Idaho State Transition Plan

Coming Into Compliance with HCBS Setting Requirements:

Public Notice and Request for Comment

Posted for Public Comment (v1): October 3, 2014
Through November 2, 2014
Posted for Public Comment (v2): January 23, 2015
Through February 22, 2015
Submitted to CMS and reposted as revised: March 13, 2015

Posted for Public Comment (v3): September 11, 2015
Through October 12, 2015

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Purpose

The purpose of this posting is to provide public notice and receive public comments for consideration regarding Idaho Medicaid's Draft Home and Community Based Services (HCBS) Settings Transition Plan.

Transition Plan Introduction

The Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS) published regulations in the Federal Register on January 16, 2014, which became effective on March 17, 2014, implementing new requirements for Medicaid's 1915(c), 1915(i), and 1915(k) Home and Community-Based Services (HCBS) waivers. These regulations require Idaho to submit a Transition Plan for all the state's 1915(c) waiver and 1915(i) HCBS state plan programs. Idaho does not have a 1915(k) waiver. Copies of the waivers can be viewed at www.healthandwelfare.idaho.gov.

The web addresses and links to the relevant waivers and to IDAPA are provided below:

1915(i) services in the Standard Plan:
http://www.healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/StandardPlan.pdf

Aged and Disabled Waiver (A&D):
http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/AandDWaiver.pdf

Idaho Developmental Disabilities Waiver, (Adult DD):
http://healthandwelfare.idaho.gov/Portals/0/Medical/DD%20Waiver.pdf
Children's Developmental Disabilities Waiver, (Children's DD):
http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/ChildrensDD_Waiver.pdf

Act Early Waiver:
http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/ActEarlyWaiver%20.pdf

The State Plan:
http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/EnhancedBenchmark.pdf

IDAPA – Medicaid Basic Plan Benefits:
http://adminrules.idaho.gov/rules/current/16/0309.pdf

IDAPA - Medicaid Enhanced Plan Benefits:
http://adminrules.idaho.gov/rules/current/16/0310.pdf

IDAPA – Rules Governing Certified Family Homes
http://adminrules.idaho.gov/rules/current/16/0319.pdf

IDAPA - Residential Care or Assisted Living Facilities
http://adminrules.idaho.gov/rules/current/16/0322.pdf

IDAPA – Developmental Disabilities Agencies (DDA)
http://adminrules.idaho.gov/rules/current/16/0321.pdf

IDAPA – Rules Governing Residential Habilitation Agencies
http://adminrules.idaho.gov/rules/current/16/0417.pdf

The following Transition Plan sets forth the actions Idaho will take to operate all applicable HCBS programs in compliance with the final rules. Idaho submitted its Transition Plan to CMS in March 2015. More information can be found by clicking on this link to the CMS website or by typing the following web address into the browser: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html.

Copies of the Transition Plan may be obtained by printing the Transition Plan from Idaho's HCBS webpage: www.HCBS.dhw.idaho.gov.

Public Comment Submission Process

The state of Idaho, Department of Health and Welfare, Division of Medicaid has formally sought public input on the Statewide Transition Plan (STP) on three occasions. Idaho utilized two public input periods before submitting the Transition Plan to CMS in March, 2015. The first comment period was from October 3, 2014, through November 2, 2014. The second comment period was from January 23, 2015,

through February 22, 2015. After receiving feedback from CMS on the STP, a third version of the plan was posted for comment from September 11, 2015, through October 12, 2015. All public comments were summarized and added to the STP. The STP will be resubmitted to CMS by October 23, 2015.

Idaho Medicaid utilized the same strategies for soliciting feedback and comments on the STP for each of the three formal comment periods. Comments and input regarding the Transition Plan were accepted in the following ways:

a) Copies of the STP were posted on the state's HCBS webpage. At that site, www.HCBS.dhw.idaho.gov: in the right hand column there is an "Ask the Program" section. There stakeholders were able to use the ***Email the program*** tab to email comments directly to the program.
b) By e-mail: HCBSSettings@dhw.idaho.gov
c) By sending written comments sent to:

   HCBS
   Division of Medicaid, Attn. Transition Plan
   PO Box 83720
   Boise, ID 83720-0009
d) By FAX: 1(208) 332-7286 (please include: Attn. HCBS Transition Plan)
e) By calling toll free to leave a voicemail message: 1 (855) 249-5024

All comments were tracked and summarized. The summary of comments and a summary of modifications made to the Transition Plan in response to the public comments are included in this document. In cases where the state's determination differs from public comment, the additional evidence and rationale the state used to confirm the determination was added to the Transition Plan.

Transition Plan Summary

Idaho completed a preliminary analysis of its residential HCBS settings in late summer of 2014. This analysis identified program areas where the new regulations on residential settings are currently supported in Idaho as well as areas that will need to be strengthened in order to align Idaho's HCBS programs with the regulations. Actions necessary for Idaho to come into full compliance have been proposed in the Transition Plan along with a timeline for completing them.

Idaho completed a preliminary analysis of its non-residential HCBS service settings in December 2014. This analysis identified areas where the new regulations on non-residential services are supported in Idaho as well as areas that will need to be strengthened in order to align Idaho's HCBS non-residential programs with the regulations. Actions necessary for Idaho to come into full compliance have been proposed in the Transition Plan along with a timeline for completing them.

States must determine whether settings have the qualities and characteristics of an institutional setting as described by CMS' final HCBS rule. Idaho completed the analysis of all HCBS provider owned or controlled residential settings against two of the three characteristics of an institution in the fall of 2014.

There are no residential settings that are in a publicly or privately owned facility providing inpatient treatment or on the grounds of, or immediately adjacent to, a public institution.

Idaho has now completed its assessment of non-residential service settings against two of the three characteristics of an institution to ensure they are not in a publicly or privately owned facility providing inpatient treatment or on the grounds of, or immediately adjacent to, a public institution. There are no non-residential service settings that meet either of these first two characteristics of an institution.

Idaho has not yet completed its assessment of residential or non-residential service settings against the third characteristic of an institutional setting, which is that the setting has the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS. The assessment of all settings against this third characteristic will occur in 2017, when Idaho begins its assessment of all HCBS settings against the setting requirements.

At this point in time Idaho has no plans to request the heightened scrutiny process for any HCBS setting.

Idaho's plan for assessing and monitoring all settings for all requirements, including community integration versus isolation, is contained within Section 2 of the Transition Plan. Additional administrative rule (IDAPA) support for the HCBS requirements is expected to be promulgated during the 2016 legislative session and become effective July 1, 2016. Assessment of settings is expected to be completed by December 2017. A preliminary plan for provider remediation and relocation of impacted participants is included within the Statewide Transition Plan.

The state has archived all versions of the Transition Plan and will ensure that the archived versions along with the most current version of the Transition Plan remain posted on the state's HCBS webpage and available for review for the duration of the state's transition to full compliance.

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Overview

The intention of the home and community-based services (HCBS) rule is to ensure individuals receiving long-term services and supports through these waiver programs have full access to the benefits of community living and the opportunity to receive services in the most integrated settings appropriate. In addition, the new regulations aim to enhance the quality of HCBS and provide protections to participants. Idaho Medicaid administers several HCBS programs that fall under the scope of the new regulations: the Aged and Disabled (A&D) Waiver, the Idaho Developmental Disabilities (DD) Waiver, the Act Early Waiver, the Children's DD Waiver, and the 1915(i) program for children and adults with developmental disabilities. In addition, Idaho has elected to include State Plan Personal Care Services provided in residential assisted living facilities (RALFS) and certified family homes (CFHs) within the purview of Idaho's analysis and proposed changes in response to the new regulations.

Idaho Medicaid initiated a variety of activities beginning in July of 2014 designed to engage stakeholders in the development of this Transition Plan. The engagement process began with a series of web-based seminars that were hosted in July through September 2014 and which summarized the new regulations and solicited initial feedback from a wide variety of stakeholders. HCBS providers, participants, and advocates were invited to attend these seminars. The state also launched an HCBS webpage, www.HCBS.dhw.idaho.gov hosting information about the new regulations, FAQs, and updates regarding the development of Idaho's draft Transition Plan. The webpage contains an "Ask the Program" feature whereby interested parties are encouraged to submit comments, questions, and concerns to the project team at any time. Additional opportunities were established to share information and for stakeholders to provide input regarding the new regulations and Idaho's plans for transitioning into full compliance. They are described in more detail throughout this document.

The Transition Plan includes:

- A description of the work completed to date to engage stakeholders in this process
- A gap analysis of existing support for the new HCBS regulations
- A plan for assessment and monitoring of all residential and non-residential service settings
- Initial plans for remediation of providers and relocation for impacted participants
- A timeline for remaining activities to bring Idaho into full compliance
- A summary of public comments
- An index of changes made in version three of the Transition Plan

The state received comments from CMS on the Statewide Transition Plan on August 10, 2015, in the form of a letter. The state has since developed responses to the comments and also incorporated changes into the Transition Plan to address concerns identified. The CMS letter, along with the state's responses, has been posted on the state's webpage,www.HCBS.dhw.idaho.gov. They can be found under the *Resources* tab on the right hand side of the home page.

Additional changes to the body of this Transition Plan (v3) were made prior to it being posted on September 11, 2015. These changes incorporate updated information; include new details; and, in some instances, add clarifying information. All changes are noted in the Index of Changes (Attachment 5).

Section 1: Results of Idaho Medicaid's Initial Analysis of Settings

Idaho completed a preliminary gap analysis of its residential HCBS settings in late summer of 2014. Idaho completed a preliminary gap analysis of its non-residential HCBS settings in December 2014. The gap analysis included an in-depth review of state administrative rule and statute, Medicaid waiver and state plan language, licensing and certification requirements, Medicaid provider agreements, service definitions, administrative and operational processes, provider qualifications and training, quality assurance and monitoring activities, reimbursement methodologies, and person-centered planning processes and documentation. Please refer to the links provided in the Transition Plan Introduction for access to rule and waiver language. This analysis identified areas where the new regulations are supported in Idaho as well as areas that will need to be strengthened in order to align Idaho's HCBS programs with the regulations. The results of the analysis of residential settings were shared with stakeholders via a WebEx meeting on September 16, 2014. The results of the analysis of non-residential settings were shared with stakeholders via a WebEx meeting on January 14, 2015. The WebEx presentations and audio recordings were then posted on the Idaho HCBS webpage. This preliminary analysis has informed the recommendation to develop several changes to rule, operational processes, quality assurance activities, and program documentation.

Below is an exhaustive list of all HCBS administered by Idaho Medicaid, the corresponding category for each service, and the settings in which the service can occur. This chart is intended to illustrate all the service settings that exist in Idaho's HCBS system. Settings that are listed as "in-home" are presumed to meet HCBS compliance, as these are furnished in a participant's private residence. Settings indicated as "community" are also presumed to meet the HCBS qualities, as they are furnished in the community in which the participant resides. Quality reviews of services and participant service outcome reviews will ensure that providers do not impose restrictions on HCBS setting qualities in a participant's own home or in the community without a supportive strategy that has been agreed to through the person-centered planning process.

Adult DD Waiver Services

Service Description	Applicable HCBS Qualities	Service Settings
Adult Day Health	Non-residential	• Adult Day Health Center • Community
Behavior Consultation/Crisis Management	Non-residential	• Home • Community • Adult Day Health Center • Developmental Disability Agency (DDA) Center • Certified Family Home

Chore Services	Non-residential	• Home
Environmental Accessibility Adaptations	Non-residential	• Home
Home Delivered Meals	Non-residential	• Home
Non-medical Transportation	Non-residential	• Community
Personal Emergency Response System	Non-residential	• Home
Residential Habilitation – Certified Family Home	Residential – Provider Owned	• Certified Family Home
Residential Habilitation – Supported Living	Non-residential	• Home
Respite	Non-residential	• Home • Community • Adult Day Health Center • DDA Center • Certified Family Home
Skilled Nursing	Non-residential	• Home • Community • Adult Day Health Center • DDA Center • Certified Family Home
Specialized Medical Equipment and Supplies	Non-residential	• Home
Supported Employment	Non-residential	• Community
Developmental Therapy	Non-residential	• Home • Community • DDA Center
Community Crisis Supports	Non-residential	• Home • Community • Certified Family Home • Hospital
Supports for Self Direction		
Community Support Services	• Non-residential • Residential – Provider Owned	• Home • Community • Adult Day Health Center • DDA Center • Certified Family Home
Financial Management Services	Non-residential	• Home
Support Broker Services	Non-residential	• Home

A&D Waiver Services

Service Description	Applicable HCBS Qualities	Service Settings
Adult Day Health	Non-residential	• Adult Day Health Center • RALF • DDA Center
Day Habilitation	Non-residential	• DDA Center • Community
Homemaker	Non-residential	• Home
Residential Habilitation	Non-residential	• Home
Respite	Non-residential	• Home • RALF • Certified Family Home
Supported Employment	Non-residential	• Home
Attendant Care	Non-residential	• Home • Community
Adult Residential Care	Residential – Provider Owned	• RALF • Certified Family Home
Chore Services	Non-residential	• Home
Companion Services	Non-residential	• Home
Consultation	Non-residential	• Community
Environmental Accessibility Adaptations	Non-residential	• Home
Home Delivered Meals	Non-residential	• Home
Non-medical Transportation	Non-residential	• Community
Personal Emergency Response System	Non-residential	• Home
Skilled Nursing	Non-residential	• Home
Specialized Medical Equipment and Supplies	Non-residential	• Home

Children's HCBS Services

Service Description	Applicable HCBS Qualities	Service Settings
Family Education	Non-residential	• Home • Community • DDA Center
Habilitative Supports	Non-residential	• Home • Community • DDA Center
Respite	Non-residential	• Home • Community • DDA Center
Crisis Intervention	Non-residential	• Home • Community • DDA Center
Family Training	Non-residential	• Home • Community • DDA Center
Habilitative Intervention	Non-residential	• Home • Community • DDA Center
Interdisciplinary Training	Non-residential	• Home • Community • DDA Center
Therapeutic Consultation	Non-residential	• Home • Community • DDA Center
Supports for Self Direction		
Community Support Services	Non-residential	• Home • Community • DDA Center
Financial Management Services	Non-residential	• Home
Support Broker Services	Non-residential	• Home

1a. Gap Analysis of Residential Settings

Idaho Medicaid furnishes HCBS services in two types of provider owned or controlled residential settings: RALFs and CFHs. The results of Idaho's analysis of these residential settings are summarized below, including an overview of existing support for each regulation. The state has included, where applicable, the full IDAPA citations to identify where IDAPA supports the HCBS requirement, in addition to indicating if IDAPA is silent. The state did not identify any IDAPA provision that conflicts with the HCBS

requirements. Additionally, the chart includes preliminary recommendations on how to transition these settings into full compliance with the new regulations. Please note that the analysis of existing support for each new regulation is only the first step in the assessment process. It has been used to identify where Idaho lacks documented support for the setting quality requirements. Idaho understands that more work is necessary to complete a full assessment of settings. *Section Two* of this document identifies the work remaining to complete a thorough assessment. That process includes soliciting input from individuals who live in and use these settings, provider self- assessment, as well as on-site validation of compliance.

Provider Owned or Controlled Residential Settings Gap Analysis

<table>
<tr><th rowspan="2">Federal Requirement:
Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:</th><th rowspan="2"></th><th colspan="2">Analysis of Idaho's Residential Settings</th></tr>
<tr><th>Certified Family Homes (CFH)</th><th>Residential Assisted Living Facilities (RALF)</th></tr>
<tr><td rowspan="3">1. The setting is integrated in, and facilitates the individual's full access to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.</td><td>Support</td><td>Idaho licensing and certification rule (IDAPA 16.03.19.170.02, 16.03.19.170.07, 16.03.19.200.11) and provider materials support residents' participation in community activities and access to community services.</td><td>Community integration and access are supported in licensing and certification rule (IDAPA 16.03.22.001.02, 16.03.22.250.01, 16.03.22.151.03).</td></tr>
<tr><td>Gap</td><td colspan="2">The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS".</td></tr>
<tr><td>Remediation</td><td colspan="2">Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."
Incorporate HCBS requirement into IDAPA 16.03.10.
Enhance existing monitoring and quality assurance activities to ensure ongoing compliance.</td></tr>
<tr><td rowspan="3">2. 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.</td><td>Support</td><td colspan="2">Supported employment is a service available on both the A&D and DD waivers. There are no limitations to supported employment based on a participants' residential setting.</td></tr>
<tr><td>Gap</td><td colspan="2">The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS". IDAPA is silent.</td></tr>
<tr><td>Remediation</td><td colspan="2">Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."
Incorporate HCBS requirement into IDAPA 16.03.10.
Enhance existing monitoring and quality assurance activities to ensure ongoing compliance.</td></tr>
<tr><td rowspan="3">3. The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.</td><td>Support</td><td>Idaho rule (IDAPA 16.03.19.200.11), provider agreements, and the CFH Provider Manual support that a CFH should provide opportunities for participation in community life.</td><td>Rule (IDAPA 16.03.22.250, 16.03.22.151) supports that RALFs must facilitate normalization and integration into the community for participants.</td></tr>
<tr><td>Gap</td><td colspan="2">The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS".</td></tr>
<tr><td>Remediation</td><td colspan="2">Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."
Incorporate HCBS requirement into IDAPA 16.03.10.</td></tr>
</table>

<table>
<tr><th>Federal Requirement:</th><th></th><th colspan="2">Analysis of Idaho’s Residential Settings</th></tr>
<tr><td></td><td></td><td colspan="2">Enhance existing monitoring and quality assurance activities to ensure ongoing compliance.</td></tr>
<tr><td rowspan="3">4. The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.</td><td>Support</td><td>Idaho rule (IDAPA 16.03.19.200.05, 16.03.19.275.01), the CFH Provider Manual, and the provider agreement support the participant's right to manage funds.</td><td>Rule (IDAPA 16.03.22.550.05) supports the participant’s right to manage funds by indicating that RALF providers cannot require the participant to deposit his or her personal funds with the provider except with the consent of the participant.</td></tr>
<tr><td>Gap</td><td colspan="2">The state lacks standards for “the same degree of access as individuals not receiving Medicaid HCBS”.</td></tr>
<tr><td>Remediation</td><td colspan="2">Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS.”
Incorporate HCBS requirement into IDAPA 16.03.10.
Enhance existing monitoring and quality assurance activities to ensure ongoing compliance.</td></tr>
<tr><td rowspan="3">5. The setting includes opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</td><td>Support</td><td>Rule (IDAPA 16.03.19.200.08) supports the participant’s free choice on where and from whom a medical service is accessed and allows free access to religious and other services delivered in the community.</td><td>Rule (IDAPA 16.03.22.320.07, 16.03.22.550) supports the participant’s right to participate in the community.</td></tr>
<tr><td>Gap</td><td colspan="2">The state lacks standards for “the same degree of access as individuals not receiving Medicaid HCBS”.</td></tr>
<tr><td>Remediation</td><td colspan="2">Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS.”
Incorporate HCBS requirement into IDAPA 16.03.10.
Enhance existing monitoring and quality assurance activities to ensure ongoing compliance.</td></tr>
<tr><td rowspan="2">6. 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 based on the individual’s needs, preferences, and resources available for room and board (for residential settings).</td><td>Support</td><td>Department processes support that participants must sign the service plan that includes documentation that choice of residential setting was offered.

Waivers and State Plan language support that the service plan development process must use the preferences of the participant and that the residential setting selection must be documented.</td><td>Department processes support that participants must sign documentation that the choice of a residential setting was offered.

Waivers and State Plan language support that the service plan development process must use the preferences of the participant and that the residential setting selection must be documented.</td></tr>
<tr><td>Gap</td><td colspan="2">The state lacks support for ensuring that options are available for participants to potentially choose a private room and that the service plan must document location selection for all service settings. IDAPA is silent.</td></tr>
</table>

Federal Requirement:		Analysis of Idaho's Residential Settings	
	Remediation	Idaho will strengthen protocols to fully align with the requirement and enhance existing quality assurance activities to ensure compliance. Idaho will incorporate the HCBS requirement into IDAPA 16.03.10 to ensure that service plans document location selection for ALL service settings, not just residential. Through operational processes, the state will ensure that participants are aware of options available for a private unit.	
7. An individual's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.	Support	These participant rights are protected and supported in Idaho statute and licensing and certification rule (IDAPA 16.03.19.200.01, 16.03.19.200.03, 16.03.19.200.07,16.03.22.550.02-03, 16.03.22.550.10, 16.03.22.153).	
	Gap	None	
	Remediation	None	
8. Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but is not limited to, daily activities, physical environment, and with whom to interact.	Support	Participants' independence is supported in state statute (Idaho Statute, Title 39, Chapter 35 (39-3501) and licensing and certification rule (IDAPA 16.03.19.200.11, 16.03.19.170.02) Previously established CFH resident rights also support this requirement.	Participants' independence and autonomy are supported in licensing and certification rule (IDAPA 16.03.22.550.15).
	Gap	The state lacks support for ensuring that participants' activities are not regimented.	The state lacks support for ensuring that participants' initiative, autonomy, and independence in choosing daily activities, physical environment, and with whom to interact are optimized and not regimented.
	Remediation	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing monitoring and quality assurance activities to ensure compliance.	
9. Individual choice regarding services and supports, and who provides them, is facilitated.	Support	Rule(IDAPA 16.03.19.250.04, 16.03.19.200.08, 16.03.22.320.07, 16.03.22.550.12) supports that participant choices regarding services and supports, and who provides them, are facilitated.	
	Gap	None	
	Remediation	None	
10. The unit or room is a specific physical place that can be owned, rented, or occupied under another legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the state, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the state must ensure that a lease, residency agreement, or other form of written agreement	Support	Idaho tenancy laws require a 3-day eviction notice by the landlord, as described in Title 6, Chapter 3 of Idaho Statute. Administrative rules governing Certified Family Homes (IDAPA 16.03.19.260, 16.03.19.200.10) require that there be a 15-day minimum notice of transfer or discharge and that the timeframes and criteria for transfer be described in the Admission Agreement. By employing a minimum 15-day notice of transfer, CFH guidelines are more lenient than Idaho tenancy laws.	Rule (IDAPA 16.03.22.550.20, 16.03.22.221) supports that participants are given 30-day notice of discharge/transfer, which is greater than the three-day notice required under Idaho landlord tenant law (Title 6, Chapter 3 of Idaho Statute).

Federal Requirement:		Analysis of Idaho's Residential Settings	
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.	Gap	None	
	Remediation	None	
11. 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.	Support	Rule (IDAPA 16.03.19.600.02, 16.03.19.200.01, 16.03.22.550.02) supports a participant's right to privacy.	
	Gap	The state lacks support for ensuring that individuals have lockable entrance doors to their sleeping or living units.	
	Remediation	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing monitoring and quality assurance activities to ensure compliance.	
12. Individuals sharing units have a choice of roommates in that setting.	Support	None found	
	Gap	The state lacks support for ensuring that individuals sharing units have a choice of roommates. IDAPA is silent.	
	Remediation	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing monitoring and quality assurance activities to ensure compliance.	
13. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	Support	The provider agreement supports that individuals have the right to furnish and decorate their living area.	Rule (IDAPA 16.03.22.550) and Idaho Statute support that individuals have the right to furnish and decorate their living area.
	Gap	IDAPA is silent for CFHs.	
	Remediation	None	
14. Individuals have the freedom and support to control their own schedules and activities.	Support	Rule (IDAPA 16.03.19.200.11, 16.03.22.151.03, 16.03.22.550.15) supports a participant's freedom and support to choose services.	
	Gap	The state lacks support for ensuring that individuals control their own schedules and activities.	
	Remediation	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing monitoring and quality assurance activities to ensure compliance.	
15. Individuals have access to food at any time.	Support	None found	
	Gap	The state lacks support for ensuring that individuals have access to food at any time. IDAPA is silent.	
	Remediation	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing monitoring and quality assurance activities to ensure compliance.	
16. Individuals are able to have visitors of their choosing at any time.	Support	Rule (IDAPA 16.03.19.200.06) and the Residents Rights Policy and Notification Form support that individuals are able to have visitors of their choosing at any time.	Idaho Statute (39-3316) supports that individuals are able to have visitors of their choosing at any time.
	Gap	None	
	Remediation	None	
17. The setting is physically accessible to the individual.	Support	Rule (IDAPA 16.03.19.004, 16.03.19.700) and the Residents Rights Policy and Notification Form support that the setting must be physically accessible to the individual.	Rule (IDAPA 16.03.22.250.07) supports that the setting must be physically accessible to the individual.
	Gap	None	
	Remediation	None	

Due to the gaps identified above, Idaho is unable to say at this time how many residential settings fully align with the federal requirements, how many do not comply and will require modifications, and how many cannot meet the federal requirements and require removal from the program and/or relocation of participants. Proposed plans to complete a full assessment are outlined in *Section Two*. Medicaid must first enact regulatory changes to allow enforcement and then complete the assessment of individual settings. The assessment will occur in 2017.

Non- Provider Owned or Controlled Residential Settings

Idaho's residential habilitation services include services and supports designed to assist participants to reside successfully in their own homes, with their families, or in a CFH. Residential habilitation services provided to the participant in their own home are called "supported living" and are provided by residential habilitation agencies. Supported living services can either be provided hourly or on a 24-hour basis (high or intense supports).

As part of Idaho's outreach and collaboration efforts, Medicaid initiated meetings with supported living service providers in September 2014. The goal of these meetings was to ensure that supported living providers understood the new HCBS setting requirements, how the requirements will apply to the work that they do, and to address any questions or concerns this provider group may have. During these meetings, providers expressed concern regarding how the HCBS setting requirements would impact their ability to implement strategies to reduce health and safety risks to participants receiving high and intense supports in their own homes. Because of these risk reduction strategies, supported living providers are concerned that they will be unable to ensure that all participants receiving supported living services have opportunities for full access to the greater community and that they are afforded the ability to have independence in making life choices.

Since our initial conversations with residential habilitation agency providers the state has addressed provider concerns by obtaining clarification from CMS and publishing draft HCBS rules. Our goal is that through individualized supportive strategies created by the participant and their person-centered planning team, agencies will support participants in integration, independence, and choice while maintaining the health, safety, dignity, and respect of the participant and the community.

Although the HCBS regulations allow states to presume the participant's private home meets the HCBS setting requirements, the state will enhance existing quality assurance and provider monitoring activities to ensure that participants retain decision-making authority in their home. Additionally, the state is continuing to analyze the participant population receiving intense and high supported living and how the HCBS requirements impact them.

1b. Initial Analysis of Settings Presumed to be Institutional

The Centers for Medicare and Medicaid Services has identified three characteristics of settings that are presumed to be institutional. Those characteristics are:

1. The setting is in a publicly or privately owned facility providing inpatient treatment.
2. The setting is on the grounds of, or immediately adjacent to, a public institution.
3. The setting has the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS.

Idaho has completed its assessment of all settings against the first two characteristics of an institution. There are no settings where an HCBS participant lives or receives services that are located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment. Further, there are no settings on the grounds of or immediately adjacent to a public institution. Idaho will assess all settings against the third characteristic of an institution as part of its larger assessment effort in 2017. At this point in time Idaho has no plans to request the heightened scrutiny process for any HCBS setting.

During Idaho's analysis of non-residential service settings the state did identify that a very small number of children receiving developmental disability (DD) waiver services are living in residential environments that are considered by Idaho rule to be institutions. These settings are referred to in Idaho as children's residential care facilities (Children's RCFs). The state is currently exploring options on a case-by-case basis for continuing to meet the needs of these children while in these settings. The state will also establish a process to prevent HCBS funding from being utilized in the future for children residing in an RCF. The state intends for all children receiving DD waiver services to be living in compliant settings by the compliance deadline of March 2019.

Analysis of Residential Settings Presumed to be Institutional

Idaho Medicaid supports two residential settings that needed to be analyzed against the criteria established by CMS as presumptively institutional. They are CFHs and RALFs. As of the publication of the Transition Plan (v3), there are no CFHs or RALFs that are in a publicly or privately owned facility providing inpatient treatment or on the grounds of, or immediately adjacent to, a public institution. Below is a description of the assessment process that led to this conclusion.

Certified Family Homes

As of September 2014, Idaho had 2,212 CFHs. A CFH is a private home setting in which a home care provider assists the participant with activities of daily living, provides protection and security, and encourages the participant toward independence. The CFH must assist the individual with establishing relationships and connecting with their community. Idaho Code 39-3501 states that the purpose of a CFH is to provide a homelike alternative designed to allow individuals to remain in a normalized family-styled living environment, usually within their own community. It further states that it is the intent of the legislature that CFHs be available to meet the needs of those residing in these homes while providing a homelike environment focused on integrated community living rather than other more restrictive environments and by recognizing the capabilities of individuals to direct their own care.

Individuals in a CFH reside and interact with family members or other community members (visitors, friends, neighbors) who visit the CFH or vice versa. It is therefore assessed that these homes do not meet any of the three characteristics of an institution.

Residential Assisted Living Facilities

As of August 2014, Idaho had a total of 352 RALFs, each of which is licensed by the Division of Licensing and Certification. Of those, 204 RALFs billed Medicaid for services from February 2014 through July 2014. Note that these numbers are prone to change as facilities open and close or change the payer sources they will accept.

As of the publication of this Transition Plan, Idaho's assessment of RALFs against the characteristics of settings presumed to be institutional is complete. There are no RALFS that are in a publicly or privately owned facility providing inpatient treatment or on the grounds of, or immediately adjacent to, a public institution. Below is a description of the assessment process leading to this conclusion.

The first step was to offer a WebEx meeting to stakeholders that provided an overview of the characteristics of settings presumed to be an institution. Stakeholders who were invited to that WebEx included providers, advocates, Medicaid participants receiving HCBS services, agencies that work with the targeted populations and state personnel. A question and answer period followed the presentation. Stakeholder questions and comments were documented. Stakeholders were specifically asked to provide feedback to the state on the following:

- Does their facility meet any of the CMS characteristics of a setting presumed to be an institution?
- If so, does that facility also meet the qualities of an HCBS setting?
- All stakeholders were asked to provide Medicaid with ideas on how facilities that meet the CMS characteristics of an institution might refute that presumed classification where appropriate. What evidence might be provided?
- If a facility does not meet the HCBS setting requirements, or if it will be presumed to be an institution, would the provider make changes to come into compliance?
- If so, how might a facility transition to full compliance and how long would it take?

Next, Medicaid developed a survey containing the following questions (based on guidance from CMS):

1. Is this setting in a publicly or privately owned facility providing inpatient treatment?
2. Is this setting on the grounds of, or immediately adjacent to, a public institution?
3. Does this setting have the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS?
    a. Is this setting designed specifically for people with disabilities, and often even for people with a certain type of disability?
    b. Are the individuals in this setting primarily or exclusively people with disabilities and on-site staff provides many services to them?

c. Is this setting 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?
d. Do people in this setting have limited, if any, interaction with the broader community?
e. Does this setting use/authorize interventions/restrictions that are used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g., seclusion)?

Health facility surveyors from the RALF program were then asked to answer those questions for each RALF in Idaho. The six surveyors who participated each have between five and nine years of experience traveling throughout the state of Idaho to conduct licensing surveys and complaint investigations at all of the licensed residential care assisted living facilities in the state. The team conducts approximately 200 site visits per year, and each facility in the state undergoes a survey visit at least once every five years.

Surveyors did not find any RALFs in a publicly or privately owned facility providing inpatient treatment. They also did not find any on the grounds of, or immediately adjacent to, a public institution. However, 22 RALFS in Idaho were determined to be on the grounds of or immediately adjacent to a nursing home or hospital. Twelve of those RALFs are currently housing Medicaid participants. Idaho Medicaid understands that while these settings do not meet the criteria of settings presumed to be institutional an enhanced assessment may be necessary to ensure that these 12 RALFs are not institution-like settings and are not isolating residents.

Providers representing all the facilities identified above were invited to attend two conference calls with Medicaid staff. The goals for those calls were: 1) to educate providers about the new setting requirements and the criteria for settings presumed to be institutions as described in rule, and 2) to discuss options for ensuring that they are not institutional, do not isolate residents, and that the facility meets the requirements of an HCBS setting. Medicaid wanted to hear directly from the providers affected on what makes them different from an institution and the evidence providers believe they can provide to ensure they are not an institution-like setting. Ongoing communication from this group has been encouraged.

Finally, Idaho Medicaid determined that the questions used in the survey described above and answered by health facility surveyors are not sufficient to establish if a particular residential setting has the effect of isolation. As a result, Idaho’s assessment of the settings against the third characteristic, settings that have the effect of isolating individuals from the broader community is not yet complete.

Analysis of Non-Residential Settings Presumed to be Institutional

As of the publication of the Transition Plan (v3), Idaho’s assessment of non-residential HCBS settings against two of the characteristics of settings presumed to be institutional is complete. There are no non-residential HCBS settings that are in a publicly or privately owned facility providing inpatient treatment or on the grounds of, or immediately adjacent to, a public institution. Below is a description of the assessment process that led to this conclusion.

Idaho's non-residential HCB services by definition must occur in a participant's private residence, the community, in developmental disabilities agencies (DDAs), or in standalone adult day health centers. A setting in a participant's private residence or the community is presumed to be compliant with all HCBS requirements. For the non-residential service setting analysis, DDAs and adult day health centers were the two setting types examined.

To assess the DDAs against the first two qualities of an institution, (in a publicly or privately owned facility providing inpatient treatment or on the grounds of, or immediately adjacent to, a public institution) Medicaid solicited the help of staff responsible for completing the licensing and certification of those settings. A list of all DDAs was created with two questions tied to the two above mentioned characteristics of an institutional setting. Licensing and certification staff who routinely visit those settings then answered the two questions about each specific DDA. No DDAs were found to be in a publicly or privately owned facility providing inpatient treatment or on the grounds of, or immediately adjacent to, a public institution.

To assess adult day health centers against those two characteristics, the Idaho Department of Health and Welfare staff responsible for the quality assurance activities for all standalone adult day health centers were asked to identify any centers in a publicly or privately owned facility providing inpatient treatment or on the grounds of, or immediately adjacent to, a public institution. No adult day health centers were found to be in a publicly or privately owned facility providing inpatient treatment or on the grounds of, or immediately adjacent to, a public institution.

Idaho will assess all settings against the third characteristic of an institution as part of its larger assessment effort in 2017. That characteristic is: Does this setting have the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS? Details of the assessment process are outlined in Section 2.

At this point in time Idaho does not intend to request the heightened scrutiny process for any HCBS setting.

Idaho Standards for Integration in All Settings

Idaho has worked extensively with providers, advocates, L&C staff and Medicaid staff to understand what qualifies as appropriate community integration in residential and congregate non-residential service settings.

Initially Idaho intended to create standards for integration for both residential and non-residential HCBS settings. The goal was to ensure that stakeholders, providers, quality assurance/assessment staff and participants, understood what must occur in HCB service settings to meet the integration and choice requirements of the new regulations. After many meetings with stakeholders, standards were determined for residential settings. However, that task was much more of a challenge for non-residential service settings. The services themselves are variable and many are clinical in nature. Idaho organized a series of meeting with stakeholders to discuss what standards for non-residential service settings should be. Ultimately it was determined that instead of having fixed standards for integration, a toolkit will be developed for providers that includes guidelines, instructions for completing a self-

assessment, review criteria and best practices for integration. The guidance will be incorporated into all trainings for staff and providers. It will also be incorporated into the setting assessment to be completed in 2017 and be part of ongoing monitoring of these settings. Attachments 1 and 2 have thus been removed from the Transition Plan (v3). It is the state's intention to ensure that any self-assessment tool or documents developed as part of the toolkit appropriately assess if participants are or are not given the opportunity for community participation to the extent that they desire and in manner that they desire in that setting.

Integration relies heavily on interaction with peers. It is the state's intention to define "peers" as including individuals with and without disabilities. The state will make this clear in administrative rules and in any guidance materials it provides.

1c. Gap Analysis of Non-Residential Service Settings

Idaho completed a preliminary gap analysis of its non-residential service settings in December 2014. The results of Idaho's analysis of its non-residential settings are summarized below, including an overview of existing support for each regulation. The state has included, where applicable, the full IDAPA rule citation(s) to identify where IDAPA supports the HCBS requirement, in addition to indicating if IDAPA is silent. The state did not identify any IDAPA rule that conflicts with the HCBS requirements. Additionally the chart includes preliminary recommendations to transition these settings into full compliance with the new regulations. Please note that the analysis of existing support for each new regulation is only the first step in the assessment process. It has been used to identify where Idaho lacks documented support for the setting quality requirements. Idaho understands that more work is necessary to complete a full assessment of settings. *Section Two* of this document identifies the work remaining to complete a thorough assessment. That process includes soliciting input from participants receiving services, provider self- assessment, as well as on-site validation of compliance.

Non-Residential Service Settings Gap Analysis: Children's Developmental Disabilities Services

Federal Requirement *Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:*		***Habilitative Supports***	***Habilitative Intervention***
1. The setting is integrated in, and facilitates the individual's full access to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.	Support	Idaho rule (IDAPA 16.03.10.521.18, 16.03.10.683.04.b, and 16.03.10.683.04.c.ii.) allows habilitative intervention to be provided in three different settings. Idaho rule supports that service settings are integrated and facilitate community access when provided in the home and community.	
	Gap	The state lacks quality assurance/monitoring activities to ensure this requirement is met. The state lacks standards for integration for services provided in a congregate setting. The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS."	
	Remediation	Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring. Develop standards for congregate settings. Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."	
2. 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.	Support	None	Habilitative intervention providers have no authority under IDAPA to control a participant's ability to seek employment.
	Gap	IDAPA is silent	The state lacks quality assurance/monitoring activities to ensure this requirement is met. The state lacks rule support for this requirement. IDAPA is silent. The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS."
	Remediation	This service benefit is for children who would not be seeking employment due to their age.	Enhance existing quality assurance/monitoring activities and data collection for monitoring. Incorporate HCBS requirement into IDAPA 16.03.10. Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."

Federal Requirement *Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:*		***Habilitative Supports***	***Habilitative Intervention***
3. The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.	Support	Idaho rule (IDAPA 16.03.10.521.18, 16.03.10.683.04.b, and 16.03.10.683.04.c.ii.) supports that service settings include opportunities to engage in community life when services are provided in the home and community.	
	Gap	The state lacks quality assurance/monitoring activities to ensure this requirement is met The state lacks standards for integration for services provided in a congregate setting. The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS."	
	Remediation	Enhance existing quality assurance/monitoring activities and data collection for monitoring. Develop standards for congregate settings. Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."	
4. The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.	Support	Providers have no authority to control participant resources.	
	Gap	The state lacks quality assurance/monitoring activities to ensure this requirement is met. The state lacks rule support for this requirement. IDAPA is silent. The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS."	
	Remediation	Enhance existing quality assurance/monitoring activities and data collection for monitoring. Incorporate HCBS requirement into IDAPA 16.03.10. Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."	
5. The setting includes opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	Support	Idaho rule (IDAPA 16.03.10.521.18, 16.03.10.683.04.b, and 16.03.10.683.04.c.ii.) supports that service settings include opportunities to receive services in the community when services are provided in the home and community.	
	Gap	The state lacks quality assurance/monitoring activities to ensure this requirement is met. The state lacks standards for integration for services provided in a congregate setting. The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS."	

<table>
<tr><th>Federal Requirement
Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:</th><th></th><th>Habilitative Supports</th><th>Habilitative Intervention</th></tr>
<tr><td></td><td>Remediation</td><td colspan="2">Enhance existing quality assurance/monitoring activities and data collection for monitoring.

Develop standards for congregate settings.

Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."</td></tr>
<tr><td rowspan="3">6. 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 based on the individual's needs, preferences, and resources available for room and board (for residential settings).</td><td>Support</td><td colspan="2">Providers have no capacity to control the participant's selection of the residential setting.</td></tr>
<tr><td>Gap</td><td>IDAPA is silent.</td><td>IDAPA is silent.</td></tr>
<tr><td>Remediation</td><td>It is assumed that children are residing at home with their parents (or legal guardian) rather than in residential settings.</td><td>It is assumed that children are residing at home with their parents (or legal guardian) rather than in residential settings.</td></tr>
<tr><td rowspan="3">7. An individual's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.</td><td>Support</td><td colspan="2">Idaho rule (IDAPA 16.03.21.905.01, 16.03.21.905.02, 16.03.21.905.03. a-d) supports that an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint are protected (licensing and certification rules).

These rules are monitored by L&C.</td></tr>
<tr><td>Gap</td><td>None</td><td>None</td></tr>
<tr><td>Remediation</td><td>None</td><td>None</td></tr>
<tr><td rowspan="2">8. Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but is not limited to, daily activities, physical environment, and with whom to interact.</td><td>Support</td><td>Idaho rule (IDAPA 16.03.10.526.06) supports that an individual's initiative, autonomy, and independence in making life choices is facilitated in the community.</td><td>Idaho rule (IDAPA 16.03.10.661.09, 16.03.10.663.02) allows habilitative intervention to be provided in three settings. Idaho rule supports that an individual's initiative, autonomy, and independence in making life choices is facilitated in the home and community.

However, standards for choice and autonomy in a center/congregate setting are not specified.</td></tr>
<tr><td>Gap</td><td>The state lacks quality assurance/monitoring activities to ensure this requirement is met.</td><td>The state lacks quality assurance/monitoring activities to ensure this requirement is met.

The state lacks standards for integration for services provided in a congregate setting.</td></tr>
</table>

Federal Requirement *Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:*		***Habilitative Supports***	***Habilitative Intervention***
	Remediation	Enhance and quality assurance/monitoring activities and data collection for monitoring. Incorporate HCBS requirement into IDAPA 16.03.10.	Enhance and quality assurance/monitoring activities and data collection for monitoring. Incorporate HCBS requirement into IDAPA 16.03.10. Develop standards for congregate settings.
9. Individual choice regarding services and supports, and who provides them, is facilitated.	Support	Idaho rule (IDAPA 16.03.10.526.06) supports that an individual has the choice of services. The state lacks regulation that supports choice of who provides them. This requirement is monitored through the Family and Community Services Quality Assurance assessment.	
	Gap	The state lacks regulation that supports choice of who provides chosen services.	The state lacks regulation that supports choice of who provides chosen services.
	Remediation	Incorporate HCBS requirement into IDAPA 16.03.10.	Incorporate HCBS requirement into IDAPA 16.03.10.

Non-Residential Service Settings Gap Analysis: Adult Developmental Disabilities and Aged and Disabled Services

Analysis of Adult Day Health (A&D and Adult DD Waiver)			
Requirement	**Support**	**Gap**	**Remediation**
1. The setting is integrated in, and facilitates the individual's full access to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule (IDAPA 16.03.10.326.01, 16.03.10.703.12) supports that service settings are integrated and facilitate community access. However, integration standards for center/congregate are not specified.	The state lacks standards for integration for services provided in a congregate setting. The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Develop standards for congregate settings. Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS." Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring.
2. 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.	Idaho rule (IDAPA 16.03.10.651.03, 16.03.10.515.03, 16.03.10.514.02(c)) supports that service settings allow opportunities to seek employment and work in competitive, integrated settings.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS."	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."
3. The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule (IDAPA 16.03.10.326.01, 16.03.10.703.12) supports that service settings include opportunities to engage in community life when services are provided in the home and community. However, integration standards for center/congregate are not specified.	The state lacks standards for integration for services provided in a congregate setting. The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Develop standards for congregate settings. Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS." Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring.

Analysis of Adult Day Health(A&D and Adult DD Waiver) continued			
Requirement	**Support**	**Gap**	**Remediation**
4. The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.	There is no support for this requirement for this service category. However, providers have no authority in IDAPA to influence a participant's control of personal resources.	The state lacks sufficient service-specific regulatory support to enforce this requirement. IDAPA is silent. The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS." Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring.
5. The setting includes opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule (IDAPA 16.03.10.326.01, 16.03.10.703.12) and the provider agreement support that service settings include opportunities to receive services in the community.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS."	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."
6. 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 based on the individual's needs, preferences, and resources available for room and board (for residential settings).	Idaho rule (IDAPA 16.03.10.328.04, 16.03.10.721.07, 16.03.10.728.07) supports that services/settings are selected by the participant based on their needs and preferences Adult Day Health providers have no capacity to control the participant's residential setting. Private units in residential settings do not apply.	None	N/A
7. An individual's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.	The Idaho Medicaid Provider Agreement and Adult Day Health additional terms signed by service providers support an individual's rights related to privacy and respect.	Dignity and freedom from coercion and restraint are not specifically discussed related to Adult Day Health providers. The state lacks service-specific regulatory support to enforce this requirement. IDAPA is silent. The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring.

Analysis of Adult Day Health (A&D and Adult DD Waiver) continued			
Requirement	**Support**	**Gap**	**Remediation**
8. Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but is not limited to, daily activities, physical environment, and with whom to interact.	The Idaho Medicaid Provider Agreement and the Adult Day Health Additional Terms that are signed by service providers support participant empowerment, choice and independence. However, standards for choice and autonomy in center/congregate settings are not specified.	Participant autonomy of choices is not specifically discussed related to Adult Day Health providers. The state lacks service-specific regulatory support to enforce this requirement. IDAPA is silent. The state lacks standards for integration for services provided in a congregate setting. The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Develop standards for congregate settings. Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring.
9. Individual choice regarding services and supports, and who provides them, is facilitated.	The Idaho Medicaid Provider Agreement and the Adult Day Health Additional Terms that are signed by service providers supports that participant choice is facilitated. Waiver and operational requirements also enforce participant choice regarding services and supports.	IDAPA is silent.	N/A

Analysis of Community Crisis Supports (Adult DD 1915(i))			
Requirement	**Support**	**Gap**	**Remediation**
1. The setting is integrated in, and facilitates the individual's full access to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule (IDAPA 16.03.10.513.11) supports that service settings are integrated and facilitate community access.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." The state allows for crisis services to take place in an institutional setting. The state lacks sufficient regulatory support for this requirement. The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS." Do not allow service in an institutional setting. Incorporate HCBS requirement into IDAPA 16.03.10. Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring.

Analysis of Community Crisis Supports (Adult DD 1915(i)) continued			
Requirement	**Support**	**Gap**	**Remediation**
2. 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.	Idaho rule (IDAPA 16.03.10.513.11) supports that service settings allow opportunities to see employment and work in competitive, integrated settings. The service functions to prevent loss of employment.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS."	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."
3. The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule (IDAPA 16.03.10.513.11)supports that service settings include opportunities to engage in community life when services are provided in the home and community. This service functions to prevent a participant from losing access to community life because of a crisis.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." The state allows for crisis services to take place in an institutional setting. The state lacks sufficient regulatory support for this requirement. The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS." Do not allow service in an institutional setting. Incorporate HCBS requirement into IDAPA 16.03.10. Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring.
4. The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.	There is no support for this requirement for this service category. However, providers have no authority in IDAPA to influence a participant's control of personal resources.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." The state lacks sufficient service specific regulatory support to enforce this requirement. IDAPA is silent. The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS." Incorporate HCBS requirement into IDAPA 16.03.10. Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring.
5. The setting includes opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule (IDAPA 16.03.10.513.11) supports that service settings include opportunities to receive services in the community. This service functions to prevent a participant from losing access to community life because of a crisis.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." The state allows for crisis services to take place in an institutional setting. The state lacks sufficient regulatory support for this requirement. The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS." Disallow service from being allowed in an institutional setting. Incorporate HCBS requirement into IDAPA 16.03.10. Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring.

Analysis of Community Crisis Supports (Adult DD 1915(i)) continued			
Requirement	**Support**	**Gap**	**Remediation**
6. 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 based on the individual's needs, preferences, and resources available for room and board (for residential settings).	Idaho rule (IDAPA 16.03.10.721.07, 16.03.10.728.07) supports that services/settings are selected by the participant based on their needs and preferences. Community crisis providers have no capacity to control the participant's residential setting. Private units in residential settings do not apply.	None	N/A
7. An individual's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.	The Idaho Medicaid Provider Agreement and Adult Day Health Additional Terms that are signed by service providers support an individual's rights related to privacy and respect.	Dignity and freedom from coercion and restraint are not specifically discussed related to Adult Day Health providers. The state lacks service-specific regulatory support to enforce this requirement. The state lacks quality assurance/monitoring activities to ensure this requirement is met. IDAPA is silent.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring.
8. Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but is not limited to, daily activities, physical environment, and with whom to interact.	There is no support for this requirement for this service category.	The state lacks sufficient rule support for this requirement. IDAPA is silent. The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Do not allow service in an institutional setting. Incorporate HCBS requirement into IDAPA 16.03.10. Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring.
9. Individual choice regarding services and supports, and who provides them, is facilitated.	The Idaho Medicaid Provider Agreement signed by service providers supports that participant choice is facilitated. Waiver and operational requirements also enforce participant choice regarding services and supports.	IDAPA is silent.	N/A

Analysis of Day Habilitation (A&D Waiver)			
Requirement	**Support**	**Gap**	**Remediation**
1. The setting is integrated in, and facilitates the individual's full access to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule supports that service settings are integrated and facilitate community access. However, this requirement is not supported specifically for Day Habilitation service settings.	The state lacks standards for integration for services provided in a congregate setting. The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." The state lacks sufficient service-specific regulatory support to enforce this requirement. IDAPA is silent. The state lacks quality assurance/monitoring activities to ensure that the service settings are integrated.	Develop standards for congregate settings. Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS." Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring.
2. 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.	This requirement is not supported specifically for Day Habilitation service settings. However, providers have no authority to prevent a participant from seeking employment or working in a competitive, integrated setting.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." The state lacks sufficient service-specific regulatory support to enforce this requirement. IDAPA is silent. The state lacks quality assurance/monitoring activities to ensure that the service settings are integrated.	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS." Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring.

Analysis of Day Habilitation (A&D Waiver) continued			
Requirement	**Support**	**Gap**	**Remediation**
3. The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule supports that service settings include opportunities to engage in community life when services are provided in the home and community. However, this requirement is not supported specifically for Day Habilitation service settings.	The state lacks standards for integration for services provided in a congregate setting. The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." The state lacks sufficient service-specific regulatory support to enforce this requirement. IDAPA is silent.	Develop standards for congregate settings. Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS." Incorporate HCBS requirement into IDAPA 16.03.10.
4. The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.	This requirement is not supported specifically for Day Habilitation service settings. However, providers have no authority to control participant resources.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." The state lacks quality assurance/monitoring activities to ensure that the service settings are integrated. The state lacks sufficient service-specific regulatory support to enforce this requirement. IDAPA is silent.	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS." Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring.
5. The setting includes opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	This requirement is not supported specifically for Day Habilitation service settings. However, providers have no authority to impose barriers to participants seeking to receive other services in the community.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." The state lacks quality assurance/monitoring activities to ensure that the service settings are integrated. The state lacks sufficient service-specific regulatory support to enforce this requirement. IDAPA is silent.	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS." Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring.

Analysis of Day Habilitation (A&D Waiver) continued			
Requirement	**Support**	**Gap**	**Remediation**
6. 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 based on the individual's needs, preferences, and resources available for room and board (for residential settings).	Idaho rule (IDAPA 16.03.10.328.04) supports that services/settings are selected by the participant based on their needs and preferences Day Habilitation providers have no capacity to control the participant's residential setting. Private units in residential settings do not apply.	None	N/A
7. An individual's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.	A&D Waiver provider training and the Idaho Medicaid Provider agreement support respect of participant privacy, dignity, respect, and freedom from coercion and restraint.	The state lacks service-specific regulatory support to enforce this requirement. IDAPA is silent. The state lacks quality assurance/monitoring activities to ensure that the service settings are integrated.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring.
8. Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but is not limited to, daily activities, physical environment, and with whom to interact.	This requirement is not supported specifically for Day Habilitation service settings.	The state lacks service-specific regulatory support to enforce this requirement. IDAPA is silent. The state lacks quality assurance/monitoring activities to ensure that the service settings are integrated.	Develop standards for congregate settings. Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring.
9. Individual choice regarding services and supports, and who provides them, is facilitated.	Waiver and operational requirements support individual choice regarding services and supports.	IDAPA is silent.	N/A

Analysis of Developmental Therapy (Adult DD 1915(i))			
Requirement	**Support**	**Gap**	**Remediation**
1. The setting is integrated in, and facilitates the individual's full access to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule (IDAPA 16.03.10.651.01, 16.03.10.651.01.d, 16.03.10.651.01.e, 16.03.10.653.04.e, 16.03.21.520, 16.03.21.900.03, 16.03.21.905.02) supports that service settings are integrated and facilitate community access. However, integration standards for center/congregate are not specified.	The state lacks standards for integration for services provided in a congregate setting. The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Develop standards for congregate settings. Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS." Incorporate HCBS requirement into IDAPA 16.03.10. Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring.
2. 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.	Idaho rule (IDAPA16.03.10.514.02.c, 16.03.10.515.03, 16.03.10.651.03) supports that service settings allow opportunities to see employment and work in competitive, integrated settings.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS."	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."
3. The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule (IDAPA 16.03.10.651.01, 16.03.10.651.01.d, 16.03.10.651.01.e, 16.03.10.653.04.e, 16.03.21.520, 16.03.21.900.03, 16.03.21.905.02) supports that service settings include opportunities to engage in community life when services are provided in the home and community. However, integration standards for center/congregate are not specified.	The state lacks standards for integration for services provided in a congregate setting. The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Develop standards for congregate settings. Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS." Incorporate HCBS requirement into IDAPA 16.03.10. Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring.

Analysis of Developmental Therapy (Adult DD 1915(i)) continued			
Requirement	**Support**	**Gap**	**Remediation**
4. The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule (IDAPA 16.03.21.905.01.g) supports that the participant has the right to retain and control their personal possessions.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS." Incorporate HCBS requirement into IDAPA 16.03.10. Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring.
5. The setting includes opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule (IDAPA 16.03.10.651.01.d, 16.03.10.653.04.e, 16.03.21.900.03) supports that service settings include opportunities to receive services in the community.	The state lacks standards for integration for services provided in a congregate setting. The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS." Incorporate HCBS requirement into IDAPA 16.03.10. Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring.
6. 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 based on the individual's needs, preferences, and resources available for room and board (for residential settings).	Idaho rule (IDAPA 16.03.10.721.07, 16.03.10.728.07) supports that services/settings are selected by the participant based on their needs and preferences Developmental therapy providers have no capacity to control the participant's residential setting. Private units in residential settings do not apply.	None	N/A
7. An individual's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.	Idaho rule (IDAPA 16.03.21.101.02.g, 16.03.21.410.02, 16.03.21.905.01, 16.03.21.905.02, 16.03.21.915, 16.03.21.915.10, 16.03.21.915.11) supports that an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.	None	N/A

Analysis of Developmental Therapy (Adult DD 1915(i)) continued			
Requirement	**Support**	**Gap**	**Remediation**
8. Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but is not limited to, daily activities, physical environment, and with whom to interact.	Idaho rule (IDAPA16.03.10.653.04.e, 16.03.21.900.03, 16.03.21.915.08) supports that an individual's initiative, autonomy and independence in making life choices is facilitated in the home and community. However, standards for choice and autonomy in a center/congregate setting are not specified.	The state lacks standards for integration for services provided in a congregate setting. The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Develop standards for congregate settings. Incorporate HCBS requirement into IDAPA 16.03.10. Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring.
9. Individual choice regarding services and supports, and who provides them, is facilitated.	Idaho rule (IDAPA 16.03.10.653.04.e, 16.03.21.900.03, 16.03.21.915.08) and the provider agreement supports that individual choice is facilitated.	None	N/A

Analysis of Residential Habilitation – Supported Living (A&D and Adult DD Waiver)			
Requirement	**Support**	**Gap**	**Remediation**
1. The setting is integrated in, and facilitates the individual's full access to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule (IDAPA 16.03.10.700, 16.04.17.011.30) supports that service settings are integrated and facilitate community access. The state presumes the participant's private home in which they reside meets the HCBS requirements.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS."	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."
2. 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.	Idaho rule (IDAPA 16.03.10.514.02.c, 16.03.10.515.03) supports that supported living providers allow opportunities to seek employment and work in competitive, integrated settings.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS."	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."
3. The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule (IDAPA 16.03.10.514.02) supports that service settings include opportunities to engage in community life when services are provided in the home and community. The state presumes the participant's private home in which they reside meets the HCBS requirements.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS."	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."

Analysis of Residential Habilitation – Supported Living (A&D and Adult DD Waiver) continued			
Requirement	**Support**	**Gap**	**Remediation**
4. The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule (IDAPA 16.04.17.403) includes requirements for when the residential habilitation agency is the representative payee. The state presumes the participant's private home in which they reside meets the HCBS requirements.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." The state lacks sufficient regulatory support and monitoring activities to ensure participants retain control of their personal resources when the residential habilitation agency is not the representative payee.	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS." Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring.
5. The setting includes opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule (IDAPA 16.03.10.703.01) supports that service settings include opportunities to receive services in the community. The state presumes the participant's private home in which they reside meets the HCBS requirements.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS."	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."
6. 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 based on the individual's needs, preferences, and resources available for room and board (for residential settings).	Idaho rule (IDAPA 16.03.10.328.04, 16.03.10.513.08) supports that service settings are selected by the participant based on their needs and preferences. The state presumes the participant's private home in which they reside meets the HCBS requirements.	The state lacks sufficient regulatory support and monitoring activities to ensure that residential setting options are identified and documented in the person-centered plan.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring.
7. An individual's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.	Idaho rule (IDAPA16.04.17.405, 16.04.17.402.d) supports an individual's right to privacy, dignity, respect and freedom of restraint.	Freedom of coercion is not specifically discussed related to residential habilitation agency providers. The state lacks service-specific regulatory support to enforce this requirement. The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring.

Analysis of Residential Habilitation – Supported Living (A&D and Adult DD Waiver) continued			
Requirement	**Support**	**Gap**	**Remediation**
8. Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but is not limited to, daily activities, physical environment, and with whom to interact.	Idaho rule (IDAPA 16.03.10.700) and the provider agreement support that services promote independence. The state presumes the participant's private home in which they reside meets the HCBS requirements.	The state lacks sufficient regulatory support and monitoring activities to ensure individual initiative, autonomy and independence in making choices related to daily activities, physical environment and with whom to interact.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring.
9. Individual choice regarding services and supports, and who provides them, is facilitated.	Idaho rule (IDAPA 16.04.17.402.c.) supports the participant's individual choice regarding services and supports, and who provides them, is facilitated.	None	N/A

Analysis of Supported Employment (A&D and Adult DD Waiver)			
Requirement	**Support**	**Gap**	**Remediation**
1. The setting is integrated in, and facilitates the individual's full access to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule (IDAPA 16.03.10.703.04) supports that service settings are integrated and facilitate community access.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS."	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."
2. 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.	Idaho rule (IDAPA 16.03.10.703.04) supports that service settings allow opportunities to seek employment and work in competitive, integrated settings.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS."	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."
3. The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule (IDAPA 16.03.10.703.04) supports that service settings include opportunities to engage in community life.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS."	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."
4. The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.	There is no support for this requirement for this service category. However, providers have no authority in IDAPA to influence a participant's control of personal resources.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." The state lacks sufficient service-specific regulatory support to enforce this requirement. IDAPA is silent. The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS." Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring.

Analysis of Supported Employment (A&D and Adult DD Waiver) continued			
Requirement	**Support**	**Gap**	**Remediation**
5. The setting includes opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	Idaho rule (IDAPA 16.03.10.703.04) and the provider agreement supports that service settings include opportunities to receive services in the community.	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS."	Develop standards around "to the same degree of access as individuals not receiving Medicaid HCBS."
6. 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 based on the individual's needs, preferences, and resources available for room and board (for residential settings).	Idaho rule (IDAPA 16.03.10.721.07, 16.03.10.728.07) supports that services/settings are selected by the participant based on their needs and preferences. Supported employment providers have no capacity to control the participant's residential setting. Private units in residential settings do not apply.	None	N/A
7. An individual's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.	The Idaho Medicaid Provider Agreement signed by service providers supports an individual's rights related to privacy and respect.	Dignity and freedom from coercion and restraint are not specifically discussed related to supported employment providers. The state lacks service-specific regulatory support to enforce this requirement. IDAPA is silent. The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring.
8. Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but is not limited to, daily activities, physical environment, and with whom to interact.	Idaho rule (IDAPA 16.03.10.721, 16.03.10.728.07) and the provider agreement support participant empowerment, choice and independence.	Participant autonomy of choices is not specifically discussed related to supported employment providers. The state lacks service-specific regulatory support to enforce this requirement. The state lacks quality assurance/monitoring activities to ensure this requirement is met.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring.
9. Individual choice regarding services and supports, and who provides them, is facilitated.	Idaho rule(IDAPA 16.03.10.508.17, 16.03.10.513.08) and the provider agreement supports that individual choice is facilitated.	None	N/A

Due to the gaps identified above, Idaho is unable to say at this time how many non-residential settings fully align with the federal requirements, how many do not comply and will require modifications, and how many cannot meet the federal requirements and require removal from the program and/or relocation of participants. Proposed plans to complete a full assessment are outlined in *Section Two*. Medicaid must first enact regulatory changes to allow enforcement and then complete the assessment of individual settings. The assessment will occur in 2017.

Services Not Selected for Detailed Analysis

Several service categories from Idaho's 1915(c) and State Plan 1915(i) programs did not have gaps related to HCBS setting requirements. The state has determined that many of our HCBS services are highly medical/clinical in nature, self-directed, for the purchase of goods/adaptations, provided by providers who have no capacity to influence setting qualities, or occur in settings which are analyzed elsewhere in the Transition Plan. Therefore, for these services, a detailed analysis was not necessary. This includes the following services:

A&D Waiver	Idaho DD Waiver	Children's DD/ Act Early Waiver	1915(i) State Plan
• Chore Services • Environmental Accessibility Adaptations • Home Delivered Meals • Personal Emergency Response System • Skilled Nursing • Specialized Medical Equipment and Supplies • Non-Medical Transportation • Homemaker • Attendant Care • Companion Services • Consultation • Respite	• Chore Services • Environmental Accessibility Adaptations • Home Delivered Meals • Personal Emergency Response System • Skilled Nursing • Specialized Medical Equipment and Supplies • Non-Medical Transportation • Behavior Consultation/Crisis Management • Self-Directed Community Support Services • Self-Directed Financial Management Services • Self-Directed Support Broker Services • Respite	• Family Education • Crisis Intervention • Family Training • Interdisciplinary Training • Therapeutic Consultation • Family-Directed Community Support Services • Respite	• Family Education • Family-Directed Community Support Services • Respite

Section 2: State Assessment and Remediation Plan

The state is currently moving forward with regulatory changes in IDAPA to support the HCBS setting requirements. Rule changes are expected to become effective July 1, 2016, and providers will be given six months to become fully compliant. Idaho will begin its formal assessment of settings in January of 2017. It is expected to take one year. The state is not waiting until regulatory changes are enacted to prepare staff, participants, and providers for the coming changes or for the assessment activities.

Tasks designed to assist the state in preparing for the assessment are currently underway and others will be completed in 2016. All tasks have been added to the current task lists found below. Activities include operational readiness tasks, materials development, staff training, and participant and provider training and communications, all of which will occur prior to the assessment start date of January 2017. In

addition, there have been numerous training opportunities for providers to date and the HCBS regulations have been shared. Providers have the information they need to begin to make any needed changes to be compliant.

2a. Plan for Assessment and Ongoing Monitoring of Residential and Non-Residential Settings

Idaho Medicaid has developed a preliminary plan for assessment and ongoing monitoring of residential and non-residential settings where HCBS are delivered in order to ensure compliance with the new setting requirements. The proposed constellation of activities is a budget-neutral option that has been approved by Medicaid administration in collaboration with the Division of Licensing and Certification . The plan is divided into two stages: an initial assessment of residential and non-residential settings to determine their current level of compliance and an ongoing system of monitoring those settings to ensure continuous compliance. This approach employs a risk stratification methodology whereby all settings will be initially screened to assess initial compliance and to identify and address those settings most likely to have difficulty meeting the setting requirements. Those least likely to have difficulty meeting the setting requirements will be passively monitored to ensure compliance during the later stage of implementing monitoring activities. This proposal achieves a balanced approach to demonstrating compliance by phasing in cost-neutral changes that will minimize impact to existing Department operations while ensuring Idaho's HCBS participants have an experience that meets the intent of the HCBS regulations for integrated community living.

During the development of the initial assessment plan and plan for on-going monitoring, it was determined that additional resources were needed to effectively manage the proposed operational changes. A full-time position has been used to hire an HCBS coordinator to oversee all HCBS assessment and monitoring activities.

The state will establish an assessment and monitoring oversight committee. Membership on this committee is not yet finalized. This entity will meet with the HCBS Coordinator once a month beginning in August 2016. Responsibilities of the oversight committee will include problem solving for issues related to determination of non-compliance and/or termination of a provider agreement. This group will also be responsible to ensure participants wanting to transition to a new service provider are given the support they need to do so successfully. The committee will address any challenges to the proposed processes for assessment, monitoring, remediation, and/or needed process or program changes.

All RALFs and CFHs serving Medicaid HCBS participants are visited annually by Department staff. The state plans to incorporate assessment of HCBS compliance into the data that is collected during these visits as another mechanism of incorporating initial and ongoing assessment into our existing processes. In addition the state will visit a random sampling of RALFs and CFHs to complete an HCBS-specific compliance assessment during 2017 as part of the overall assessment process.

The assessment and monitoring plan also covers non-residential settings in which providers have the capacity to influence setting qualities. These provider types include:

- Adult Day Health Centers – 53 service sites
- Developmental Disability Agencies – 75 service sites
- Residential Habilitation Agencies – 82 service sites
- Supported Employment Providers – 33 service sites

Data collected during routine site visits, in conjunction with additional assessment information as described below, will be centrally warehoused to permit the Department to identify and cross-reference any trends or problems and will assist Idaho Medicaid in assessing initial and ongoing compliance of all settings. This multifaceted approach allows for a more robust mechanism of assessment than relying solely on one avenue for assessment.

One-Time Assessment

Idaho will implement a one-time assessment process to determine the initial level of compliance with the setting requirements by HCBS providers. That process will begin with the passage of state rule changes to support the HCBS regulations during the 2016 legislative session. Those rules are anticipated to become effective July 1, 2016, and providers will then be permitted six months to come into full compliance. The one-time assessment will be completed by December 2017. The assessment activities will include the following:

- Provider Self-Assessment
    - A provider self-assessment will be sent electronically to all HCBS providers in July 2016. It will identify the HCBS requirements and request providers to identify if they are or are not currently complying with the requirements. If they are not currently compliant they will be asked to provide their plan for coming into full compliance, along with their timeline for doing so. Submission of a completed provider self-assessment will be mandatory. Providers will be given until August 31, 2016, to submit the completed document.

      Full compliance is required by January 1, 2017. Training will be offered to providers prior to the self-assessment being sent out to address any questions providers may have. The training will also address how to develop an acceptable transition plan should their setting not yet be in compliance with the new setting requirements. The state will assess all submitted transition plans. The plan will either be approved or the state will work with the provider to revise it until it is deemed an acceptable plan. If the provider is unable or unwilling to create an acceptable plan to transition to full compliance, that provider will be moved into the remediation process.

- Validation of Provider Self-Assessment
    - Under the oversight of the HCBS Coordinator, quality assurance staff from the BDDS, Family and Children's Services (FACS), and the Bureau of Long Term Care (BLTC) will review provider self assessments that indicate the provider will need a transition plan to come into compliance. Staff will approve provider transition plans based on agreed upon criteria and follow up with the provider to ensure activities identified in the plan are completed on time.

- Rule violations related to HCBS will be identified during existing quality assurance (QA) activity or through participant or Licensing and Certification complaints.
- The Licensing and Certification staff members will be oriented to the HCBS setting qualities and will validate the provider self assessment during routinely scheduled Licensing and Certification surveys. The surveyors will continue to cite providers for violations of requirements that already exist under their purview using existing processes. If Licensing and Certification staff observe violations of other HCBS requirements, these will be reported to Medicaid QA staff to be investigated in the same fashion that other complaints are processed.
- On-site HCBS-specific compliance reviews will be completed the first year of rule implementation on a representative sample of all HCBS providers. This will be a one-time activity to assist with transitioning existing providers to compliance.
- New providers would be expected to comply at the time of Medicaid enrollment and HCBS requirements would be assessed at their six-month review.

- Acknowledgement of Understanding
  - Every service plan development process following rule promulgation in 2016 will include a discussion related to the setting requirements. The participant will be supplied with supporting information about the requirements, including a "These are Your Rights" document. As part of this process participants will also be informed that they can file a complaint if any of the requirements are not met and provided information on how to do so. Both the participant and the provider(s) responsible for implementing the service plan will then be asked to sign an acknowledgement that they have been informed of the new setting requirements and the participant's rights under these regulations. The QA staff will ensure signed documents are retained in the appropriate file using existing QA case file audit processes when applicable.

- Participant Feedback
  - Medicaid will modify existing participant experience measures in the Nurse Reviewer Home Visit Form, Participant Experience Survey, Adult's Service Outcome Review, and Children's Service Outcome Review to include questions that assess qualities of the participant's non-residential settings. Reported violations of HCBS setting requirements will be identified and investigated using the existing quality assurance protocols.
  - Feedback from participants will be reviewed as it becomes available from advocate groups and university research entities. Idaho Medicaid has been and will continue to work closely with the Idaho DD Council and the University of Idaho to support planned participant input activities to be led by the council. Currently the council is conducting face-to-face interviews with 240 participants to determine the existing level of compliance with HCBS requirements in the settings in which they reside and/or receive HCB services. This will serve as a baseline. The process will be repeated after Idaho completes its initial assessment in 2017 to determine, in part, implementation success. Any participant feedback collected in this manner will be provided to Medicaid in an electronic format that allows for data compilation and analysis.

- Medicaid will develop an HCBS-specific participant survey that will be sent to a random sample of participants in January of 2017 asking them to assess the setting in which they are living and/or receiving HCBS against the HCBS requirements. All setting types will be included in the sample. This survey will allow Medicaid to receive feedback from participants regarding setting compliance with the non-residential setting requirements prior to the provider's routinely scheduled quality assurance or licensing review.

Ongoing Monitoring

The ongoing monitoring of non-residential settings for continuous compliance with the HCBS setting requirements will begin after the initial year of assessment, approximately January 1, 2018. It will continue indefinitely and will be modified as needed. Ongoing monitoring will include the following activities:

- Acknowledgement of Understanding
  - Each year during the person-centered planning process, the participant and provider(s) responsible for implementing the service plan will be asked to acknowledge their understanding of HCBS requirements. This will be monitored by QA staff using existing QA case file audit processes when applicable.

- Compliance Surveys and Quality Reviews
  - The L&C staff members will be oriented annually to the HCBS setting qualities. For those providers who require a certification (Developmental Disabilities Agencies (DDAs) and Residential Habilitation (ResHab) Agencies), L&C surveyors will continue to cite providers using existing processes for violations of requirements that already exist under their rule authority. If L&C observes violations of other HCBS requirements during routine L&C surveys, the violation will be reported to Medicaid or FACS QA staff to be investigated in the same fashion that other complaints are processed.
  - The BLTC and BDDS QA staff will be oriented annually to the HCBS setting qualities. For those providers who receive regular provider quality reviews, QA staff will continue to cite providers using existing processes for violations.
  - The FACS QA staff will be educated annually on the HCBS setting qualities to ensure they can identify and report potential violations of setting requirements that they observe during participant outcome reviews or provider surveys. Educational materials will be developed and made available to support training of new staff.
  - The QA managers from BDDS, FACS, and BLTC will assume responsibility for ongoing monitoring of non-residential setting qualities. They will ensure the following as part of the routine QA activities:
    - Complaints are addressed from participants, guardians or advocates, service coordinators, care managers, informal observations from bureau staff, or L&C staff regarding potential setting requirement violations using the existing complaints and critical incidents protocols.
    - Participant experience measures are reviewed to identify and investigate potential setting requirement violations via the same protocols as for other program requirement violations.

- The QA staff from the alternate bureaus will communicate with each other on assessment and monitoring of HCBS setting qualities to ensure consistency and facilitate data collection.

- Participant Feedback
  - Medicaid will continue to use modified participant experience measures that include questions addressing setting qualities. As part of ongoing monitoring, Medicaid may choose to further modify these measures as needed in order to target any identified statewide compliance concerns. This method will reach 100% of A&D Waiver and State Plan PCS participants and a representative sample of DD program participants each year.
  - Feedback from participants gathered by advocacy groups and university research entities will continue to be used, as it is available. Idaho Medicaid will continue to support these external efforts as much as possible. Any participant feedback collected in this manner will be provided to Medicaid in an electronic format that allows for data compilation and analysis.
  - Expanded HCBS-Specific Participant Survey: Each year Medicaid will identify potential areas of statewide compliance concerns and develop targeted questions to gather direct feedback from participants in those areas. Medicaid will send the Expanded HCBS-Specific Participant Survey to a random sample of participants as part of its monitoring activities for the first three years of implementation and then as needed based on information received through existing QA activities.

Any provider found to be out of compliance with the setting requirements during the initial assessment or the ongoing monitoring phase will go through an established provider remediation process. This process is to be defined as part of the detailed remediation plan which will be developed in 2016. If a rule violation is identified, action will depend on the severity. Action could range from technical assistance, a corrective action plan, or termination of a provider agreement. If it is determined that a setting does not meet HCBS requirements, participants receiving services in those settings will be notified and afforded the opportunity to make an informed choice of an alternative HCBS-compliant setting. The state will ensure that critical services and supports are in place in advance of and during the transition.

2b. Plan for Completing the Assessment of All Settings for Institutional Characteristics

Idaho has completed its assessment of all settings against the first two characteristics of an institution. There are no settings where an HCBS participant lives or receives services that are located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment. Further, there are no settings on the grounds of or immediately adjacent to a public institution. Idaho will assess all settings against the third characteristic of an institution as part of its larger assessment effort in 2017. At this point in time Idaho does not intend to request the heightened scrutiny process for any HCBS setting.

2c. Tasks and Timeline for Assessment of Residential and Non-Residential Settings

Gap Analysis Work						
Action Item	**Description**	**Proposed Start Date**	**Proposed End Date**	**Sources/Deliverables**	**Key Stakeholders**	**Status**
Residential setting gap analysis	Conduct review of existing policies, rule, service definitions, licensing requirements, provider agreements, provider qualifications, quality assurance processes, training requirements, waiver and state plan language, operational process and supporting documents for support of setting requirements and identification of gaps.	June 2014	October 2014	• Setting analysis	• Department staff	Complete
Informational WebEx meetings	WebEx series to provide information to participants, advocates, and providers on the new HCBS regulations, solicit feedback/input, and provide contact information for submitting additional comments or questions.	July 2014	September 2014	• Audio and PowerPoint of WebEx meetings posted on webpage	• Providers • Participants • Advocates	Complete
Transition Plan (v1) drafted and posted for comment	Draft a Transition Plan based on the residential setting gap analysis and feedback received through the WebEx series. Post plan on Idaho's HCBS webpage. Collect comments and summarize for incorporation in the Transition Plan.	August 2014	November 2014 (Posted from 10-1-14 through 11-2-14)	• Transition Plan (V1) • Public notices	• Department staff • Participants • Providers • Advocates	Complete
Incorporate feedback into Transition Plan	Document stakeholder comments on Transition Plan. Modify Transition Plan as needed. Include summary of comments.	November 2014	December 2014	• Log of all comments • Analysis of comments	• Department staff	Complete
Non-Residential setting gap analysis	Conduct review of existing policies, rule, service definitions, licensing requirements, provider agreements, provider qualifications, quality assurance processes, training requirements, waiver and state plan language, operational process and supporting documents for support of setting requirements and identification of gaps.	November 2014	December 2014	• Setting analysis	• Department staff	Complete
Informational WebEx meetings	WebEx to provide information to participants, advocates and providers to focus on non-residential setting requirements, review initial gap analysis, solicit feedback/input, and provide contact information for submitting additional comments or questions.	January 2015	January 2015	• Audio and PowerPoint of WebEx meetings posted on webpage	• Providers • Participants • Advocates	Complete

Operational Readiness						
Action Item	**Description**	**Proposed Start Date**	**Proposed End Date**	**Sources/Deliverables**	**Key Stakeholders**	**Status**
Options analysis on assessment and monitoring strategy for residential settings	Assessment of current quality assurance data collected and processes used. Recommendations on how HCBS residential settings are to be assessed to ensure they meet the residential setting requirements and how ongoing monitoring should proceed. Administration set a strategy for assessment and ongoing monitoring.	October 2014	January 2015	• Assessment and monitoring plan for residential service settings	• Participants • Providers • Department staff • Advocates	Complete
Incorporate new information into Transition Plan	Add in assessment and monitoring plan for residential settings.	December 2014	January 2015	• Draft Transition Plan	• Department staff	Complete
Options analysis on assessment and monitoring strategy for the HCBS non-residential settings	Assessment of current quality assurance data collected and processes used. Recommendations on how HCBS non-residential service settings are to be assessed to ensure they meet the setting requirements and how ongoing monitoring should proceed. Administration to set a strategy for assessment and ongoing monitoring.	March 2015	May 2015	• Assessment and monitoring plan for non-residential service settings	• Providers • Department staff	Complete
State HCBS specific rule promulgation	Idaho process for promulgating State HCBS specific rules followed, to include three public comment opportunities.	June 2015	March 2016	• HCBS Rules in IDAPA	• All stakeholders	Started
Transition Plan updated with the approved assessment and monitoring plan for non-residential service settings	Insert the approved assessment and monitoring plan for non-residential service settings into the Transition Plan (v3)	August 2015	August 2015	• Transition Plan (v3)	• Department staff	Complete
Hire an HCBS Coordinator to lead assessment activities	The HCBS Program Coordinator will be responsible to oversee all setting compliance and remediation activities.	August 2015	August 2015	• N/A	• Department staff	Complete
Solicit public comment on the approved strategy for assessing and monitoring settings.	Publish (v3) of the Transition Plan for public comment. Summarize input and add to the plan, submit to CMS and then post on the HCBS webpage.	September 2015	October 2015	• Update to the Transition Plan • Public comments and responses	• Providers • Participants • Advocates • Department staff	In process
Plan for ongoing participant input gathered by an external entity	Collaborate with the Idaho Council on Developmental Disabilities and other entities that work with the HCBS population to develop a consistent and on-going process for gathering input on compliance from users of the services.	September 2015	Ongoing	• To be determined	• Participants • Advocates • Medicaid	In process
Business processes for assessment activities	Define the completion, reporting and tracking processes for all aspects of the assessment.	September 2015	December 2015	• Flow diagrams • Job Aides • Operational Plan	• Department staff	In process
Risk stratification tool/process	Develop a risk stratification tool/process for use determining which providers should receive an HCBS	January 2016	March 2016	• Risk stratification tool/process	• Department staff	Not started

	specific on-site visit.					
HCBS-specific on-site assessment tool for DHW staff utilization	Complete development of an HCBS specific on-site assessment tool for DHW staff utilization.	February 2016	May 2016	• On-site HCBS Assessment Tool	• Department staff	Not started
Provider meetings	Targeted meetings with stakeholders to explore new requirements for non-residential service settings and to develop standards for congregate settings.	February 2015	April 2015	• Standards for non-residential congregate settings	• Providers • Participants • Advocates • Department staff	Complete
Clarifying information for "… to the same degree of access as individuals not receiving Medicaid HCBS".	Develop some additional information to clarify the meaning of "to the same degree of access as individuals not receiving Medicaid HCBS".	April 2015	May 2015	• Written information, form yet to be determined.	• Providers • Participants • Advocates • Department staff	Complete
Public hearing and public comment opportunity	Public hearing as part of the rule promulgation process for IDAPA changes to support HCBS requirements.	October 2015	October 2015	• Meeting comments and responses	• All stakeholders	Not started
Training Plan	A Training Plan will be developed to identify additional training needs for staff, providers and participants. The plan will define the tasks required and the timeline for completing them.	August 2015	October 2015	• Training Plan	• Department staff • Providers • Participants	In process
WebEx on HCBS implementation status	WebEx for all stakeholders on HCBS implementation status with a focus on rules.	April 2016	April 2016	• WebEx document	• All stakeholders	Not started
Provider training on the Toolkit	Toolkit training, how to use it, what the content is, etc.	June 2016	June 2016	• WebEx and ELECTRA on line training tool	• Providers	Not started
Provider training - Completing the Provider Self-Assessment and how to write a transition plan	Provider training on how to complete the Provider Self-Assessment and how to write a transition plan, and how and why these tools will be used.	July 2016	July 2016	• WebEx with audio and Lectora on line training tool	• Providers	Not started
Plan developers training	Training for those persons responsible to work with participants to develop the person centered service plan. To include use of the 'Acknowledgement of Understanding' document for providers and the 'These are Your Rights' document for participants during the plan development meeting.	September 2016	September 2016	• Training materials	• Plan developers	Not started
Staff training – the Assessment Process	Staff training on what the full assessment process looks like, how to complete the HCBS specific on site assessment, as well as tracking and reporting protocols.	October 2016	November 2016	• WebEx and Lectora on line training tool	• Department staff	Not started
Participant training – What are Your Rights?	Participant training – what are your rights, via WebEx and/or an on-line training.	January 2017	January 2017	• WebEx • What are Your Rights Document •	• Participants	Not started

One-Time Assessment Activities						
Action Item	**Description**	**Proposed Start Date**	**Proposed End Date**	**Sources/Deliverables**	**Key Stakeholders**	**Status**
Participant feedback and information sharing	Idaho DD Council and University of Idaho conducting face to face interviews with 240 participants to determine their understanding of the new regulations and to provide information. A follow up will be conducted using the same format in 2019.	September 2015	December 2016	• Training materials • Survey of questions • Summary of feedback received	• Participants • Department staff • Advocates	In process
Acknowledgement of Understanding	The Acknowledgement of Understanding language will be reviewed with providers and participants during all person centered planning meetings.	Beginning July 2016	Ongoing	NA	• Participants • Plan Developers Providers	Not started
These are Your Rights document	The These are Your Rights document reviewed with participants during the plan development meeting every time the plan is developed or updated.	Beginning July 2016	Ongoing	NA	• Participants • Plan Developers • Providers	Not started
Provider Self-Assessment	Providers will be expected to complete a questionnaire that assesses their compliance with the setting requirements. If not all requirements are being met they will be asked to provide a plan on transitioning to full compliance.	July 2016	August 2016	Completed and signed Provider Self-Assessment from all providers, plus transition plans	Providers	
Additional participant feedback: a. HCBS Specific Participant Survey from Medicaid b. Participant experience measures data gathered and analyzed	Analysis of information received from all three sources of participant feedback.	Beginning January 2017	Ongoing	• N/A	• Department staff	Not started
Assessment of compliance (1 year)	Complete the one-time approved assessment plan for all settings.	January 2017	December 2017	• Quality assurance processes and documentation	• Providers • Department staff	Not started
Site Visit Assessments	Site visits will be conducted specifically to assess HCBS compliance, corrective action plans will be issued as appropriate.	January 2017	December 2017	• Completed Site Assessment documents	• Providers • Department staff • Participants	Not started
Validation and compliance determination	The HCBS Coordinator will combine information from all assessment activities to assess compliance and remediate if full compliance is not met, activities include: • HCBS specific on-site assessments • Provider Self-Assessment • Participant feedback from Participant Survey, feedback gather by advocates, and participant experience measures	January 2017	February 2018	• Compliance determination	• All stakeholders	Not started

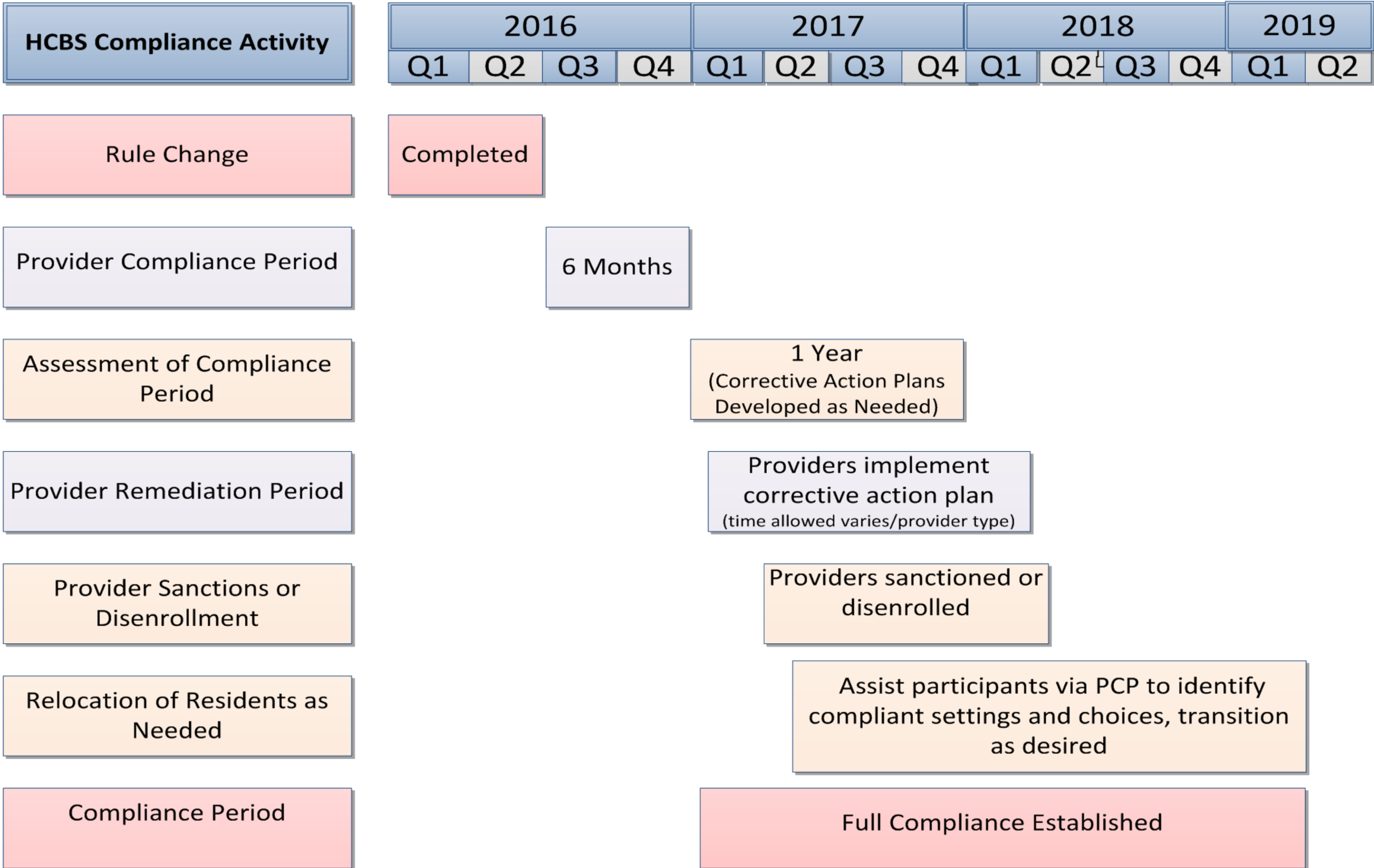
	• Acknowledgement of Understanding documents • Compliance surveys and reviews to be conducted by quality assurance staff • Corrective Action Plans and complaints received related to HCBS setting requirements					
Results published in an updated Transition Plan	Once the assessment is completed the results will added to the Transition Plan which will then be published for comment.	April 2018	May 2018	• Updated Transition Plan	• All stakeholders	Not started

2d. Tasks and Timeline for Assessment of Settings Presumed to be Institutional

Action Item	Description	Proposed Start Date	Proposed End Date	Sources/Deliverables	Key Stakeholders	Status
Assessment of residential settings against the first two qualities of an institution	Health facility surveyors from the RALF program were asked to identify if any RALF was in a publicly or privately-owned facility providing inpatient treatment or if the setting is on the grounds of, or immediately adjacent to, a public institution.	June 2014	July 2014	• Survey document with site results	• Providers • Department staff • Participants	Complete
Informational WebEx meeting	WebEx to provide information to participants, advocates, and providers on the new HCBS regulations as they relate to characteristics of settings presumed to be institutional, solicit feedback and input, and provide contact information for submitting additional comments or questions.	August 2014	August 2014	• Audio and PowerPoint of WebEx meetings posted on webpage	• Providers • Participants • Advocates	Complete
Phone conferences with RALF providers to discuss analysis and share clarifying information from CMS on what constitutes a public institution.	No RALFs were found to be on the grounds of, or immediately adjacent to, a nursing home or hospital. Once clarification on the definition of a public institution was received, it was clear Idaho does not have any RALFS on the grounds of, or immediately adjacent to, a public institution.	August 2014	September 2014	• Summary of comments	• Providers • Department staff	Complete
Determine best practices for integration for settings with five or more beds (State has since decided not to use standards)	Work with RALF providers, Medicaid nurse reviewers, L&C staff, advocates, and Medicaid policy staff to develop best practices (for integration to ensure settings do not have the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS.	August 2014	December 2014	• Standards for Integration for Settings with Five or More Beds	• Providers • Department staff • Advocates	Complete

Determine best practices for integration for settings with four or fewer beds (State has since decided not to use standards)	Work with CFH providers, L&C staff and Medicaid policy staff to develop best practices for integration to ensure settings do not have the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS.	December 2014	January 2015	• Standards for Integration for Settings with four or Fewer Beds	• Providers • Department staff • Advocates	Complete
Assessment of non-residential settings against the first two qualities of an institution	Work with quality assurance staff to assess if there are any non-residential service settings in a publicly or privately-owned facility providing inpatient treatment or if the setting is on the grounds of, or immediately adjacent to, a public institution.	March 2015	May 2015	• Verification document from quality assurance staff	• Providers • Department staff • Participants	Complete
Solicitation of stakeholder feedback on the outcome of the assessment of residential and non-residential settings against the first two CMS qualities of an institution.	The result of the state's assessment will be added to the Transition Plan and the plan will be reposted for comment. Comments will be summarized and added to the Transition Plan and the Transition Plan will then be reposted on the HCBS webpage.	September 2015	October 2015	• Update in Transition Plan (v3)	• Providers • Participants • Advocates • Department staff	In process
Assessment of all settings against the third characteristic of an institution to ensure settings integrate and do not isolate	Include the work to assess settings for integration vs. isolation into the overall assessment and monitoring plan.	January 2017	December 2017	• Assessment and monitoring plan for integration	• Department staff	Not started
Transition Plan updated	Insert results of settings presumed to institutional into the final version of the Transition Plan, publish for public comment.	January 2018	April 2018	• Updated Transition Plan	• Department staff	Not started

The chart on the following page illustrates the major steps and timeline for moving to full compliance.


Major Steps for Coming into Compliance with HCBS Rules
HCBS Compliance Activity
2016
2017
2018
2019
Q1
Q2
Q3
Q4
Q1
Q2
Q3
Q4
Q1
Q2
Q3
Q4
Q1
Q2
Rule Change
Completed
Provider Compliance Period
6 Months
Assessment of Compliance Period
1 Year (Corrective Action Plans Developed as Needed)
Provider Remediation Period
Providers implement corrective action plan (time allowed varies/provider type)
Provider Sanctions or Disenrollment
Providers sanctioned or disenrolled
Relocation of Residents as Needed
Assist participants via PCP to identify compliant settings and choices, transition as desired
Compliance Period
Full Compliance Established

2e. Plan for Provider Remediation

The state has hired an HCBS Coordinator to oversee all remediation activities. Idaho will also establish an Assessment and Monitoring Oversight Committee to support provider remediation activities. Idaho intends to complete a detailed remediation plan by March 2016. Idaho will publish the final remediation plan for public comment prior to the initiation of the assessment in 2017. However, below is a description of what the state currently plans to do in order to track and report on progress towards full compliance.

Any provider, residential or non-residential, found to be out of compliance with the setting requirements during the initial assessment or the ongoing monitoring phase will go through an established provider remediation process. This process is to be defined as part of the detailed remediation plan which will be developed in 2016. If a rule violation is identified, action will depend on the severity. Action could range from technical assistance, a corrective action plan, suspending payment of claims, or termination of a provider agreement.

The state is currently developing an HCBS-specific process with guidelines for enforcement of HCBS compliance. IDAPA 16.03.09.205.03 regulates agreements with providers and will be followed. The state anticipates establishing a tiered remediation process to allow providers ample opportunity for compliance and to allow the state time to support participants who choose to consider alternative, compliant providers.

The HCBS Program Coordinator is responsible for overseeing setting compliance and remediation activities. To do that, the coordinator will combine information from all assessment and monitoring activities which include:

- Results of HCBS-specific on-site assessments
- Provider self-assessment and transition plans
- Participant feedback received via the Participant Survey and feedback gathered by advocates
- Acknowledgement of Understanding documents to be signed by providers and participants
- Compliance surveys and reviews to be conducted by quality assurance staffs
- Corrective Action Plans
- Complaints received related to HCBS setting requirements

Section 2g includes a table with the known milestones and timelines for activities to specifically address remediation.

2f. Plan for Participant Transitions

Idaho Medicaid has a high-level plan on how the state will assist participants with the transition to compliant settings. The state will develop a more detailed relocation plan by March 2016. That plan will describe how the state will deliver adequate advance notice, which entities will be involved, how

beneficiaries will be given information and supports to make an informed decision, and how it will ensure that critical services are in place in advance of the transition. Idaho will publish the final Relocation Plan along with the provider Remediation Plan for public comment prior to the initiation of the assessment in 2017.

All providers will have been assessed for compliance on the HCBS rules by the end of December 2017. Non-compliant providers will be given the opportunity to remediate any HCBS concerns. If a provider fails to remediate or does not cooperate with the HCBS transition, provider sanction and disenrollment activities will occur. Any provider who is unable or unwilling to comply with the new rules cannot be reimbursed by Medicaid to provide care and assistance to HCBS participants. If it is determined a setting does not meet HCBS setting requirements, participants will be notified in writing along with their person-centered planning teams. They will be advised that they have a minimum of six months to find alternative care or housing if desired. An updated person-centered plan will reflect whatever the participant chooses to do. They will be given information about the support available to assist them with this transition as well as alternative HCBS compliant settings. All choices will be documented in the participant's file.

2g. Tasks and Timeline for Remediation and Participant Transitions

Action Item	Description	Proposed Start Date	Proposed End Date	Sources/Deliverables	Key Stakeholders	Status
Stakeholder communications	Ongoing WebEx and face–to-face meetings with stakeholders to provide updates, solicit input, and ensure understanding of the requirements, any revisions to IDAPA, etc.	January 2015	March 2019	• PowerPoints • WebEx meetings	• Participants • Providers • Advocates	In process
Idaho Administrative Code (will allow enforcement)	Revise IDAPA to reflect final regulations on HCBS setting requirements.	March 2015	July 2016	• Public notices • Negotiated rulemaking • Draft rules • Analysis of public comments • Final rules	• Providers • Participants • Advocates • Idaho Legislature	In process
Manual and form revisions and development	Revise manuals, Department of Health and Welfare approved forms, and/or provider agreements to incorporate new regulatory requirements for HCBS setting qualities and regulatory requirements for settings presumed to be institutional.	January 2016	July 2016	• Provider manuals • Provider agreement • Universal Assessment Instrument (UAI) • Individual Service Plan (ISP) • Operation manuals	• Department staff • Participants • Providers	Not started
Finalize a detailed Remediation Plan	Determine details of all planned steps for remediation to ensure the state is able to enforce provider compliance and track progress toward full compliance.	January 2016	March 2016	• IDAPA • Remediation Plan • Business process details, diagrams, and descriptions	• Department staff • Providers	Not started
Detailed Remediation Plan and Relocation Plan incorporated into the Provider Toolkit	Include all details concerning remediation in the provider toolkit.	April 2016	May 2016	• Providers • Department staff	• Toolkit	Not started
Finalize details of the Relocation Plan	Determine details of all planned steps for relocation of impacted participants to compliant settings to ensure the state is able to provide participants with adequate support and time for the changes.	June 2016	July 2016	• Relocation Plan	• Department staff • Participants	Not started
Publish the Remediation Plan and Relocation Plan details for public comment	Utilizing the CMS public noticing requirements, publish the Remediation Plan for comment for 30 days and track and respond to all comments as required.	June 2016	July 2016	• Proof of public noticing • Summary of	• All stakeholders	Not started

				comments and changes made as a result • Reasons the state disagreed with a comment if applicable		
Assessment and Monitoring Oversight Committee	Establish membership, write charter, and initiate monthly meetings.	July 2016	Ongoing	• Charter • Meeting documentation	• Department staff • Participants • Advocates	Not started
Time for providers to come into compliance (6 months)	Allow providers six months to move to full compliance.	July 2016	December 2016	NA	• Providers	Not started
Provider remediation	Require corrective action plans for providers that have failed to meet standards or have failed to cooperate with the HCBS transition.	March 2017	March 2018	• Provider letters	• Providers • Department staff	Not started
Provider sanctions and disenrollment	Sanction and/or disenroll providers that have failed to meet remediation standards or have failed to cooperate with the HCBS transition.	April 2017	April 2018	• Provider letters	• Providers • Department staff	Not started
Update the State Transition Plan	Add the results of the assessment activities into the STP and publish it for 30 days for public comment.	April 2018	May 2018	• State Transition Plan	• All stakeholders	Not started
Participant transitions to HCBS compliant settings	Where applicable, contact participants and work with case managers and person-centered planning teams to ensure that participants who want to transition to settings that meet the HCBS setting requirements are supported. Participants will be given timely notice and will be provided with a choice of alternative settings through a person-centered planning process.	May 2017	March 2019	• Provider letter • Participant letter • Updated person centered plan	• Participants • Providers • Department staff	Not started
Full compliance	ALL settings will be fully compliant.	March 2019	March 2019			
Ongoing monitoring	Implement approved monitoring plan activities.	January 2018	Ongoing	• Quality assurance processes and documentation	• All stakeholders	Not started

Section 3: Public Input Process

3a. Summary of the Public Input Process

The state implemented a collaborative, multifaceted approach to solicit feedback from the public to assist with the review of the HCBS requirements.

1. In order to share information with providers, associations, consumer advocacy organizations, participants, and other potentially interested stakeholders about the new HCBS requirements, the state created a webpage that includes a description of the work underway and access to relevant information from the state and CMS regarding the HCBS requirements. The webpage was launched the first week of August 2014 and will remain active through full compliance with the HCBS regulations.

2. The webpage includes an "Ask the Program" feature where readers can email the program directly with questions and comments at any time. This option has been available for stakeholders since the webpage went live and will remain a tool on the webpage.

3. In August 2014, the state posted general information about this work and a link to the state's HCBS webpage on the provider billing portal (Molina). Information was also included in the MedicAide Newsletter, a newsletter sent to all Medicaid providers.

4. In order for the state to collaborate with participants on the new HCBS requirements, it offered information to several advocacy groups including the Idaho Self-Advocate Leadership Network and the Idaho Council on Developmental Disabilities. The state also requested that service coordinators and children's case managers distribute information to participants about how to access the HCBS webpage and to advise them that the draft Transition Plan would be available for public comment prior to each publication.

5. Stakeholder meetings have been ongoing. To launch this effort a series of six WebEx meeting were held during the months of July and August, 2014 and January 2015. They were designed to educate providers about the new regulations, to share information about Medicaid's plans and assessment outcomes, and to solicit feedback from providers, associations, consumer advocacy organizations, participants, and other potentially interested stakeholders.

6. Stakeholders have access to all WebEx presentations given by the state on the state's webpage.

7. The state conducted several conference calls with RALF providers and advocates during the months of August and September 2014 to collaborate and gather additional information related to settings presumed to be institutional.

8. The state has given presentations on the HCBS regulations and Idaho's work to come into compliance to numerous stakeholder groups beginning in September of 2014. These presentations will be ongoing through full compliance in Idaho.

9. The state held meetings with a group of supported living providers to determine how to best ensure that participants receiving those services retain decision-making authority in their homes.

10. The work with provider groups and the stakeholder WebEx meetings is expected to continue through full compliance in March 2019. Trainings are scheduled to begin in spring 2016 and continue as needed through full compliance in March 2019. They will include in person meetings, conference calls and WebEx meetings

11. The regulation requires that states provide a minimum of 30-day public notice period for the state's Transition Plan and two or more options for public input. To meet this requirement, Idaho has done the following:

    - The draft Transition Plan, as well as information about how to comment, was posted on the state HCBS webpage (www.HCBS.dhw.idaho.gov) on October 3, 2014, through November 2, 2014, again on January 23, 2015, through February 22, 2015, and finally on September 9, 2015, through October 12, 2015. Comment options included a link to email the program directly with comments.

    - Copies of the draft Transition Plan were placed in all regional Medicaid offices statewide as well as in the Medicaid State Central office during each formal comment period for stakeholders to access.

    - A tribal solicitation letter was e-mailed and sent via US mail to the federally recognized Idaho tribes as well as the Northwest Portland Area Indian Health Board, which works closely with Idaho tribes as a coordinating agency prior to each formal comment period. Solicitation letters were also uploaded onto a website designed specifically for communication between Idaho Medicaid and Idaho tribes.

    - Notification of the posting of the draft Transition Plan was made via emails to providers, associations, consumer advocacy organizations, participants, and other potentially interested stakeholders for each publication. The email contained an electronic copy of the Transition Plan and information about how to comment.

    - An electronic copy of each version of the Transition Plan was emailed to four advocacy groups in Idaho at the beginning of each formal comment period. They were asked to share the plan and the information about the comment period with any individual their organization works with who may be interested and to post the link to the Idaho HCBS website on their website if appropriate.

    - Notices announcing the comment periods were also published in four Idaho newspapers prior to each comment period:

        i. The Post Register
        ii. The Idaho Statesman
        iii. The Idaho State Journal

iv. The Idaho Press-Tribune

The following is a copy of the first newspaper notice announcing the comment period:

The Idaho Department of Health and Welfare (IDHW) hereby gives notice that it intends to post the Idaho State Transition Plan for Home and Community Based Services (HCBS) on October 3, 2014. As required by 42 CFR § 441.301(c)(6), IDHW will provide at least a 30-day public notice and comment period regarding the Transition Plan prior to submission to CMS. Comments will be accepted through November 2, 2014. IDHW will then modify the plan based on comments and submit the Transition Plan to CMS for review and consideration. The draft Transition Plan will be posted at www.HCBS.dhw.idaho.gov and copies will be available at all IDHW regional offices as well as at the Medicaid Central Office for pick up.

Comments and input regarding the draft Transition Plan may be submitted in the following ways:

E-mail: HCBSSettings@dhw.idaho.gov
Written: Comments may be sent to the following address:
HCBS
Division of Medicaid
P.O. Box 83720
Boise, ID 83720-0009
Fax: (208) 332-7286
Voicemail Message: 1-855-249-5024

12. The Transition Plan (v2) was submitted to CMS on March 13, 2015. The state has archived all versions of the Transition Plan and will ensure that the archived versions along with the most current version of the Transition Plan remain posted on the state's HCBS webpage and available for review for the duration of the state's transition to full compliance. Idaho Medicaid's Central Office will retain all documentation of the state's draft Transition Plan, public comments, and final Transition Plan.

To see proof of public noticing, please refer to *Attachment 1, Proof of Public Noticing.* It contains detailed support for the second comment period and posting of the Transition Plan, January 23, 2015 through February 22, 2015. Details to support the third comment period noticing process have been posted on the Idaho HCBS webpage and are available upon request. The document size for the photos etc. is quite large and if attached to this version of the Transition Plan would potentially prohibit further distribution of the plan.

3b. Summary of Public Comments

Comments were received from eleven different individuals or entities during the first comment period. The Idaho Council on Developmental Disabilities as well as DisAbility Rights Idaho, family members of service participants, and providers were represented in those comments. Comments covered the following topics:

- Compliance challenges for providers in provider owned or controlled settings such as allowing residents the freedom to pick their roommate and allowing residents access to food at any time.
- Setting assessment questions and comments concerning how Idaho plans to assess compliance with the new HCBS requirements.
- Provider reimbursement and the need to increase provider reimbursement if providers are to meet these new requirements.
- Comments on the use of blended rates and the unintended consequences or encouraging congregate care.
- Comments on too much or too little access to the community, how transportation impacts integration, how the Department will determine isolation versus integration and what level of integration is best for each individual.
- The need to better engage persons with disabilities in the process of developing and implementing the Transition Plan and most importantly, in assessing settings for compliance.
- Comments on the person centered planning process currently in place in Idaho Medicaid.
- Current practices by some Medicaid providers to restrict individual choice and freedom were identified as problematic.
- Perceived barriers to access to HCBS residential services.
- Perceived quality issues with HCBS residential services.
- Request to add new services not currently offered in Idaho.
- Comment on the difficulty for readers to understand/validate the gap analysis results when the rule language used in that analysis is not included.

To see all comments from the first comment period please refer to *Attachment 2, Public Comments to Idaho HCBS Settings Transition Plan Posted in October 2014.*

Comments were received from nine individuals or entities during the second comment period. Comments covered the following topics:

- Challenges with compliance for providers.
- Requests for the addition of expanded or new services.
- Requests for clarification on what it means when the rule states" "…to the same degree as…"
- Areas where commenters disagree with the state's determination that there is a gap between the new requirements and Idaho's current level of compliance.
- Other: there were comments on a variety of topics.

To see all comments from the second comment period please refer to *Attachment 3, Public Comments to Idaho HCBS Settings Transition Plan Posted in January 2015.*

Comments were received from two individuals or entities during the third comment period. Comments covered the following topics:

- Need for additional training of participants, guardians, providers and support staff
- Participant rights
- Oversight
- Person centered planning
- Provider payment

To see all comments from the third comment period please refer to Attachment 4*: Public Comments to Idaho HCBS Settings Transition Plan Posted in September 2015.*

3c. Summary of Modifications Made Based on Public Comments

First Comment Period

- Added links to the IDAPA and to all waivers which were used in the initial gap analysis. Those links are found on the first and second page of this document. See the *Introduction*.
- Added clarifying language in *Section Two* about how Idaho plans to complete the assessment of HCBS settings to reassure readers that the state will not rely solely on provider self-assessment or the initial gap analysis to determine compliance. The assessment and monitoring process will include feedback directly from individuals who access these settings and compliance will be validated via on-site visits as described in *Section Two* of this document.
- Added information describing the plans the Idaho Council on Developmental Disabilities has to host a series of public forums statewide. The goal is to educate and to solicit input from participants utilizing HCBS services. Medicaid will work collaboratively with them on this effort and to develop a plan for a consistent and on-going process for gathering input on compliance from those participants who utilize the services. See tasks on pages 33 and 36.
- Added the standards the Department will use to determine if residential settings with five or more beds are integrated into the community and do not isolate. See *Attachment1: Integration Standards for Provider Owned or Controlled Residential Settings with Five or More Beds.*
- Added the standards the Department will use to determine if residential settings with four or fewer beds are integrated into the community and do not isolate. See *Attachment2: Integration Standards for Provider Owned or Controlled Residential Settings with Four or Fewer Beds.*

Second Comment Period

- The state has agreed to provide further clarification on how to define "….to the same degree of access as individuals not receiving Medicaid HCBS." Tasks were added to the task plan as reflected

on page 36. The state expects to complete this work by May of 2015 and will include it in the next publication of the transition plan.

- In relation to Developmental Therapy, the state agrees that IDAPA 16.03.21.905.01.g supports the participant's right to retain and control their personal possessions. The transition plan was updated to reflect this rule support. Please see page 23.

Third Comment Period

No changes have been made to the Transition Plan based on these comments. A detailed training plan is under development and recommendations received related to training and person centered planning will be taken into consideration as described in the state's responses. Idaho Medicaid's responses to each comment are contained in Attachment 4: *Public Comments to Idaho HCBS Settings Transition Plan Posted on September 11, 2015.*

3d. Summary of Areas where the State's Determination Differs from Public Comment

First Comment Period

- **Comments related to problems complying with new regulations:**
  There were comments from providers who identified potential problems they expect to encounter if they comply with the new regulations.
  Response: A modification to the Transition Plan was not made based on these comments. Instead, Medicaid has developed a series of FAQs as a result of those questions to assist providers and others in understanding what the rules are, why they are important, and how the state plans to assist providers in coming into compliance. Those FAQs will be posted to the HCBS webpage by the end of February, 2015.

- **Comment requesting more funding for additional services/use of technology:**
  Response: It is not likely that at this time services will be expanded to cover payment of assistive technology which is not currently covered. Adding new services is outside the scope of this work and the Department is not able to consider this request at this time.

- **Transportation restrictions: Comment –** "Medicaid Transportation can have a huge effect on a person's ability to make personal choices about the services they receive. The current contract with American Medical Response and its implementation restrict a participant's choice of provider and the place where the service is received by limiting transportation to the closest Medicaid provider site to offer the service. This may pose another hidden barrier to participant choice and community integration, in violation of the CMS regulations. The issue is not addressed in the plan."
  Response: Non-emergency medical transportation is a service that Idaho provides through a brokerage program in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4). If needed, non-emergency medical transportation can be approved to transport participants to the following HCBS services: developmental therapy, community crisis, day rehabilitation, habilitative intervention and habilitative supports. In order to ensure non-emergency medical transportation is delivered in the most cost effective manner, IDAPA requires that the transportation be approved to the closest provider available of the same type and specialty. If a participant is denied non-emergency medical transportation to a provider of their choice, the participant is able to submit supporting documentation explaining the reason/need for them to be transported to a provider located farther away. This documentation will be reviewed and necessity will be determined on a case-by-case basis through the appeal process.

  Additionally, adult participants on the DD and A&D waivers have access to non-medical transportation which enables a waiver participant to gain access to waiver and other community services and resources. Non-medical transportation funds can be used to receive transportation services from an agency or for an individual or to purchase a bus pass. The non-medical transportation service does not have the same provider distance requirements.

At this time, Idaho Medicaid does not anticipate it will be necessary to modify the current transportation services as a result of the new HCBS regulations.

- **Rate Structure**: There were six comments related to the provider reimbursement rate structure. **Response**: The Department of Health and Welfare evaluates provider reimbursement rates and conducts cost surveys when an access or quality indicator reflects a potential issue. The Department reviews annual and statewide access and quality reports. In doing so, the Department has not encountered any access or quality issues that would prompt a reimbursement change for any of the HCBS services. Because we are committed to ensuring that our participants have access to quality HCBS services, we have published administrative rules in IDAPA 16.03.10.037 that details our procedure on how we evaluate provider reimbursement rates to comply with 42 U.S.C. 1396a(a)(30)(A) to ensure payments are consistent with efficiency, economy, and quality of care. Should criteria in rule be met, the state will evaluate provider reimbursement rates.

- **Blended Rates:** There was one comment related to use of blended rates.
  Comment: Reimbursement rates for services can create unintended barriers to community integration. "Blended rates" for Section 1915(i) services which pay the same rate for individual and group services creates a strong incentive to provide services in groups or in segregated centers. Center based and group services can have the effect of limiting individual choices and preventing participation in community settings.
  Response: The type, amount, frequency and duration of developmental therapy is determined through the person centered planning process. The person centered planning process requires that the plan reflect the individual's preferences and is based on the participant's assessed need. Providers of individual and group developmental therapy must deliver services according to the person centered plan to ensure that individual choice is not limited.

- **Access and Quality of Care Barriers:** Two commenters discussed perceived barriers to quality of care offered in and access to CFHs in Idaho.
  Response: Pre-approval is a check to ensure:
  - the provider has the necessary qualifications to meet the resident's needs
  - the correct number of providers in the home to provide the 24/7 care, also to ensure substitute caregiver qualifications are met if the provider is out of the home, assistance in evacuating residents in case of fire, etc.
  - the resident would fit in with the other residents in the home and are in agreement with the additional placement if that is the case
  - the CFH staff check to see if the CFH is compliant with the American Disabilities Act , if that is the need
  - no medications will be administered; i.e., injections, sublingual, etc. – just assisting the resident with their medications

The Department approval process ensures that participants and their representatives or guardians are able to choose from among service providers that meet Department standards for health and safety.

There is no known access problem for CFHs in Idaho. As of December 8, 2014, there were 354 vacancies in CFHs. All seven regions of the state had multiple vacancies at that time. The Department will continue to monitor access and should it become a problem, action will be taken at that time. The Department has a robust monitoring system for CFHs which includes an on-site visit once a year. Any areas of concern are addressed through the Department's corrective action and sanctioning processes pursuant to IDAPA 16.03.19.910 – 16.03.19.913.

A complete summary of where the state's determination differs from public comment can be found in *Attachment 2: Public Comments to the Idaho HCBS Settings Transition Plan Posted in October 2014.*

Second Comment Period

A complete summary of where the state's determination differs from public comment can be found in *Attachment 3: Public Comments to the Idaho HCBS Settings Transition Plan Posted in January 2015.*

Third Comment Period

A complete summary of where the state's determination differs from public comment can be found in *Attachment 4: Public Comments to the Idaho HCBS Settings Transition Plan Posted September 11, 2015.*

Attachments

Attachment 1: Proof of Public Noticing

Attachment 2: Public Comments to the Idaho HCBS Settings Transition Plan Posted in October 2014

Attachment 3: Public Comments to the Idaho HCBS Settings Transition Plan Posted in January 2015

Attachment 4: Public Comments to the Idaho HCBS Settings Transition Plan Posted in September 2015

Attachment 5: Index of Changes