) The preliminary incident report must at the minimum, include who, what, when, where, and the measures taken to protect the member and resident(s) during the investigation. The follow-up report must at the minimum, include preliminary information, the extent of the injury or damage, ~~if~~ when any, and preliminary investigation findings. The final report at a minimum, ~~includes~~ includes preliminary and follow-up information, a summary of investigative actions representing a thorough investigation, investigative findings and conclusions based on findings, and corrective measures to prevent future occurrences. When it is necessary to omit items, the final report must include why such items were omitted and when they will be provided.

(ix) Provision of or arrangement for necessary health services. The ALC must:

(I) ~~The ALC must~~ arrange or coordinate transportation for members to and from medical appointments.

(II) ~~The ALC must~~ provide or coordinate with the member and the member's ADvantage case manager for delivery of necessary health services. The ADvantage case manager is responsible for monitoring all health-related services required by the member as identified through assessment and documented on the person-centered service plan, are provided in an appropriate and timely manner. The member has the freedom to choose any available provider qualified by licensure or certification to provide necessary health services in the ALC.

(E) ALS are billed per diem of service for days covered by the ADvantage member's person-centered service plan and during which the ALS provider is responsible for providing ALS for the member. The per diem rate for ADvantage assisted living services for a member is one of three per diem rate levels based on a member's need for type of, intensity of, and frequency of service to address member ADLs, IADLs, and health care needs. The rate level is based on the Universal Comprehensive Assessment Tool (UCAT) assessment by the member's ADvantage case manager employed by a case management agency independent of the ALS provider. The determination of the appropriate per diem rate is made by the AA clinical review staff.

(F) The ALC must notify AA 90-calendar days before terminating or not renewing the ALC's ADvantage contract.

(i) The ALC must give notice in writing to the member, the member's representative(s), the AA, and the member's ADvantage Case Manager 90-calendar days before:

(I) voluntary cessation of the ALC's ADvantage contract; or (II) closure of all or part of the ALC.

(ii) The notice of closure must state:

(I) the proposed ADvantage contract termination date; (II) the termination reason;

(III) an offer to assist the member secure an alternative placement;

(IV) advise the member or member's representative, and the member's ADvantage case manager on available housing alternatives;

(V) the facility must comply with all applicable laws and regulations until the closing date, including those related to resident transfer or discharge.

(iii) Following the last move of the last ADvantage member, the ALC must provide in writing to the AA:

(I) the effective date of closure based on the discharge date of the last resident;

(II) a list of members transferred or discharged and where they relocated,; and

(III) the plan for storage of resident records per OAC 310:663-19-3(g), relating to preservation of resident records and the name, address, and phone numbers of the person responsible for the records.

Appendix D

Proposed Language for Rule

317:40-7-2. Definitions

The following words and terms, when used in this Subchapter shall have the following meaning, unless the context clearly ~~indicate~~indicates otherwise.

"Commensurate ~~Wage~~ wage" means wages paid to a worker with a disability based on the worker's productivity in proportion to the wages and productivity of workers without a disability performing essentially the same work in the same geographic area. Commensurate wages must be based on the prevailing wage paid to experienced workers without disabilities doing the same job.

"Competitive integrated employment" means work in the competitive labor market performed on a full-time or part-time basis in integrated community settings. The individual is compensated at or above minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Competitive employment is an individual placement.

"Employment Assessment ~~assessment~~" means the evaluation that identifies the unique preferences, strengths, and needs of ~~the service recipients~~members in relation to work. The assessment determines work skills and work behaviors, is supplemented by personal interviews and behavioral observations, and incorporates information that addresses the ~~service recipient's~~member's desired medical, physical, psychological, social, cultural, and educational outcomes, as well as present and future employment options. The assessment, ~~which is~~ updated annually or more frequently as needed, includes support needs, environmental preferences, and possible accommodations.

"Enhanced Rate ~~rate~~" means a differential rate established to provide an incentive to provider agencies to provide community employment services to ~~service recipients~~members with significant needs.

"Group Placement ~~placement~~" means ~~two to eight service recipients~~workers with disabilities situated close together, who are provided continuous, long-term training and support in an integrated job site. ~~service recipients~~Members may be employed by the company or by the provider agency. The terms "work crew" and "enclave" also describe a group placement.

"Individual placement in job coaching services" means one ~~service recipient~~member receiving job ~~each~~coaching services, who:

- (A) works in an integrated job setting;
- (B) receives minimum wage or more;
- (C) does not receive services from a job coach who is simultaneously responsible for continuous job coaching for a group;
- (D) is employed by a community employer or the provider agency; and
- (E) has a job description that is specific to his or her work.

"Individual placement in community-based services" means the ~~service recipient~~member is provided supports that enable him or her to participate in approved community-based activities, ~~as described in per OAC per Oklahoma Administrative Code 317:40-7-5,~~ individually and not as part of a group placement.

"Integrated Employment Site ~~employment site~~" means an activity or job that provides regular interaction with people without disabilities, excluding service providers, to the same extent that a worker without disabilities in a comparable position interacts with others.

"Job Coach ~~coach~~" means an individual who holds a ~~DDSD~~DDS-approved training job coach certification and provides ongoing support services to eligible persons in supported employment placements. Services directly support the ~~service recipient's~~member's work activity including marketing and job development, job and work site assessment, training and worker assessment, job matching procedures, development of co-worker natural and paid supports, and teaching job skills.

"Job Sampling ~~sampling~~" means a paid situational assessment whereby a ~~service recipient~~member performs a job at a prospective employer's integrated job site, in order to determine the ~~service recipient's~~member's interests and abilities. Situational assessments adhere to the Department of Labor (DOL) regulations regarding wages. The Personal Support Team (Team) determines the appropriate type and number of situational assessments for each ~~service recipient~~member.

"On-Site Supports ~~On-site supports~~" means a situation in which the job coach is physically at the job site providing job training to a ~~service recipient~~member.

"Situational assessment" means a comprehensive community-based evaluation of the ~~service recipient's~~ member's functioning in relation to the supported job, including the job site, ~~the community through which the service recipient member must travel to and from the job, and the people those~~ at the job site, such as the job coach, co-workers, and ~~supervisor supervisors~~.

~~Sub-Contract With Industry~~ Sub-contract with industry means the provider agency enters into a sub-contract with an industry or business to pay industry employees to provide supports to ~~service recipients members~~. ~~If~~ When the industry agrees, the provider agency may contract directly with an industry employee(s) ~~of the industry directly~~ to provide the services. The state continues to pay the provider agency and the agency provides all pertinent information ~~that is required for persons served by the agency~~. The Team determines what, if any, training is required for the employees of the industry providing services.

"Supported Employment employment" means competitive work in an integrated work setting with ongoing support services for ~~service recipients members~~ for whom competitive employment has not traditionally occurred or ~~has been was~~ interrupted or intermittent as a result of the member's disabilities.

"Unpaid Training training" means unpaid experience in integrated employment sites ~~in accordance with per~~ DOL regulations. ~~Service recipients Members~~ do a variety of tasks, ~~which that~~ do not equal the full job description of a regular worker.

"Volunteer Job job" means an unpaid activity in which a ~~service recipients member~~ freely participates.

317:40-7-6.

317:40-7-6. ~~Center-Based Services~~ Center-based services

(a) ~~Center-Based Services~~ Center-based services are provided in ~~segregated settings, where the majority of people served have a disability. Any employment service provided where a majority of the people at the site are persons with a disability is billed as Center-Based Services~~ any employment service provided where a majority of the people at the site are persons with a disability. These settings facilitate opportunities to seek employment in competitive settings and support access to the greater community.

(b) ~~Center-Based Services~~ Center-based services are pre-planned, documented activities that relate to the member's identified employment outcomes.

(c) Examples of ~~Center-Based Services~~ Center-based services are active participation in:

(1) ~~paid contract work which occurs in a workshop or other center-based setting~~ learning and work experiences where the individual can develop general, non-job-task specific strengths and skills that contribute to employability in paid employment in integrated community settings.;

(2) ~~Team-prescribed~~ team-prescribed therapy programs, such as speech, physical therapy, or switch activation ~~which are implemented by employment provider staff in the workshop or other center-based setting.;~~ and

(3) ~~unpaid training or paid work experience which occurs in a setting without opportunities for regular daily interactions with co-workers without disabilities or the general public.~~

(4) computer classes, GED General Education Development preparation, job club, interviewing skills, or other classes whose participants all have disabilities, even ~~if~~ when the location is in the community.

(d) Paid contract work is usually subcontracted, and the persons receiving services earn commensurate wage according to Department of Labor regulations.

(e) ~~For SoonerCare reimbursement in Center-Based Services, a member's pay cannot exceed 50% of minimum wage.~~

(f) Participation in Center-Based Services is limited to 15 hours per week for persons receiving services through the Homeward Bound Waiver, unless approved through the exception process explained in OAC 317:40-7-21.

~~(g)~~ (f) The provider agency must meet physical plant expectations of OAC per Oklahoma Administrative Code 340:100-17-13.

~~(h)~~ (g) During periods in which no paid work is available for members, despite the provider's documented good faith efforts ~~of the provider to secure such work~~, the employment provider agency ensures ~~that~~ each member participates in training activities that are age appropriate, work related, and consistent with the ~~IP~~ Individual Plan. Such activities may include, but are not limited to:

- (1) resume development and application writing;
- (2) work attire selection;
- (3) job interview training and practice;
- (4) job safety and evacuation training;
- (5) personal or social skills training; and
- (6) stamina and wellness classes

Appendix E

NFLOC Waiver Settings & Compliance*

NFLOC Settings	Description of Settings	Number of Settings	Number Sampled
Assisted Living	Personal care and supportive services that are furnished to waiver members who reside in a homelike, non-institutionalized setting that includes 24 hour on-site response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety and security.	7	4
Adult Day Health	Services furnished on a regularly scheduled basis for one or more days per week, in a community setting, encompassing both health and social services needed to ensure the optimal functioning of the individual.	27	23
		34	28
			Compliance Percentage – 75%
			Non – Compliance Percentage – 25%

*Data and Compliance percentages based on initial baseline provider self-assessments.

NFLOC Waiver Settings & Compliance**

NFLOC Settings	Number of Settings	Percentage of Compliance	Percentage that will comply with modifications	Percentage of non-compliance	Main Reasons for Non-Compliance
Assisted Living	6	67%	33%	0%	<ul style="list-style-type: none"> * Transportation for shopping on a regular basis * Community access and information regarding community activities * Receiving services to the same degree as individuals not receiving HCBS waiver services * Missing policies and statements regarding freedom from coercion and restraint * Information regarding change in services request
Adult Day Health	28	0%	100%	0%	<ul style="list-style-type: none"> * Information to provide knowledge of or access to age and ability appropriate community activities * Weekly activities of going out into the community * Opportunities to interact with the general public * Member's service plan goals missing from Member's record. * ADH did not participate in IDT or with the CM to know the goal of ADH services. * Opportunities for changes in needs or changes of preference in services. * Secure place for the storage of personal items. * Talking about an individual and their needs in front of others. * Isolating or separation of those individuals with behavior needs. * Some centers had gates, locked doors, fences or other barriers preventing individuals from entering or exiting areas. * Physical environment did not support a variety of individual's goals and needs. * Individuals were not allowed to choose when and with whom to eat * Opportunities for individuals to understand their options regarding services and providers * Opportunity for individuals to regularly and periodically update or change their preferences * Information was not posted or provided regarding procedures to change preferences

** Refers to Follow-up provider onsite reviews completed April 2016 (Assisted Living) and October 2016 (Adult Day Health)

*** Two additional facilities received ADvantage contracts that were not contracted when the baseline review was completed.

Appendix F

NF LOC Settings - Heightened Scrutiny

The final rule Final Rule identifies settings that are presumed NOT home and community-based settings. These settings include those in a publicly or privately-owned facility that provide inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS. A state may only include such a setting in its Medicaid HCBS programs if CMS determines through a heightened scrutiny process, based on information presented by the state and input from the public that the state has demonstrated that the setting meets the qualities for being home and community-based and does not have the qualities of an institution. (For more information about the heightened scrutiny process, see Section 441.301(c)(5)(v)Home and Community-Based Setting).

Settings that have the following two characteristics alone might, but will not necessarily, meet the criteria for having the effect of isolating individuals:

- The setting is designed specifically for people with disabilities, and often even for people with a certain type of disability.
- The individuals in the setting are primarily or exclusively people with disabilities and on-site staff provides many services to them.

Settings that isolate people receiving HCBS from the broader community may have any of the following characteristics:

- The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities.
- People in the setting have limited, if any, interaction with the broader community.
- Settings that use/authorize interventions/restrictions that are used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g. seclusion).

Locations Identified for Heightened Scrutiny	Settings Type	Address	Reason	Validated
Grandwood Assisted Living	AL	2001 Sunrise Blvd., Grove, Ok 74344	In same proximity of nursing facility	Fully Compliant
North County	AL	522 N 22nd St. Collinsville, Ok., 74021	NF on the corner of same block	Agency documentation confirms the Member did not have full access to integrated supports by protocols or practices to the same degree as individuals not receiving Medicaid HCBS Waivers. Members do not have regular access to the community or materials to become aware of activities occurring outside of the setting.

Franciscan Villa	AL	17110 East 51st St, Broken Arrow, Ok. 74021	Shares the same building with NF; reviewed for contracting not audited as the setting had no members	Fully Compliant
Mercy Love County Adult Day Center	ADH	200 Wanda St., Marietta, OK 73448	On the Grounds of Mercy Love Hospital	Documentation confirms the Member did not have regular and ongoing full access to the greater community. The ADH Member records do not include the service plan goals and these are not included in the Member's individualized plan of care. Member's record does not include opportunities for community integration. Member was not given the choice of activities and these are not included in their individualized plan of care. The ADH does not provide contact information to the member to request additional HCBS or change their current services.
Heartsworth House Assisted Living	AL	302 Brewer St., Vinita, OK. 74301	In same proximity of nursing facility	Fully Compliant
Village at Oakwood	AL	817 SW 59 th St., Oklahoma City, Ok, 73109	100% Medicaid Facility	Fully Compliant

Heightened Scrutiny Plan of Action

1. Identify any setting that is presumed NOT Home and Community-Based
2. Review setting through onsite visit to include observations and interviews
3. Complete documentation to submit to CMS to demonstrate heightened scrutiny and that the setting does not have the qualities of an institution
4. Submit documentation to CMS.
5. If location does, have qualities of institution, the state will begin the Remediation process. If Remediation is not an option, the state will begin the process of Relocation.

**Exploratory Questions of *Non-Residential* Home and Community-Based Service (HCBS) Settings
– ADvantage Adult Day Health
Mercy Love County Adult Day Care
Marietta, OK
DHS-ADvantage Facility Evaluation
November 16, 2015**

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. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)

- **Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual?**
 - Mercy Love County ADC is open to provide opportunities for the participants to be active in community settings. They schedule at least one field trip per week and offer Member choice and input on activities.
- **Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?**
 - Mercy Love County ADC offers Member input and each Member develops with the ADC staff a Care Plan on their preferences.
- **Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc. outside of the setting, and who in the setting will facilitate and support access to these activities?**
 - All ADvantage Members have the same accesses to information and community opportunities as any participant at the ADC. A Care Plan is developed with the Member and their preferences and as specified on the ADvantage Service Plan Goals.
- **Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting? For example, do individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS?**
 - All ADvantage Members are allowed access to any of the rooms at the ADC and are free to participate in any activities. All participants have access to all rooms and activities.
- **Is the setting in the community/building located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community?**
 - The facility is located about 200 feet from the Mercy Hospital and the ADC is also located close to a Dollar Store, Homeland grocers and doctor's offices. They are allowed to go to the retail stores etc. with the assistance of a staff member.
- **Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies? For example, do visitors greet/acknowledge individuals receiving services with familiarity when they encounter them, are visiting hours unrestricted, or does the setting otherwise encourage interaction with the public (for example, as customers in a pre-vocational setting)?**
 - Visitors and volunteers are encouraged to come read, talk, visit and dine with the Members. Family members and guests can come dine with the Members for a very small fee.

**Exploratory Questions of *Non-Residential* Home and Community-Based Service (HCBS) Settings
– ADvantage Adult Day Health
Mercy Love County Adult Day Care
Marietta, OK
DHS-ADvantage Facility Evaluation
November 16, 2015**

• **Do employment settings provide individuals with the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Medicaid funded HCBS?**

- Employment settings are not a part of Mercy Love County ADC, however if they do have opportunities to go out into the community and work the ADC would accommodate their schedule and transportation needs. They are currently organizing possibly going and working at a local Farmer's market. This will be offered to those participants that want to participate and will not be mandatory.

• **In settings where money management is part of the service, does the setting facilitate the opportunity for individuals to have a checking or savings account or other means to have access to and control his/her funds. For example, is it clear that the individual is not required to sign over his/her paychecks to the provider?**

- This ADC has private pay participants, ADvantage Member and DDS Members. They bill for the HCBS Members and the private pay are personally responsible to pay the ADC. They do not intercept paychecks. The participant is personally responsible to make sure there is funding for their participation.

• **Does the setting provide individuals with contact information, access to and training on the use of public transportation, such as buses, taxis, etc., and are these public transportation schedules and telephone numbers available in a convenient location?**

- The facility has transportation (vans) available to transport their participants or they assist the Member is acquiring transportation if needed. Numbers are posted by all telephones in the facility.

Alternatively where public transportation is limited, does the setting provide information about resources for the individual to access the broader community, including accessible transportation for individuals who use wheelchairs?

- Telephone numbers to transportation and emergency departments are posted in all common areas and by the public telephone.

• **Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCB services?**

- Yes, all participants at the ADC are offered the same opportunities for tasks and activities.

• **Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment, and tables/desks and chairs at a convenient height and location, with no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting? If obstructions are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstructions?**

- The ADC meets all ADA requirements. There are no steps or other obstructions in the facilities and it meets all ADA requirements for accesses.

2. The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, ... 42 CFR 441.301(c)(4)(ii)/441.710(a)(1)(ii)/441.530(a)(1)(ii)

• **Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual?**

- Yes, the ADC does not limit the choice of any of their participants. All have the same choices of activities and Care Plans are developed for each participant with their preferences noted.

**Exploratory Questions of *Non-Residential* Home and Community-Based Service (HCBS) Settings
– ADvantage Adult Day Health
Mercy Love County Adult Day Care
Marietta, OK
DHS-ADvantage Facility Evaluation
November 16, 2015**

- **Do the setting options offered include non-disability-specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at a YMCA?**
 - Yes, the ADC does not limit the choices of any of their participants and is open for community opportunities for them.
- **Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day/week (e.g. combine competitive employment with community habilitation)?**
 - Yes, they state that they are open to assist with these opportunities and seek out additional opportunities for their participants.

3. The setting *ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/ 441.710(a)(1)(iii)/441.530(a)(1)(iii)*

- **Is all information about individuals kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of individuals for PT, OT, medications, restricted diet, etc., in a general open area?**
 - All personal and medical information and medications are locked at all times. The personal information is kept private and not shared in the public areas.
- **Does the setting support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance, provided in private, as appropriate?**
 - Yes, they currently offer assistance with hair, showers and nails. This is provided in a private area as appropriate.
- **Does the setting assure that staff interacts and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the regular course of daily activities?**
 - Yes, there are policies and training 2 times per year regarding how to appropriately talk to the participants. Training is provided by Mercy Hospital.
- **Do setting requirements assure that staff does not talk to other staff about an individual(s) in the presence of other persons or in the presence of the individual as if s/he were not present? HIPPA training is provided annually to staff by Mercy Hospital.**
 - Yes, this is in policy and trained to the staff.
- **Does the setting policy require that the individual and/or representative grant informed consent prior to the use of restraints and/or restrictive interventions and document these interventions in the person-centered plan?**
 - No, they do not use restraints under any circumstance. They try to de-escalate problems and do it without restraints. There are no restraints at the facility. They would contact the Mercy hospital for assistance and the Member's representatives. They have to date no incidents that requires restraints.
- **Does the setting policy ensure that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting and/or restrictive to the rights of every individual receiving support within the setting?**
 - Yes, individualized Care Plans are developed with the Member and their representatives.
- **Does the setting offer a secure place for the individual to store personal belongings?**
 - Yes, they have cubbies that are in a locked room and must request access to them by a staff member.

**Exploratory Questions of *Non-Residential* Home and Community-Based Service (HCBS) Settings
– ADvantage Adult Day Health
Mercy Love County Adult Day Care
Marietta, OK
DHS-ADvantage Facility Evaluation
November 16, 2015**

4. 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. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)

- **Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting?**
 - No, every participants have access to all rooms except medication room and private information rooms.
- **Does the setting afford a variety of meaningful non-work activities that are responsive to the goals, interests and needs of individuals? Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)?**
 - There are outdoor and indoor patios, activity areas and common areas and participants are free to access and participate in any of these areas.
- **Does the setting afford opportunities for individuals to choose with whom to do activities in the setting or outside the setting or are individuals assigned only to be with a certain group of people?**
 - Yes, they are free to participate with whomever they choose. There are no seating assignments or group assignments.
- **Does the setting allow for individuals to have a meal/ snacks at the time and place of their choosing? For instance, does the setting afford individuals full access to a dining area with comfortable seating and opportunity to converse with others during break or meal times, afford dignity to the diners (i.e., individuals are treated age-appropriately and not required to wear bibs)? Does the setting provide for an alternative meal and/or private dining if requested by the individual? Do individuals' have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?**
 - The participants can choose to sit in the dining area, the patios or activity rooms if they desire to eat. There are not formal seating charts. Snacks are available all day but the meal menu is provided by the hospital and they do not have choices at that time. Breakfast is made at the ADC and the participants have choices of cereals or oatmeal. Fruit and snacks are available all day.
- **Does the setting post or provide information on individual rights?**
 - Yes, Resident Rights are posted and abuse and neglect reporting information is posted at the facility.
- **Does the setting prohibit individuals from engaging in legal activities (ex. voting when 18 or older, consuming alcohol when 21 or older) in a manner different from individuals in similar and/or the same setting who are not receiving Medicaid funded services and supports?**
 - No, ADC offers all participants the same opportunities and assists them in getting access to the community as they request.
- **Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities and desires?**
 - Yes, an individualized Care Plan is developed with the participants and their representatives regarding their preferences, abilities and skills.

Exploratory Questions of *Non-Residential* Home and Community-Based Service (HCBS) Settings
– ADvantage Adult Day Health
Mercy Love County Adult Day Care
Marietta, OK
DHS-ADvantage Facility Evaluation
November 16, 2015

5. *The setting facilitates individual choice regarding services and supports, and who provides them.* 42
CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)

- **Was the individual provided a choice regarding the services, provider and settings and the opportunity to visit/understand the options?**
 - Yes, Members are provided a list of available contracted ADvantage ADH providers by the ADvantage Case Manager. The Members are free to choose, visit the setting and determine if that facility meets their needs and preferences.
- **Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?**
 - Yes, ADvantage Case Managers meet with the Members monthly and ask if they are happy with the services they are receiving. The ADH does monthly progress notes to document activities and preferences of the Member.
- **Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible? Does the setting afford the individual with the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences?**
 - Yes, Members are supported to make their choices and the ADH will cooperate in any activities and opportunities that the Members desire to participate in. They monthly do progress notes and talk with the participants regarding their choices and preferences.
- **Does setting policy ensure the individual is supported in developing plans to support her/his needs and preferences? Is setting staff knowledgeable about the capabilities, interests, preference and needs of individuals?**
 - Yes, ADH states that all individuals no matter the pay source are offered the same opportunities and their preferences and needs will be documented in the progress notes.
- **Does the setting post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS?**
 - Yes, will refer them to the ADvantage Care Line and the ADvantage Case Manager if they want to make changes to the current services they are receiving. These changes or preferences are noted in the monthly progress notes by the ADH.

**CMS Heightened Scrutiny of Residential HCB Settings
North County Assisted Living – Collinsville, OK
DHS-ADvantage Administration Facility Evaluation**

1. HCB Setting selection - Member choice
 - a. *ADvantage* Members are provided a list of available contracted *ADvantage* assisted living facilities by the *ADvantage* case manager for the Assisted Living Service Option and Member is free to choose, visit setting and determine what facility meets their needs and preferences.
2. Members have regular access to the community and in the same manner as individuals not receiving Medicaid HCBS services.
 - a. North County AL includes residents who live independently in addition to those who receive HCBS. Licensed for 33 residents and they currently have 22 residents who do not receive HCB services. They currently have 8 *ADvantage* Members living at the AL.
 - b. Activity schedules are planned by the residents, posted in the AL and passed out/mailed to all residents, family and friends.
 - c. All residents must schedule with 72 hour notice any activities that they desire to attend in the community if they want to use facility provided transportation. However, access to the community via taxi, or Sooner Ride for medical appointments is available at any time. Members may have the assistance of the Activity coordinator or the LPN to schedule transportation if they desire.
 - d. Facility transportation is provided for all activities that are scheduled by the facility or the Resident Council.
 - e. Members are allowed to come and go at will but the facility requests that they sign in and out just for emergency situation accountability.
3. Members are allowed to work in the community or be active in the community as they so desire. Members and residents are free to come and go as they desire.
4. Members have a studio apartment and may share with a roommate if they request to do so. Couples may have separate rooms if they so choose and are able to meet the financial costs.
 - a. Members are allowed to have personal vehicles and parking is provided.
5. A person-centered plan is developed with the *ADvantage* Case Manager at the Interdisciplinary Team (IDT) meeting upon entry of the program and the Member's choice and needs are determined at that time. Additional IDT meetings may be scheduled at any time to adjust or change per the Members preferences and needs.
6. Member is responsible for all their personal finances and to pay the facility any room and board costs and vendor payments if applicable.
7. The dining room is open from 7:00am until 6:00pm and small meals and snacks are available after that time as desired.
 - a. Members are provided a microwave, refrigerator and storage for utensils in their apts. to fix meals and snacks as desired. Assistance with this is provided by the facility aides as requested.
8. The dining room does not have assigned seating and a private dining room is available to the Member as requested or they may eat in their room if they desire. North County AL does encourage that the resident eat in the dining room at least 2 times a day for socialization and community awareness.

9. Member choice is required of the Assisted Living providers and Members have the right to file a grievance or appeal any action of the provider by policy. This is part of the lease agreement that the facility makes with the *ADvantage* Member.
10. *ADvantage* Members have the right of choice to choose services and supports. Choice cannot be limited by the providers.
11. North County AL does not provide phone, Wi-Fi or Ethernet services; however the Member may contract with any service provider that provides this service. A phone is available in a common area for residents to use if needed.
12. By *ADvantage* policy Members are to be free from coercion and have the right to privacy and dignity. Members are visited, at least monthly, face to face with their *ADvantage* case manager to discuss any issues, concerns or changes in needs. Case managers are to oversee the person-centered plan and make sure services are appropriate to meet the Member's needs.
 - a. Complaint and grievance information is provided in the Member's lease agreement giving contact numbers and addresses to the appropriate parties.
13. Mandatory members of the IDT team are the Member, *ADvantage* Case Manager and the Assisted Living RN and any representatives and the Member chooses. Service plans cannot be changed without the Member's signature. IDT meetings are to be held at the AL facility or wherever the Member desires.
14. *ADvantage* Members receive services in the same setting as all other residents. North County will have 10 *ADvantage* rooms available for *ADvantage* Members. These rooms are dispersed throughout the facility and not isolated to any one area.
 - a. The facility is in the Collinsville, OK community in an area that also has independent living homes across the street and a nursing home that is .5 miles away. Shared staff is the Administrator, Registered Nurse and Housekeeping only.
 - b. Open to all residents are park areas and walking trails. The facility is within 1000 feet of a public school and residential neighborhoods.
 - c. All apts. must consist of a living area and a private bathroom that includes a sink, toilet and shower stall. All units at North County are at least 250 square feet and are studio apt. with separate closets, small cooking area and a private bathroom.
 - d. Visitors are requested to leave by 8:00pm but may stay longer as long as they do not disturb other residents and they are not restricted to a specified visiting area. Visitors may come and dine for a small fee as they desire. Overnight visitors are welcome to stay on a limited time basis.
15. North County is a state licensed Assisted Living facility in good standing. They must meet all the state's rules and policies for an AL to be contracted by the *ADvantage* program.
 - a. *ADvantage* Members have unrestricted use of all the facilities amenities.
 - b. AL facility meets ADA requirements for accessibility per their state license requirements.
16. Small kitchen area is provided in each apartment for the Member including a microwave, refrigerator and storage unit for utensils. Members have access to the laundry room and dining areas and these are handicap accessible and may utilize this area as desired.
17. Members have unrestricted use of the AL facility. Doors are unlocked all day and only are locked at 8:00pm from the outside. Members may open the doors for access to visitors after that time.
18. Grab bars and safety equipment accommodations will be provided by the facility and by policy must make these available as needed by the member and specified in the person-centered plan.

19. Members may come and go at will and there are no curfew requirements. Taxis are available in the area and facility provided transportation is provided for weekly shopping trips to Walmart and other specialty shopping areas as requested. Residents are allowed to have automobiles and parking is available. The LPN and Activity coordinator are available to assist the Member with scheduling any transportation that is needed.
20. By policy and Member's lease agreement the Members right to dignity and privacy must be respected.
 - a. Health information is in a locked room only accessible by the director and the nurses.
21. *ADvantage* requirements is the AL facility must provide assistance with light housekeeping, grooming, personal care such as dressing and bathing or reminders, toileting assistance, transfer assistance, laundry and medication assistance.
22. Staff must communicate with the Member in a dignified manner. Any complaints regarding this issue from the Member will be investigated by the OK State Dept. of Health. Contact information for the complaints must be provided in the Member's lease agreement.

Appendix G

ICF/ID Settings & Compliance Grid*

The following chart includes the results of the SFY16 performance survey which included the criteria of all six HCBS settings standards in each of the listed ICF/ID settings.

ICF/ID Settings	Description of Setting	Number of Settings
Agency Companion Services	A living arrangement developed to meet the specific needs of the member which offers live in companion for supervision, supportive assistance, and training in daily living skills provided in a home shared by the companion and the member	175
Daily Living Supports	Daily Living Supports are provide to members in order to enable them to reside successfully in certain community-based settings; accomplishing tasks they would normally do for themselves if they did not have a disability.	1123
Specialized Foster Care	An individualized living arrangement offering up to 24 hours per day supervision, supportive assistance and training in daily living skills. Services are intended to allow a member to reside with a surrogate family. Services are provided to one to three members in the home in which the Specialized Foster Care providers resides.	159
Adult Day Health	Services are furnished on a regularly scheduled basis, for one or more days per week, in a community setting, encompassing both health and social services needed to ensure the optimal functioning of the individual	33
Group Home Services	Services are provided in licensed homes for up to 12 members. Services are developed in accordance with the needs of the member and include supports to assist the members in acquiring, retaining and improving self-care, daily living, adaptive and leisure skills needed to reside successfully in a shared home within the community	153
Supported Employment	Supported employment is conducted in a variety of settings, particularly work sites, in which persons without disabilities are employed. Supported employment includes activities that are outcome based and needed to sustain paid work by members, including supervision and training.	616
Prevocational Services	Services are provided in a center based vocational supports in a center based facility, community based prevocational supports in a community based setting such as active participation in paid or unpaid work experience sites in community settings, job tours, job shadowing or training	632
Total Number of Settings		
3015		

*Information is based on the first quarter data used for baseline data in the January 2016 Amended STP submission.

ICF/ID Settings & Compliance Grid

ICF/ID Settings	Number of Settings	Percentage of Compliant	Percentage that will comply with modifications	Percentage of Non-Compliant**	Main Reasons for Non-compliant
Agency Companion Services	175	100%	N/A	N/A	N/A
Daily Living Supports	1123	100%	N/A	N/A	N/A
Specialized Foster Care	159	100%	N/A	N/A	N/A
Adult Day Health	33	0%	100%	N/A	Opportunities to access the community
Group Home Services	153	94%	6%	0%	Not receiving services to the same degree as individuals not receiving Medicaid HCBS services
Supported Employment	616	100%	N/A	N/A	N/A
Prevocational Services	632	86%	14%	N/A	Opportunities to seek competitive integrated employment: Limited access to the broader community
Total Number of Settings	3015				

**Noncompliance is not customary by Oklahoma DDS and therefore any setting not in compliance by March 2022 will not be granted a waiver contract.

Appendix H

ICF/ID Settings – Heightened Scrutiny

The final rule identifies settings that are presumed to have institutional qualities and do not meet the rule’s requirements for home and community-based settings. These settings include those in a publicly or privately-owned facility that provide inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS. A state may only include such a setting in its Medicaid HCBS programs if CMS determines through a heightened scrutiny process, based on information presented by the state and input from the public that the state has demonstrated that the setting meets the qualities for being home and community-based and does not have the qualities of an institution. (For more information about the heightened scrutiny process, see Section 441.301(c)(5)(v)Home and Community-Based Setting).

Settings that have the following two characteristics alone might, but will not necessarily, meet the criteria for having the effect of isolating individuals:

- The setting is designed specifically for people with disabilities, and often even for people with a certain type of disability.
- The individuals in the setting are primarily or exclusively people with disabilities and on-site staff provides many services to them.

Settings that isolate people receiving HCBS from the broader community may have any of the following characteristics:

- The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities.
- People in the setting have limited, if any, interaction with the broader community.
- Settings that use/authorize interventions/restrictions that are used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g. seclusion).

DDS HCBS Compliance Committee initially identified settings as potentially meeting characteristics of an institutional setting or a setting that isolates through a simple brain storming session of those providers who may be categorized under the three prongs of heightened scrutiny; (on the grounds of a public institution, adjacent to a private institution, or have the effect of isolating the individual). The heightened scrutiny list developed included those settings that we believed may have been adjacent to a private institution or had the effects of isolating.

Locations Identified to Have Institutional Qualities	Setting Type	Address	Reason	Validated
Opportunity Center	Group Home	2225 N. Union, Ponca City, OK 74601	Adjacent to an ICF/ID location. The determination to include this location was made as an initial response to the HCBS final rule and did not include an onsite visit. Onsite visits to the site revealed that it did not meet the second prong of heightened scrutiny and is no longer being considered for submission	Onsite visit revealed that the group home is not located in an ICF/ID; nor is the group home a setting that isolates. It is located in a community, residential area and the individuals enjoy opportunities to engage in community life and work in integrated, competitive employment.

Reliant Living Center	Sheltered Workshop	3317 SE 18th Street, Del City, 73115	Adjacent to an ICF/ID location. The determination to include this location was made as an initial response to the HCBS final rule and did not include an onsite visit. Onsite visits to the site revealed that it did not meet the second prong of heightened scrutiny and is no longer being considered for submission	Onsite visit revealed Sheltered Workshop is not located in a private ICF/ID The setting is in a residential location. Members are given opportunities for competitive, integrated employment and to engage in community life.
Gateway Foundation	Group Home & Sheltered Workshop	1217 E. College, Broken Arrow, OK 74012	Adjacent to an ICF/ID location. The determination to include this location was made as an initial response to the HCBS final rule and did not include an onsite visit. Onsite visits to the site revealed that it did not meet the second prong of heightened scrutiny and is no longer being considered for submission	Onsite visit revealed that the Sheltered workshop is located away from the private ICF/ID. Members are given opportunities to engage in community life as well as opportunities for competitive, integrated employment. The Group Homes have moved to new locations within the residential community and members enjoy many opportunities to engage in community life through activities and integrated employment.

People Inc.	Group Homes	205 JT Stites Blvd., Sallisaw, OK 74955	Potentially isolating. The determination to include this location was made as an initial response to the HCBS final rule and did not include an onsite visit. Onsite visits to the site revealed that it did not meet the third prong of heightened scrutiny and is no longer being considered for submission	Located within the city limits. Provider owned forensic group homes on a site away from other residential settings. Each member's person centered plan documents the assessed need; prior interventions and supports including less intrusive methods; description of condition proportionate to assessed need; ongoing data measuring effectiveness of modification; established time limits for periodic review of modifications; member's informed consent; and, assurance that interventions will not cause harm. Employment opportunities include integrated and competitive employment.
Sequoyah Enterprises Inc.	Group Homes	103 E. 32nd Street, Stillwater, OK 74075	Potentially isolating. The determination to include this location was made as an initial response to the HCBS final rule and did not include an onsite visit. Onsite visits to the site revealed that it did not meet the third prong of heightened scrutiny and is no longer being considered for submission	Provider owned forensic group homes. Each member's person centered plan documents the assessed need; prior interventions and supports including less intrusive methods; description of condition proportionate to assessed need; ongoing data measuring effectiveness of modification; established time limits for periodic review of modifications; member's informed consent; and, assurance that interventions will not cause harm. Employment opportunities include integrated and competitive employment.

Sequoyah Enterprises Inc.	Group Home & Sheltered Workshop	12951 Jenny Lane, Wayne, OK 73095	Potentially isolating. The determination to include this location was made as an initial response to the HCBS final rule and did not include an onsite visit. Onsite visits to the site revealed that it did not meet the third prong of heightened scrutiny and is no longer being considered for submission	Provider owned forensic group homes on a site away from other residential settings. Each member's person centered plan documents the assessed need; prior interventions and supports including less intrusive methods; description of condition proportionate to assessed need; ongoing data measuring effectiveness of modification; established time limits for periodic review of modifications; member's informed consent; and, assurance that interventions will not cause harm. Employment opportunities include integrated and competitive employment.
Home of Hope	Group Home	360 W Hope Ave. Vinitia, OK 74301	Adjacent to an ICF/ID. The determination to include this location was made as an initial response to the HCBS final rule and did not include an onsite visit. Onsite visits to the site revealed that it did not meet the second prong of heightened scrutiny and is no longer being considered for submission	Onsite visit revealed that the group homes are not located in an ICF/ID; nor is the group home a setting that isolates. It is located in a community, residential area and the individuals enjoy opportunities to engage in community life and work in integrated, competitive employment.

McCall's Chapel	Group home Sheltered Workshop	13546 CR3600, Ada, OK 74820	Adjacent to an ICF/ID location. The determination to include this location was made as an initial response to the HCBS final rule and did not include an onsite visit. Onsite visits to the site revealed that it did not meet the second prong of heightened scrutiny and is no longer being considered for submission	Onsite visit revealed that the Sheltered workshop is located away from the private ICF/ID. Members are given opportunities to engage in community life as well as opportunities for competitive, integrated employment. The Group Homes are part of the community and members enjoy many opportunities to engage in community life through activities and integrated employment.
Center of Family Love	Group home Sheltered workshop	600 W. Oklahoma, Okarche, OK 73762	Adjacent to an ICF/ID location. The determination to include this location was made as an initial response to the HCBS final rule and did not include an onsite visit. Onsite visits to the site revealed that it did not meet the second prong of heightened scrutiny and is no longer being considered for submission	Onsite visit revealed that the Sheltered workshop is located away from the private ICF/ID. Members are given opportunities to engage in community life as well as opportunities for competitive, integrated employment. The Group Homes are part of the community and members enjoy many opportunities to engage in community life through activities and integrated employment.
Mercy Love County Adult Day Center	Adult Day Center	200 Wanda St., Marietta, OK 73448	Adjacent to a private hospital	On the grounds of Mercy Love Hospital.

Heightened Scrutiny Plan of Action

1. Identify any setting that is presumed to have qualities of an institution
2. Review setting through onsite visit to include observations and interviews
3. Complete documentation to submit to CMS to demonstrate heightened scrutiny and that the setting does not have the qualities of an institution

4. Submit documentation to CMS.

5. If location does, have qualities of institution, the state will begin the Remediation process. If Remediation is not an option, the state will begin the process of Relocation

Appendix I

Oklahoma Comments and Responses

Comment 1

Not everyone is capable of working independently in the community and the state does not want to pay for the continuous support. Natural supports are great, but are not always readily available in the real world. Believe it or not, there are individuals that DO NOT want to work in the community. They've tried it, several times, and don't like it. They want to work with their friends and staff they trust, not people that change every day or two, not people that talk to them like they are children or don't talk to them at all or treat them like they don't even exist and yes, that does happen to the population we work with more often than anyone cares to admit.

Oklahoma Response to Comment 1-All services are individualized and provide the supports needed for individuals to successfully participate in community jobs. The waiver provides job coaching support up to 100% of the time an individual works on the job. Through the National Core Indicators Adult Consumer Survey, 74% of the participants without a paid job in the community reported they would like a paid job in the community in Oklahoma. As the data shows, there are people who are interested in new experiences and in achieving new life goals. The state will also add in its narrative section for the Final Approval more information about how it seeks to utilize the National Core Indicator's Data as a means of validation of settings compliance.

Comment 2

low functioning nonverbal autism needs are not met with a meaningful day out in her community this population needs to be looked into

Oklahoma Response to Comment 2 -Experiencing the community is different for each individual. The team will meet to identify the plan to be implemented as a means of person-centered planning.

Comment 3

If you're trying to integrate everyone into community jobs, sadly you will have a lot of people who will be both sad and alone because they can't for whatever reason work in the public, but they still need a workshop to go to and earn money and have friends. To say that all of the people we serve are capable of being in a public setting and work is classifying them as all the same and they are as individual as you or I are.

Oklahoma Response to Comment 3- Oklahoma continues to support a variety of options for individuals with intellectual and developmental disabilities. We believe it takes every kind of opportunity to support choice. The new regulations help expand the qualities of the services and settings and enhance the opportunities for individuals to work, earn money in the general workforce and be recognized as major contributors to the community. We are so fortunate to have 61% of individuals participating in employment services already participating in community employment. All services remain individualized; the intent of the rule is to promote individual choice. Therefore, the client has the power and autonomy to choose what he or she would like to do.

Comment 4

Concerns remain regarding the Oklahoma Amended Transition Plan for the HCBS Final Rule and the current service system delivery structure and methodology. Oklahomans that receive the waiver do currently live in segregated disability specific circumstances and live a life of “choice” determined by funding, provider resources and/or policies and beliefs, and the policies of Oklahoma Developmental Disability Services. Their ability to determine and then experience the life they want to live is hampered by the very policies used in this transition plan for justification of compliance to the Final Rule. The stated intention of the Final Rule includes:

- HCBS Settings are integrated in and supports access to the greater community
- Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources
- Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services

Home and Community-Based Setting Requirements:

- 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
- Person-centered service plans document the options based on the individual’s needs, preferences; and for residential settings, the individual’s resources
- Ensures an individual’s rights of privacy, dignity, respect, and freedom from coercion and restraint
- Optimizes individual initiative, autonomy, and independence in making life choices
- Facilitates individual choice regarding services and supports, and who provides them

Home and Community-Based Setting Requirements for Provider-Owned or Controlled Residential Settings:

- Each individual has privacy in their sleeping or living unit
- Units have lockable entrance doors, with the individual and appropriate staff having keys to doors as needed
- Individuals sharing units have a choice of roommates
- Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement
- Individuals have freedom and support to control their schedules and activities and have access to food any time
- Individuals may have visitors at any time
- Setting is physically accessible to the individual

Concerns have been raised previously regarding the methodology and assessment process used to determine and enforce compliance i.e. National Core Indicators and OK-Aim Surveys. There is no mention of these tools in the latest version of the transition plan and by all accounts it now appears that the only assessment method will be through the Developmental Disability Services Quality Assurance Staff effectively expecting the organization that oversees the services to monitor itself and those they have contracted with to deliver those services presenting an enormous conflict of interest. OKDHS and individual providers benefit from appearing 100% compliant with CMS standards. There is no mention of any outside quality assurance, assessment, or compliance determination method and with the rate cuts that providers experienced the previous fiscal year and the loss of appropriations to DHS resulting in large scale reduction in force (including Case Managers, administrative, oversight and protection positions), what transparent reporting and assessment can we expect? In the Appendixes, the States Justification of Compliance Determination continues to only record policy as the determining factor justifying compliance. I would point out that written policy does not make something a reality. We have countless laws, rules and mandates to ensure equal opportunity and protection of human rights and yet we continue to have individuals with disabilities experiencing institutional, segregated, isolated lives controlled by systems and others hence the recognition by CMS for the need of the HCBS Final Rule. Following are observations of concern: Group Home Settings and DLS Homes:

- Residents have diminished opportunities to travel into the community and participate in the community at their

discretion because of transportation limitations. A GH may have only one van for 6 to 12 residents; Staff ratio of 1:6 to 12; DLS may have a staff ratio of 1:3 (during some hours 2:3) and the staff dependent on their personal vehicle for resident's transportation – staff that on average make \$8-\$9 an hour and may not have reliable transportation themselves. • Group Homes often require shared rooms and when an individual moves to a group home they get the empty bed with no choice regarding with whom they share a room. In DLS homes, residents have no say in who their housemates will be. Generally, if an individual has been approved for DLS the Case Manager determines what “open slot” would “work best” and that is the home offered. It is a difficult and cumbersome ordeal for an advocate, guardian, individual or family member to find the open placements and arrange to visit those places to determine compatibility and make an informed choice. Resident's requests to move to a more preferable setting find this an arduous, delayed and even ignored request and most requests are denied especially if the individual wants to live in a setting different than the one they currently live. • Residents have varying level of support needs and due to the lack of staffing and overall inherent training philosophy of a model of care the entire home will be leveled down to the individual with the highest support needs which impacts the choice, community involvement, and overall life quality of the others in the home. • Group Homes are not always in neighborhood settings and consistently are set apart from the community. Many Group Homes are actually on large campuses connected to more institutional type settings. • DLS homes may be regular homes in a neighborhood but they are set apart and undeniably defined by the neighbors as different. With the coming and going of staff, therapists, case managers, etc. they are recognized as different. The staff are not trained to interact and engage nor assist the residents to interact and engage with neighbors and their community. • Often, both Group Homes and DLS homes are located in areas that are inherently rural in nature lacking public transportation access, community activities, opportunities for inclusive employment and recreational activities. • Individuals are not regularly given keys to their homes and often the doors are unlocked 24 hours a day. Group Homes and DLS homes do not have established guidelines for individuals to choose who visits their home and when. It appears more like an open-door policy mostly relating to the staff and/or their families, therapists, and DDS staff. • Relating to the assessment by the state of full compliance regarding individuals being in control of their own finances, what percentage of individuals being supported have Representative Payee's and what is the percentage of those individual's money/finances being controlled by their provider agency? Is there a process to determine if an individual has any unpressured choice or role in decision making regarding control of their finances? Person Centered Planning: Person Centered Planning must begin with Person Centered Thinking. Person-Centered thinking is a set of skills and tools based on the values of independence, rights, choice and control, working together and inclusive communities. The presence of Person Centered thinking is a necessary condition for delivering Person Centered support and outcomes. It is always driven by the person at the center of the process with THEIR chosen allies helping. If the current service delivery structure does not understand or hold within their core philosophy Person Centered Thinking, then there is no way to deliver supports in a Person-Centered Process. • A multi-page interview form authorized and completed by the staff, provider agency and/or case manager does not meet the core of Person Centered Thinking or Planning • Information filled into the forms prior to a Person-Centered Planning meeting does not constitute choice, independence and control • A format that considers supporting the family over supporting the individual first many times hinders an individual's right to choose the life they want • Beyond the forms provided by DDS or provider agency most support staff and case managers have limited knowledge of any other Person Centered Tools and the forms provided are viewed as a requirement to meet statutory obligations rather than as tools to facilitate the development of a Person-Centered Plan for a person to experience the life they choose • There is a greater emphasis on the assurance of including the provider agency and behavioral support providers in a “team meeting” than on the inclusion of allies, advocates, friends (not paid staff), guardians and families that the person has chosen or would choose to attend • Often times guardians, advocates and families are not included in the “team meetings” • How often are individuals not in attendance to their own meeting? • How often are individuals “talked about” at their meetings rather than included in the actual discussion regarding what they want their life to look like and how best to support them? • When an individual only experiences what they experience they do not often know what other opportunities are available and just because they are told about another opportunity does not necessarily give them the information they need in the manner they need it to make an informed choice. What standards of measure are used to ensure that individuals have true choice and opportunities to try out different experiences? • A

Provider may have a contractual relationship or operate a “day program/sheltered workshop” and that gives them inherent motivation to encourage an individual to make that selection or an automatic assumption that is what an individual will do for their day activity (for ease of transportation, staffing, and additional funding allocations). What accountability standards are in place to prevent undue influence? • An individual with a more significant disability or a person that has nontraditional expressive language has the ability to participate in their planning process but generally there are no tools to facilitate their participation including limitations to assistive technology, time constraints and an inherent belief that they are unable to contribute. What methods of assurance are used to guarantee that all individuals are equally equipped and encouraged to participate? • Guardianship has been utilized as a technique to infringe on the rights of individuals to make decisions rather than as it was intended to assist with decision making ONLY when a person lacks the capacity to make informed decisions on their own. • The options for living, employment, recreation and/or transportation that are considered all fall within the context of the service delivery system and the contracted providers. Options for non-disability specific settings are not included. Beyond just saying that those options were offered and the individual declined, what evidence and accountability will be documented reflecting true choices were considered, explored and experienced? • Once a plan is written and approved, what is the process to make modifications, report issues or file grievances? This is not transparent. • A Person-Centered Plan is a living document and should be treated as such. All the professionals in an individual’s life should be familiar with the most recent plan, outcomes, actions, and choices; however, there is not a process for this to occur and there is no mechanism to ensure that what is in a plan is actually taking place throughout the year. • Considering the frequency of staff turnover and now with the continuous changes within the Developmental Disability Services division itself, a plan in Oklahoma is filed paperwork for statutory requirement. What is the guarantee that anyone in an individual’s life at the moment is even familiar with their plan? Quality Assurance: • Historical lack of punitive consequences to a provider that does not appropriately support and/or protect the individuals they serve. If a provider agency is at full capacity, “vendor hold” does not constitute any real concern and is generally a temporary consequence at best. Rigorous Quality Assurance occurs only when there are sufficient monitors outside of the system of influence so as to insure no conflict of interest. • The process for an individual to express fear of or actions of abuse, neglect or exploitation is not transparent. How would an individual report abuse without having to fear retribution? How is that reporting tracked? Sheltered Workshops: • How many individuals in Oklahoma Disability Services are still experiencing “employment” in a sheltered workshop setting? What are the specific Person Centered tools used to determine choice regarding employment, volunteering or combination of both? What measurements are utilized to determine when training is completed? • Changing the language from Sheltered Workshops to Center Based Services does not change the inherent nature of segregation, isolation and disability specific settings. Oklahoma’s long history of supporting sheltered workshop (training) programs has rarely resulted in meaningful self-sufficient employment opportunities in the greater community. How long is long enough for an individual to be in a training program? Day Programs: The long history of day programs (adult day care) does not reflect personal choice of activities or recreation. The option to choose from a given set of activities is not actually choice. Day programs are most often settings that are away from the greater community and when a community activity is planned it is with a group not individually so a person does not have the opportunity to experience inclusion. An additional concern is the disparity in age of the participants. Managed Care: As noted, the State of Oklahoma, pursuant to House Bill 1566 which passed the Oklahoma Legislature and was signed by Governor Mary Fallin in April 2015, is in the process of issuing a Request for Proposal (RFP) for a care coordination model for the Aged, Blind, and Disabled populations (ABD). Advocates, stakeholders, families and self-advocates have consistently expressed concern that a managed care model will have a great and detrimental impact on the quality of services/supports and quality of life for individuals receiving waived services. • There is evidence that organizations have limited understanding of the support needs for individuals with disabilities and how to facilitate a life in the greater community no different than the one others experience. Statements in printed material that reflect supports would be options like a refrigerator to hold an individual’s insulin are alarming to say the least. • When a solicitation is awarded under managed care the organization will know what they will be paid and the only way for them to increase their profit margin is to reduce the services, supports or options for individuals they are supporting. Considering that the organizations that will be bidding are FOR PROFIT large corporations, that leaves one to wonder what impact that would have on an individual’s life? • It has been stated

that the organizations would have Case Managers (care coordinators) at a ratio of 1:70 and up to 100. How is a care coordinator supposed to facilitate the supports and person centered planning process for 70 to 100 cases? • Often times the case manager is the only true oversight, the person that has the ability to recognize and identify if there is a cause for concern. There has been an indication that under the managed care model there may be an Ombudsman that would be employed by the organization. What assurance of non-biased determinations exist within that context? • The stakeholders, advocates, self-advocates, providers, and the public at large will have almost no direct knowledge of the contents of the RFP until it is released for solicitation limiting our ability to address specific concerns or problems. • With the Care Coordination set to begin for the waived recipients at the same time compliance for the Final Rule is expected, what are the assurances, measurements and oversight processes to ensure that the organizations that are awarded the contracts will follow the expectations of the Final Rule? There is acknowledgement that the state is operating under extremely difficult circumstances and funding shortages have significantly impacted the service delivery system and providers. It is also important to note that the state has progressed in closing all the state funded large congregant institutional settings; however, it is our obligation as advocates to identify and reveal concerns regarding the Oklahoma Transition Plan. Intent, even of the truest kind; mission statements; and policies do not constitute nor guarantee that the state is in compliance with the expectations outlined in the HCBS Final Rule. The fundamental outcome of the Final Rule is to ensure the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services. The intent is that individuals receiving Medicaid-funded HCBS have the opportunity to receive these services in a manner that protects individual choice and promotes community integration so that they can live their best life.

Oklahoma Response to Comment 4- The new regulations add quality to HCBS and provide additional protections to members who receive these services. The Statewide Transition Plan includes a review and analysis of all settings where HCBS are provided. Surveys were conducted to assess whether the settings meet HCBS requirements.

DDS quality assurance staff assesses the delivery of supports consistent with the preferences and needs of members, Oklahoma Department of Human Services (DHS) rules, applicable Oklahoma Health Care Authority (OHCA) rules, DHS and OHCA contract requirements, and federal and state laws. Case managers assess services provided to members to ensure the services are effective in meeting his or her needs. Ok AIM promotes service enhancement by providing formal assessments of contract providers. The National Core Indicators Adult Consumer Survey provides data, annually, to measure Oklahoma DDS Quality Improvement. The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. DDS reviewed Oklahoma Administrative Code to identify changes necessary to ensure compliance with the HCBS settings requirements. DDS utilizes a person-centered planning process that is an individually focused approach identifying the needs, preferences, goals, and desired outcomes of the person receiving services. The process ensures members have access to quality services that encourages independence, learning, and growth, choices, meaningful relationships, full community participation, dignity and respect, and positive approaches focused on skill enhancement. The SWTP will outline in further detail as it prepares for its final submission the relationship between the National Core Indicators Adult Consumer Survey and the site specific assessments conducted by DDS staff.

Oklahoma's Updated Response to Comment 4- Comment #4 was received during the posting of systemic review to assess whether policies, state rules and procedures were compliant with the final rule. This comment was posted to a submission that only included updates to the systemic review portion of the plan. Since that time we have updated the other sections in the plan and have therefore updated our response to the comment to include information pertaining to other means of justifications such as; DDS conducted baseline surveys to review and make an

analysis of all settings where HCBS was being provided. This information was included in our submission for initial approval. DDS has expanded their justifications for compliance after the completion of their onsite visits.

DDS utilizes the face to face visit as their most important tool to evaluate compliance with the HCBS settings for each person regardless of where they live or work. DDS Quality Assurance performs annual onsite visits of each member on the representative sample which most importantly includes a conversation with each member about their life, their wants and needs, and their goals. Without this conversation, it is not possible to completely understand if the setting is in compliance. Although Quality Assurance completes these visits yearly, case management completes group home visits on a monthly basis. This visit includes observation of and talking with the member regarding health and welfare and service satisfaction. Additionally, the case manager will observe service provision and related documentation.

Comment 5

I want to point to something, if you'll go back to the chart that show the eight different types of areas that are HCBS and I want you to notice that for 7 of the 8 it went from 71% to 100% already compliant if you look at Adult Day it was zero compliant and you might want to look that perhaps the requirements aren't set right... combining adult and assisted living we're not the

same kind of environment. Two things I will note specifically, I bring many people of the public into my facility I can't take everybody out weekly it's not possible to do so; some of them can't some of them won't and frankly I don't have the funds and you don't pay me enough to do that, so taking people out weekly is reasonable that is the one that came up first and the other is that dealing with locked doors and we know we have to deal with some, we have people who are unsafe without locked doors all the time. So I say if you're not 100%; if no one of the 30 of us remaining in the State of Oklahoma were compliant then maybe what you're asking us to comply to might need some tweaking. It's not that we don't want to it just there's some unreasonable, in my opinion and I don't believe I'm the only one and any time it's a delta from 71% at the lowest with assisted living to 100% for some of those other environments something is not right. We're pretty good at what we do and I think we've been doing a good job, so I'd ask you to take a look at that, I do believe there's some skew that needs to be taken care of...what you're asking us to do and what you consider community. Because for many of the people that come to me, I am the community I am the day out away from their normal environment; I don't house them I feed them one meal a day, they're with me less than a third of their day for most to them and I am the side trip or the fun thing that they do to get a community involvement. Thank you

Oklahoma Response to Comment 5 – The intent of the Final Rule is that individuals receiving Medicaid funding HCBS have the opportunity to receive these services in a manner that protects individual choice and promotes community integration. The idea is not to be strenuous but to provide a framework, within which the provider can formulate a person-centered plan and system that allows individuals opportunity and choice. The rule intends that the option and opportunity for community integration is made available to HCBS waiver members. The option for community integration that includes community outings should occur on a regular and frequent basis. According to CMS reverse integration (bringing members of the community into the center) does not equal community integration and this strategy alone will not result in appropriate level of compliance. Members should have the option and opportunity to integrate in the community if they so choose to do so. It is the intent that opportunities are maximized for individuals to have access to all the benefits of community living.

With regard to the locked doors, CMS has given clear guidance on Members with wandering and exit seeking behavior. CMS guidance specifically states, “Home and community-based settings must demonstrate that person-centered planning drives their operations and services for each person. The beneficiaries the settings serve must drive the person-centered planning process with assistance from a trained, competent, assessor, care manager or similar facilitator.” This guidance goes on to say. “Any setting using controlled-egress should assess an individual that exhibits wandering (and the underlying conditions, diseases or disorders) and document the individual’s choices about and need for safety measures in his or her person-centered care plan. The plan should document the individual’s preferences and opportunities for engagement within the setting’s community and within the broader community. Settings with controlled-egress should be able to demonstrate how they can make individual determinations of unsafe exit-seeking risk and make individual accommodations for those who are not at risk. Should a person choose a setting with controlled-egress, the setting must develop person-centered care plans that honor autonomy as well as minimize safety risks for each person, consistent with his or her plan goals.”

Comment 6

My son is an adult on the IHSW, I've answered the documents online, and.... what I really simply want to know is what changes I can expect to his services as a result of this transition plan, I don't see that anywhere and of course this is all couched in bureaucracy and is rather vexing to read this because the primary focus for people who are working for the State is what they need to do, to get in compliance with what the federal government wants, so I simply want to know how this is going to affective people like my son; what changes can I expect.

Oklahoma Response to Comment 6 - The spirit or the intention of the rule was to ensure that people have access to the broader community and that they are able to access services and the community at the same level as other people who are Non-Medicaid or non-waiver recipients, so some of the things we have implemented as a result of the new federal regulation are person-centered planning principles, we have changed our approach on how we do our planning for services for people so that it is more person-centered and that person is able to direct, guide the

services that they receive and that they have a stronger emphasis on input on how they would like to see their lives to be lived and the planning should reflect that, that person has a voice and is an active participant in the planning process.

Comment 7

I'm Tamara Moore and I work with Life Senior Services in Tulsa, Oklahoma, we have three adult day centers in Tulsa and in Broken Arrow and the comment I have is that first I want to applaud our federal government and our state government for wanting to make sure that the people who come to adult day, every day have a good quality experience and I think I can speak for all of us who were just in a meeting together before this one that the majority of us do that... and I...when I read the CFR, the federal government document that our State is responding to, I don't see a lot of the same restrictions that I have seen with how our State is going to interpret what the government is saying they want, so I am all for making sure that all of us, no matter what service line we're in for our elderly and disabled in the State, that we do a good job and provide quality into their life but what I ask is, please don't make our State's interpretation so restrictive that our adult day centers are forced to go out of business if they can't afford to meet some of the new requirements and one of those specifically is the one for weekly outings, in Tulsa we have areas that have Lift and we can do that without adding to much expense for those who want to go out on an outing, in Broken Arrow we don't have any public transportation, so we don't have that ability and we certainly don't want to walk them down 101st street just to get them out, that's just not safe and our ultimate goal is to provide safety for these folks who come to us every day. Thank you

Oklahoma Response to Comment 7– The intent of the Final Rule is that individuals receiving Medicaid funded HCBS have the opportunity to receive these services in a manner that protects individual choice and promotes community integration. The idea is not to be strenuous but to provide a framework, within which the provider can formulate a person-centered plan and system that allows individuals opportunity and choice. The rule intends that the option and opportunity for community integration is made available to HCBS waiver members. The option for community integration that includes community outings should occur on a regular and frequent basis. According to CMS reverse integration (bringing members of the community into the center) does not equal community integration and this strategy alone will not result in appropriate level of compliance. Members should have the option and opportunity to integrate in the community if they so choose to do so. It is the intent that opportunities are maximized for individuals to have access to all the benefits of community living.

Comment 8

The Statewide Transition Plan does not account for cost of living expenses and cost of doing business expense on an annual basis and project or account. For provider cost increases associated with new requirements or annual changes in cost to meet the requirements or annual changes in cost to meet the requirements of the Plan. Examples: gas costs, equipment cost, utility, cost, wage changes, insurance costs, ect.

Oklahoma response to Comment 8– The State periodically reviews rates to ensure that they are appropriate to maintain services provided members receiving HCB services. Medicaid funding is directly impacted by the State budget and appropriations. The State must ensure that we meet the requirements of the federal rule.

Comment 9

The Statewide Transition Plan does not account for increased costs on providers to meet the plan requirements. How does the plan address increasing provider reimbursements in order to meet the new requirements and new expenses to providers?

Oklahoma response to Comment 9 – The State periodically reviews rates to ensure that they are appropriate to maintain services provided members receiving HCB services. Medicaid funding is directly impacted by the State budget and appropriations. The State must ensure that we meet the requirements of the federal rule.

Comment 10

Is there any chance of a rate increase for ADvantage Assisted Living services? At this point we lose money on Level 1 Residents and just about break even on Level 2 Residents.

Oklahoma response to Comment 10 – The State periodically reviews rates to ensure that they are appropriate to maintain services provided members receiving HCB services. Medicaid funding is directly impacted by the State budget and appropriations. The State must ensure that we meet the requirements of the federal rule.

Comment 11

There are still some concerns that exist with the HCBS Transition Waiver that are of real concern to providers including: Opportunities to seek employment - for the elderly population in Adult Day, this is not realistic. They need assistance with activities of daily living and the average age is 83. I'm not sure why they would need to assess employment opportunities. Most Adult Day centers don't have transportation. With limited funding for transportation and staff to accompany the participants, this is not feasible. To coordinate transportation for community outings, additional staff is needed to ensure the safety of the residents which is yet another financial barrier. Coming to an adult day center is a way to get older adults out of their homes for social interaction. Adult day centers bring the community into the adult day center with arts, activities, social events, educational events, intergenerational events and other organized activities to enhance the lives of the participants. Some have to ride up to 30 minutes each way to the center. Why put them back on a bus for an outing with this can be brought in for all participants? Keep in mind, many would not be able to travel. Many currently plan outings but weekly outings would be a challenge for all participants and providers. Most all adult day centers have secure outdoor areas for the participants to enjoy. We have concerns with the safety of the residents who would be allowed to exit the center at will. Very few would be competent to travel freely outside the center. We have worked with providers for years to offer a truly person-centered environment and this process has helped work toward that goal with such requirements as the open dining. There real barriers to some of the requirements and with the very limited funding, some of the requirements are not realistic given the current reimbursement structure, i.e. the weekly outings that would require coordination, staff accompaniment, and the cost of transportation or trying to find a way to provide it. Adult day providers are struggling to survive. It would be unfortunate if these requirements would result in the loss of providers.

Oklahoma Response to Comment 7 – The intent of the Final Rule is that individuals receiving Medicaid funded HCBS have the opportunity to receive these services in a manner that protects individual choice and promotes community integration. The idea is not to be strenuous but to provide a framework, within which the provider can formulate a person-centered plan and system that allows individuals opportunity and choice. In regards to opportunities to seek employment, members who wish to be supported must have access to such supports. CMS does recognize that many aging members do not wish to seek employment, but the option should be explored during person centered planning. The rule intends that the option and opportunity for community

integration is made available to HCBS waiver members. The setting should make attempt to ensure that individuals have the opportunity to integrate in the community on a regular and frequent basis. According to CMS reverse integration (bringing members of the community into the center) does not equal community integration and this strategy alone will not result in appropriate level of compliance. Members should have the option and opportunity to integrate in the community if they so choose to do so. It is the intent that opportunities are maximized for individuals to have access to all the benefits of community living.

Comment 12

Member shall have access to food any time. Medicaid services do not reimburse for food in assisted living, however have opted to dictate and place limits on room and board rates. Room and board rates include rent, gas, water, sewage, electric, and food. Room and board rates can't exceed \$631.00 a month. If expectations are that Assisted Living provide more services and goods to Medicaid Resident than is required under Assisted Living Licensure or OSDH rules and regulation or what is offered to Private Pay residents than the Statewide Transition Plan needs to revisit the room and board restriction placed on the Assisted Living's Room and Board rates. Again Medicaid does not currently reimburse for the food but does determine how much we can bill for food and under the Transition Plan may imply changes in the quantity of food on hand and services in order to have food available any time. If it is the intent under the Transition Plan is that Medicaid resident have access to keep their own food in their own refrigerators and pantry stove outside of what the Assisted Living Community offers for meal service than the verbiage for such needs to be clearly spelled out in the Plan.

Oklahoma response to comment 12: The intent of the Final Rule is that individuals receiving Medicaid funded HCBS have the opportunity to receive these services in a manner that protects individual choice and promotes community integration. The rule specifies that the member have access to food at any time. Access is not limited to that which is provided by the Assisted Living Facility, but also includes the access to food the member has within his or her own living unit.

Appendix J

	ICF/ID Ongoing Training and Technical assistance
3/17/2014	Final rules
4/17/2014	NASDDS WEBINAR
1/14/2015	QA TRAINING-SETTINGS AND EMPLOYMENT
6/29/2015	QA PERSON CENTERED PLAN MEETING
6/30/2015	QA PERSON CENTERED PLAN MEETING
7/1/2015	QA PERSON CENTERED PLAN MEETING
7/6/2015	QA TRAINING-NEW CMS SETTINGS RULES
7/7/2015	QA TRAINING- SETTINGS AND THE SURVEY PROCESS
7/8/2015	QA TRAINING-SETTINGS AND THE SETTINGS STANDARDS
11/4/2015	CMS WEBINAR
11/5/2015	SWTP MEETING
11/12/2015	SWTP MEETING
11/13/2015	QA TRAINING-SETTINGS AND THE ASSESSMENT
11/23/2015	COMPLIANCE MEETING
12/9/2015	CMS WEBINAR
12/11/2015	QA TRAINING-SETTINGS AND THE ASSESSMENT
12/22/2015	CONTRACT MEETING TO INCLUDE SETTINGS REQ. IN NEW CONTRACTS
12/22/2015	COMPLIANCE MEETING
1/4/2016	ALTERNATIVE GROUP HOME HCBS COMPLIANCE DISCUSSION
1/5/2016	COMPLIANCE MEETING
1/8/2016	CONTRACT MEETING TO INCLUDE SETTINGS REQ. IN NEW CONTRACTS
1/14/2016	QA TRAINING-SETTINGS COMPLIANCE IN ALTERNATIVE GROUP HOMES
1/19/2016	COMPLIANCE MEETING
1/19/2016	NASDDS WEBINAR
2/2/2016	COMPLIANCE MEETING
2/5/2016	CONTRACT MEETING TO INCLUDE SETTINGS REQ. IN NEW CONTRACTS
2/10/2016	SEQUOYAH ENTERPRISES SURVEY CONCILLIATION OF ALTERNATIVE GROUP HOMES
2/16/2016	COMPLIANCE MEETING

2/22/2016	NCI & HCBS: STATE LEVEL MONITORING OF COMPLIANCE WITH NEW RULES
3/1/2016	COMPLIANCE MEETING
3/9/2016	CMS HCBS SETTINGS WEBINAR
3/15/2016	COMPLIANCE MEETING
3/16/2016	CONTRACT MEETING TO INCLUDE SETTINGS REQ. IN NEW CONTRACTS
3/22/2016	QA MEETING IN REGARDS TO OUTCOMES IMPORTANT TO AND IMPORTANT FOR
3/29/2016	COMPLIANCE MEETING
4/12/2016	COMPLIANCE MEETING
4/13/2016	CMS HCBS SETTINGS WEBINAR
4/19/2016	NASDDS WEBINAR
4/26/2016	COMPLIANCE MEETING
5/10/2016	CONTRACT MEETING TO INCLUDE SETTINGS REQ. IN NEW CONTRACTS
5/23/2016	AREA SURVEY MEETING RE: NEW HCBS REQUIREMENTS FOR CASE MANAGEMENT
5/24/2016	COMPLIANCE MEETING
5/24/2016	SETTINGS ASSESSMENT MEETING WITH OHCA
6/16/2016	CMS WEBINAR
6/17/2016	QA TRAINING: SETTINGS AND THE SURVEY PROCESS FY 17
6/21/2016	COMPLIANCE MEETING
7/5/2016	COMPLIANCE MEETING
7/12/2016	AREA 1 Case Management meeting Shepherd Mall
7/13/2016	OKLAHOMA COMMUNITY PROVIDERS Q&A NEW HCBS REQUIREMENTS
7/19/2016	COMPLIANCE MEETING
7/21/2016	OK AIM Quarterly meeting
7/27/2016	Office of Client Advocacy
08/01/2016	OARC*
08/01/2016	Mid-Del GH*
08/01/2016	Faith 7 Activity Center*
8/2/2016	COMPLIANCE MEETING
08/08/2016	All About You*
08/08/2016	Gatesway Foundation*
8/12/2016	Training of NCI/OSU Volunteers
08/15/2016	McCall's Community Homes (and Odyssey)*
08/15/2016	Manpower (Sheltered Workshop for Payne Co)*

8/16/2016	COMPLIANCE MEETING
8/16/2016	People Inc*
8/16/2016	Case Manager group training
8/18/2016	Case Manager group training
8/22/2016	Individual team training
08/22/2016	Center of Family Love*
8/25/2016	SWTP MEETING
08/29/2016	Tri-County Vocational Center*
08/29/2016	HELP Works Homes Inc*
8/30/2016	COMPLIANCE MEETING
09/06/2016	Reliant Living Center*
09/06/2016	Meadow Brook Acres
9/6/2106	Individual team training
09/06/2016	Edmond ARC*
9/7/2016	Individual team training
09/12/2016	Supported Community Lifestyles*
09/19/2016	Pro-Care*
09/19/2016	ACE HTS Inc*
9/21/2016	Individual team training
09/26/2016	Evergreen *
09/26/2016	Community Dev. Support Assoc.*
9/26/2016	Gatesway Foundation*
09/26/2016	Aid for Individual Development*
09/26/2016	Home of Hope*
9/27/2016	Rogers County Work Training Center*
10/03/2016	Diamond Quality Care*
10/10/2016	Fretzpark Homes*
10/10/2016	ResCare OK*
10/12/2016	Individual team training
10/14/2016	Maximizing Potential*
10/17/2016	Logan County ARC/New Horizons*
10/17/2016	People Inc*
10/17/2016	Star Care*

10/18/2016	Garvin County Comm. Living Ctr*
10/24/2016	Eton Home Care*
10/24/2016	Elite Care*
10/24/2016	South Central Housing*
10/24/2016	South Central Industries*
10/24/2016	Golden Rule*
10/25/2016	Individual team training
10/25/2016	COMPLIANCE MEETING
10/27/2016	Area 3 Case Manager training-Norman
10/27/2016	Individual team training
10/31/2016	Central State Community Services*
10/31/2016	Central Tech Ctr Project Worth*
11/07/2016	Caremax*
11/07/2016	S-Q Specialties*
11/07/2016	Bridges Foundation (The)*
11/7/2016	Maximizing Potential*
11/7/2016	Individual team training
11/8/2016	Case manager training
11/8/2016	Area 1 Case Manager training-Shepherd Mall
11/9/2017	Area 1 Case Manager training-Enid
11/10/2016	Area 3 Case Manager training-Ada
11/14/2016	Sequoyah Enterprises*
11/14/2016	Assoc. of Direct Contact Trainers*
11/14/2016	Central State Community Services*
11/14/2016	Individual team training
11/17/2016	Area 3 Case Manager training-Lawton
11/21/2016	Hopertunity LLC*
11/22/2016	Case manager training
11/22/2016	Individual team training
11/23/2016	Individual team training
11/28/2016	Council for DD (ABLE)*
11/30/2016	Volunteer Training NCI/OSU
12/05/2016	Goodwill Industries of Tulsa*

12/05/2016	Searchlight Center*
12/5/2016	Nora O'Neal*
12/5/2016	Goodwill SW OK Adult Day*
12/12/2016	Life Senior Services*
12/12/2016	Home Integration*
12/12/2016	Aall Care*
12/12/2016	Kiamichi Opportunity*
12/12/2016	Delaware County*
12/12/2016	Maximizing Potential*
12/13/2016	Case manager training
12/13/2016	Oasis of Love*
12/15/2016	Goodwill Industries of Tulsa*
12/15/2016	Case Manager group training
12/16/2016	Ability First Adult Day*
12/19/2016	Sunshine Industries*
12/19/2016	Nat'l Comm. Dev. Corp. of OK*
12/19/2016	New Horizons Unlimited*
12/19/2016	Life Senior Services*
12/19/2016	Community Options*
12/21/2016	Individual team training
12/22/2016	Individual team training
12/22/2016	OK AIM Quarterly Meeting
01/02/2017	Network*
01/02/2017	Oasis of Love*
1/3/2017	COMPLIANCE MEETING
1/4/2017	A Place Close to Home*
1/4/2017	Logan County ARC/New Horizons*
1/4/2017	Area 2 Case Manager and providers training
01/09/2017	4 R Kids*
01/09/2017	OK Rural Care LLC*
01/09/2017	A New Leaf*
1/10/2017	Individual team training
1/10/2017	NCI/OSU QUARTERLY MEETING

1/11/2017	OKLAHOMA COMMUNITY PROVIDERS MEETING
1/12/2017	Evergreen *
1/12/2017	Area 2 Case Manager and providers training
01/16/2017	Meadows (The)*
01/16/2017	Rogers County Work Training Center*
01/16/2017	Advance Placement Solutions*
1/17/2017	COMPLIANCE MEETING
1/17/2017	Nora O'Neal*
1/18/2017	Dale Rogers Training Center*
1/18/2017	Employability (ARC Ind.)*
1/18/2017	Individual team training
1/18/2017	NASDDS WEBINAR
1/18/2017	Case Manager group training
1/18/2017	SELN teleconference
1/19/2017	Area 2 Case Manager and providers training
1/20/2017	APEX*
01/23/2017	Stillwater Group Homes*
01/23/2017	SHOW Inc*
01/23/2017	Brighter Day*
1/25/2016	Rogers Co. Adult Day Services*
1/25/2017	Goodwill Ind. Of Central OK (OK Goodwill)*
1/26/2017	Area 2 Case manager and providers training
1/28/2017	OK AIM BOARD OF DIRECTORS MEETING
01/30/2017	Premier Community Services*
01/30/2017	Major Group (The)*
1/30/2017	Ada Senior Care Center*
1/30/2017	Individual team training
01/30/2017	Pawnee County dba Cleveland Comm. Service Ctr*
1/31/2017	COMPLIANCE MEETING
1/31/2017	Reliant Living Center*
2/1/2017	VOLUNTEER TRAINING OSU/NCI
2/2/2017	Manpower (Sheltered Workshop for Payne Co)*
2/3/2017	Meadows (The)*

2/3/2017	Golden Rule*
2/3/2017	Individual team training
02/06/2017	Care Dynamics*
02/06/2017	Sertoma Handicapped Opportunities*
02/06/2017	APEX*
02/06/2017	OK Production Center*
2/8/2017	People Inc*
2/8/2017	Area 2 Case manager and providers training
2/9/2017	Individual team training
2/10/2017	Oklahoma Foundation for the Disabled*
2/10/2017	Excel Special Services*
02/13/2017	We Care*
02/13/2017	Allied Community*
2/13/2017	Mercy Love County Adult Day Care*
02/13/2017	Special Young Adults*
2/14/2017	COMPLIANCE MEETING
2/15/2017	DJK Enterprises Employee training
2/16/2017	Case Managers' Supervisor training
2/17/2017	ARC Ability First Adult Day (closed)*
2/19/2016	Individual team training
02/20/2017	Sun Dance of OK*
02/20/2017	Fountain House*
2/21/2017	Goodwill Industries of Tulsa*
2/22/2017	Area 2 Case manager and providers training
2/24/2017	Ability First Adult Day*
02/27/2017	Phoenix Residential Services*
02/27/2017	Employability (ARC Ind.)*
02/27/2017	Reach Out*
2/28/2017	SHOW, Inc*
3/1/2017	Area 2 Case Manager and Providers Training-Muskogee
3/2/2017	Area 2 Case Manager and Providers Training-Tulsa
3/3/2017	A Place Close to Home*
03/06/2017	Volunteers of America*

3/8/2017	KiBois Adult Day*
3/8/2017	Office of Client Advocacy Advocate Training-SHEPHERD MALL
3/8/2017	Area 1 Case Manager and Providers Training-Enid
3/9/2017	Area 1 Case Manager and Providers Training-Oklahoma City
3/9/2017	Life Senior Services*
3/9/2017	Individual team training
3/12/2017	Indian Territory Adult day Care*
3/13/2017	Daily Loving Centers*
03/13/2017	Independent Career Consultants*
3/14/2017	COMPLIANCE MEETING
3/14/2017	ResCare OK*
3/14/2017	NASDDS WEBINAR
3/14/2017	Case Manager group training
3/16/2017	Area 2 case manager and providers training
3/16/2017	Case Manager group training
3/17/2017	Easter Seals Adult Day Care Services*
03/20/2017	Panhandle Sheltered Workshop*
03/20/2017	SW OK Community Action Group*
3/20/2017	Edmond ARC*
03/20/2017	Dungarvin*
3/20/2017	Individual team training
3/21/2017	Golden Villa Center*
3/21/2017	L.I.F.E. Center*
3/21/2017	Sunshine Industries*
3/22/2017	Supported Community Lifestyles*
3/22/2017	Area 2 case manager and providers training
3/23/2017	Adult Day of Southern OK*
3/23/2017	COOPER CASE MANAGEMENT GROUP TRAINING-VINITA
3/24/2017	Metropolitan Better Living Center*
3/24/2017	Welcome Home Adult Day Care*
03/27/2017	KiBois Community Services*
3/27/2017	Center of Family Love*
03/27/2017	Ability First aka Duncan GH*

3/30/2017	Sunshine Industries*
3/30/2017	Sequoyah Enterprises Inc.*
3/31/2017	Jones Health Care*
4/3/2017	Community Options*
04/04/2017	Quality Enterprises*
04/04/2017	Better Life, Better Care Inc*
04/04/2017	ARC GH*
4/4/2017	ResCare OK*
4/5/2017	Panhandle Sheltered Workshop*
4/8/2017	Opportunity Center*
04/11/2017	BIOS*
4/11/2017	COMPLIANCE MEETING
4/13/2017	Oasis of Love*
4/14/2017	Individual team training
4/19/2017	OCA ADVOCATES TRAINING-TULSA
4/20/2017	CMS WEBINAR
04/17/2017	Options, Inc.*
04/17/2017	Bonny Crest Choice Living*
04/17/2017	Springs*
4/18/2017	Goodwill SW OK Adult Day*
4/22/2017	OK AIM BOARD OF DIRECTORS MEETING
04/24/2017	DJK Enterprises*
04/24/2017	Opportunity Center*
04/24/2017	INCOR*
4/25/2017	COMPLIANCE MEETING
4/27/2017	BIOS PROGRAM COORDINATOR TRAINING
4/27/2017	LARSEN CASE MANAGEMENT GROUP TRAINING TULSA
4/27/2017	Dale Rogers Training Center*
05/01/2017	Sagebrush*
05/01/2017	Independent Opportunities Inc*
5/5/2017	Life Senior Services*
05/08/2017	Carter County ARC*
05/08/2017	Employment Resources Inc*

05/08/2017	Goodwill Ind. Of Central OK (OK Goodwill)*
5/8/2017	Individual team training
05/15/2017	Dale Rogers Training Center*
05/15/2017	Chickasha Opportunity Center*
05/15/2017	Central OK Group Homes*
05/15/2017	Wonderful Opportunities*
5/16/2017	Kibois Adult Day*
5/18/2017	SHOW, Inc*
05/22/2017	People First Ind of Bryan Co (Sheltered Work Opp of Bryan Co)*
05/22/2017	Jones Health Care*
05/22/2017	Liberty Greer*
05/24/20017	Indian Territory Adult day Care*
05/30/2017	Community Access*
05/30/2017	Garvin County Comm. Living Ctr*
05/30/2017	INCA Career Opportunities*
5/30/2017	Welcome Home Adult Day Care*
06/05/2017	IHTS Bonnie Reich**
06/05/2017	IHTS Anthony Roberts**
06/05/2017	IHTS Martha Tucker**
06/05/2017	Goodwill Industries of SW OK*
	KEY
	Compliance Meetings: State Office personnel involved in residential, employment, and waived service meeting at least monthly to review HCBS settings issues and compliance.
	OK AIM: Recruits, trains, and supports volunteers who visit community-based residences funded by DHS-DDS to monitor the quality of life of those served.
	NASDDS WEBINARS: Any webinars which provided insight into the HCBS settings

	Area Meetings: Trainings and meetings within the 3 case management areas which included case managers, case management supervisors, and contract provider agencies.
	QA training: Training of all Quality Assurance staff in the HCBS settings requirements.
	Oklahoma Community Providers: Consortium of contract providers who meet quarterly to discuss relevant issues in the state in regards to service delivery. Emphasis in FY 16-17 was in compliance with HCBS settings rules.
	* Provider agencies contracted with Oklahoma Health Care Authority to provide waived services.
	**Independent contractors who provide waiver services.