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
Submitted to CMS and reposted as revised: October 23, 2015

Posted for Public Comment (v4): June 3, 2016 through July 4, 2016
Submitted to CMS and reposted as revised: July 29, 2016

Contact: Michele Turbert, Project Manager, Medicaid 208-364-1946

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: The 1915(i) serves individuals (children and adults) not otherwise eligible for Medicaid who meet needs-based criteria of the 1915(i) benefit.
http://www.healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/StandardPlan.pdf

Aged and Disabled Waiver (A&D): The A&D Waiver serves individuals over age 65, and individuals ages18-64, who meet skilled nursing facility level-of-care.
http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/AandDWaiver.pdf

Idaho Developmental Disabilities Waiver, (Adult DD): The Adult DD Waiver serves individuals 18 years of age or older who meet Intermediate Care Facility for the Intellectually Disabled (ICF-ID) level-of-care.
http://healthandwelfare.idaho.gov/Portals/0/Medical/DD%20Waiver.pdf

Children's Developmental Disabilities Waiver, (Children's DD): The Childrens' DD Waiver serves individuals up to the age of 17 years of age who meet Intermediate Care Facility for the Intellectually Disabled (ICF-ID) level-of-care.
http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/ChildrensDD_Waiver.pdf

Act Early Waiver: The Act Early Waiver services children from the age of 3 through 6 years old who meet Intermediate Care Facility for the Intellectually Disabled (ICF-ID) level-of-care.
http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/ActEarlyWaiver%20.pdf

The State Plan: The State planihttp://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

A&D Waiver Provider Training
http://healthandwelfare.idaho.gov/Medical/Medicaid/HomeCare/tabid/215/Default.aspx (under Provider Information/Training)

Idaho Medicaid Provider Agreement and Additional Terms
https://www.idmedicaid.com/Provider%20Enrollment%20Paper%20Maintenance%20Forms/Idaho%20Medicaid%20Provider%20Agreement.pdf

https://www.idmedicaid.com/PRC%20Information/Forms.aspx

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 four occasions. 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. On March 13, 2015, Medicaid submitted the STP to CMS for review. The third comment period was from September 11, 2015, through October 12, 2015. The STP was resubmitted to CMS on October 23, 2015. The fourth comment period is from June 3, 2016 through July 4, 2016.

Idaho Medicaid utilized the same strategies for soliciting feedback and comments on the STP for each of the four 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 its systemic assessment of its residential and non-residential HCBS service settings in late summer of 2014. This analysis identified program areas where the new HCBS regulations 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 are identified 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, as identified by CMS, in the fall of 2014. There are no residential service 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. In April 2016 that process was repeated with questions added related to isolation. This assessment again found that there are no residential service settings in a publicly or privately owned facility providing inpatient treatment, or on the grounds of, or immediately adjacent to a public institution. However, six CFHs were identified as potentially having the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS. Additionally the assessment of RALFS for potentially having the effect of isolating residents from the broader community of individuals not receiving Medicaid HCBS was not complete. Idaho will continue this assessment for RALFS through June, 2017.

Idaho completed the analysis of all non-residential HCBS against two of the three characteristics of an institution, as identified by CMS, in 2015. There were no non-residential service settings in a publicly or privately owned facility providing inpatient treatment or on the grounds of, or immediately adjacent to, a public institution. In April 2016 that process was repeated with questions added related to isolation. This assessment again found that there are no non- residential service settings in a publicly or privately owned facility providing inpatient treatment, or on the grounds of, or immediately adjacent to a public institution. Additionally there were no sites identified as potentially having the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS.

Additional administrative rule (IDAPA) support for the HCBS requirements was promulgated during the 2016 legislative session and became effective July 1, 2016. Assessment of settings is expected to be completed by December 2017. A plan for provider remediation and a plan for 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.

Table of Contents

OVERVIEW **1**

SECTION 1: SYSTEMIC ASSESSMENT AND SYSTEMIC REMEDIATION **2**

1A. Systemic Assessment of Residential Settings 6
Non- Provider Owned or Controlled Residential Settings *11*
1B. Systemic Assessment of Non-Residential Service Settings 12
1C. Systemic Remediation 32
1D. Services Not Selected for Detailed Analysis 34

SECTION 2: ANALYSIS OF SETTINGS FOR CHARACTERISTICS OF AN INSTITUTION **34**

2A. Analysis of Residential Settings for Characteristics of an Institution 35
Certified Family Homes (CFHs) *35*
Residential Assisted Living Facilities (RALFs) *35*
2B. Analysis of Non-Residential Settings for Characteristics of an Institution 36
2C. Children's Residential Care Facilities 37
2D. Heightened Scrutiny Process 37

SECTION 3: SITE-SPECIFIC ASSESSMENT AND SITE-SPECIFIC REMEDIATION **38**

Overview 38
Idaho Standards for Integration in All Settings *39*
3A. Site-Specific Assessment 39
Assessment Milestone and Timeline Summary *42*
3B. Site Specific Remediation 43
3C. Participant Relocation 43
Timeline for Relocation of Participants *45*
3D. Ongoing Monitoring 45

SECTION 4: MAJOR MILESTONES FOR OUTSTANDING WORK **48**

Systemic Assessment 48
Systemic Remediation 48
Analysis of Settings for Characteristics of an Institution 49
Site-Specific Assessment 50
Site-Specific Remediation and Participant Relocation 51
Statewide Transition Plan 52
Other 52

SECTION 5: PUBLIC INPUT PROCESS **52**

5A. Summary of the Public Input Process 52
5B. Summary of Public Comments 55
5C. Summary of Modifications Made Based on Public Comments 56
First Comment Period *56*
Second Comment Period *57*
Third Comment Period *57*

Fourth Comment Period *57*
5D. SUMMARY OF AREAS WHERE THE STATE'S DETERMINATION DIFFERS FROM PUBLIC COMMENT 58
First Comment Period *58*
Second Comment Period *60*
Third Comment Period *60*
Fourth Comment Period *60*
ATTACHMENTS 61

Overview

The intention of the home and community-based services (HCBS) rule is to ensure individuals receiving HCBS long-term services and supports 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 state 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. A series of web-based seminars were also hosted July through September 2014 which summarized the new regulations and solicited initial feedback from a wide variety of stakeholders. A second series of WebEx meetings as well as conference calls was launched in April, 2016 and will continue through December, 2016. HCBS providers, participants, and advocates are invited to attend these seminars. 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 systemic assessment of existing support for the new HCBS regulations
- A plan for systemic remediation
- A plan for assessment of all residential and non-residential service settings
- A plan for provider remediation
- A plan for relocation of impacted participants
- A plan for on-going monitoring of all HCBS service settings
- 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 in 2015 and again in early 2016. The state has since developed responses to the comments and also incorporated changes into the Transition Plan to address concerns identified. The CMS letters, along with the state's responses, have

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 the Transition Plan were made prior to it being posted on September 11, 2015 and again on June 3, 2016. 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 7).

Section 1: Systemic Assessment and Systemic Remediation

Idaho completed a preliminary gap analysis of its residential HCBS settings in late summer of 2014 and 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.

Please note two things about the systemic assessment of existing support:

1. Idaho looked for existing support for each HCBS requirement to begin the gap analysis. If any support was found, that information was documented in the support row in the gap analysis tables. However, a reference to identified support DOES NOT necessarily mean the requirement is fully supported by the rule(s) cited. In some instances the rule support that was cited only partially supported the requirement and thus additional rule changes are noted in the remediation strategy. For example, IDAPA currently requires residential providers to offer residents three meals a day. The state considers this to be support for the requirement that individuals have access to food at any time, but only partial support. A number of the citations in the "support" column are from Licensing and Certification rules – Medicaid rules set a higher standard for those licensed and certified providers that serve Medicaid participants. Thus, the state identified that additional changes to IDAPA were needed.
2. Idaho acknowledges that this gap analysis 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 Three* 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 assessment of compliance.

The results of the gap analysis of residential settings were shared with stakeholders via a WebEx meeting on September 16, 2014. The results of the gap 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 Family Direction		
Community Support Services	Non-residential	• Home • Community • DDA Center
Financial Management Services	Non-residential	• Home
Support Broker Services	Non-residential	• Home

1a. Systemic Assessment 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 Idaho's plan on how to transition these settings into full compliance with the new regulations.

Provider Owned or Controlled Residential Settings Gap Analysis

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:*		**Analysis of Idaho's Residential Settings**	
		Certified Family Homes (CFH)	***Residential Assisted Living Facilities (RALF)***
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 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.	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).
	Gap	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS".	
	Remediation	Incorporate HCBS requirement into IDAPA 16.03.10.313. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit. Enhance existing monitoring and quality assurance activities to ensure ongoing compliance.	
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	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.	
	Gap	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS". IDAPA is silent.	
	Remediation	Incorporate HCBS requirement into IDAPA 16.03.10.313. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit. Enhance existing monitoring and quality assurance activities to ensure ongoing compliance.	
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 16.03.19.200.11), provider agreements, and the CFH Provider Manual support that a CFH should provide opportunities for participation in community life.	Rule (IDAPA 16.03.22.250, 16.03.22.151) supports that RALFs must facilitate normalization and integration into the community for participants.
	Gap	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS".	
	Remediation	Incorporate HCBS requirement into IDAPA 16.03.10.313. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit. Enhance existing monitoring and quality assurance activities to ensure ongoing compliance.	
4. The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.	Support	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.	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

Federal Requirement:		Analysis of Idaho's Residential Settings	
			her personal funds with the provider except with the consent of the participant.
	Gap	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS".	
	Remediation	Incorporate HCBS requirement into IDAPA 16.03.10.313. Develop best practice to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit. Enhance existing monitoring and quality assurance activities to ensure ongoing compliance.	
5. The setting includes opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	Support	Rule (IDAPA 16.03.19.200.08, 16.03.19.200.11) 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.	Rule (IDAPA 16.03.22.320.07, 16.03.22.550) supports the participant's right to participate in the community.
	Gap	The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS".	
	Remediation	Incorporate HCBS requirement into IDAPA 16.03.10.313. Develop best practice to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit. Enhance existing monitoring and quality assurance activities to ensure ongoing compliance.	
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).	Support	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.	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.
	Gap	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.	
	Remediation	Idaho will enhance existing quality assurance activities to ensure compliance. Idaho incorporated the HCBS requirement into IDAPA 16.03.10.317 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).	

Federal Requirement:		Analysis of Idaho's Residential Settings	
	Gap	None	
	Remediation	Incorporate HCBS requirement into IDAPA 16.03.10.313, 16.03.10.315, and 16.03.10.317.	
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 16.03.10.313.01.d and 16.03.10.317 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	Incorporate HCBS requirement into IDAPA 16.03.10.317	
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 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.	Support	Administrative rules governing Certified Family Homes (IDAPA 16.03.19.260, 16.03.19.200.10) require that the timeframes and criteria for transfer or discharge be described in the Admission Agreement.	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).
	Gap	Idaho rule requires a minimum 15-day notice of transfer or discharge from a CFH, but Idaho landlord tenant laws require a 3- or 30-day notice, depending on the circumstances.	None.
	Remediation	Incorporate HCBS requirement into IDAPA 16.03.10. Change the Admission Agreement requirements in IDAPA 16.03.19 to align with Idaho landlord tenant laws. Modify the current Admission	None.

Federal Requirement:		Analysis of Idaho's Residential Settings	
		Agreement to provide protections that address eviction processes and appeals comparable to those provided under Idaho landlord tenant law. Enhance existing monitoring and quality assurance activities to ensure compliance.	
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 16.03.10.314. 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 16.03.10.314. 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	Incorporate HCBS requirement into IDAPA 16.03.10.314.	
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 16.03.10.314. 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 16.03.10.314. 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	Strengthened support for this HCBS requirement by incorporating into IDAPA 16.03.10.314.	
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	Rule (IDAPA 16.03.22.250.07) supports that the setting must be physically accessible to the individual.

Federal Requirement:		Analysis of Idaho's Residential Settings
		individual.
	Gap	None
	Remediation	Strengthened support for this HCBS requirement by incorporating into IDAPA 16.03.10.314.

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 Three*. Regulatory changes in IDAPA to support HCBS requirements have been promulgated and go into effect July 1, 2016. Regulatory changes were necessary in order to allow enforcement. The site-specific assessment of settings will occur in 2017.

Non- Provider Owned or Controlled Residential Settings

Idaho's residential habilitation services for adults 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. Systemic Assessment 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 Three* 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 assessment 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. Strengthened IDAPA 16.03.10.313 to support this requirement. Develop best practice to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.	
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 16.03.10.313. Develop best practice to support provider compliance with this HCBS requirement. Include it in

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***
			the HCBS toolkit.
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 best practices for integration for services provided in a congregate setting. The state lacks best practices for "the same degree of access as individuals not receiving Medicaid HCBS."	
	Remediation	Enhance existing quality assurance/monitoring activities and data collection for monitoring. Strengthened IDAPA 16.03.10.313 to support this requirement. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.	
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 best practices 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 16.03.10.313. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.	
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 best practices for integration for services provided in a congregate setting.	

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***
		The state lacks best practices for "the same degree of access as individuals not receiving Medicaid HCBS."	
	Remediation	Enhance existing quality assurance/monitoring activities and data collection for monitoring. Strengthened IDAPA 16.03.10.313 to support this requirement. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.	
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).	Support	Providers have no capacity to control the participant's selection of the residential setting.	
	Gap	IDAPA is silent.	IDAPA is silent.
	Remediation	It is assumed that children are residing at home with their parents (or legal guardian) rather than in residential settings.	It is assumed that children are residing at home with their parents (or legal guardian) rather than in residential settings.
7. An individual's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.	Support	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). IDAPA 16.03.21.915 describes the process used to implement authorized restraints. These rules are monitored and remediated by L&C.	
	Gap	None	None
	Remediation	None	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	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.	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, best practices for choice and autonomy in a center/congregate setting are not specified.
	Gap	The state lacks quality assurance/monitoring activities to ensure this requirement is met.	The state lacks quality assurance/monitoring activities to ensure this requirement is met.

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***
			The state lacks best practices for integration for services provided in a congregate setting.
	Remediation	Enhance quality assurance/monitoring activities and data collection for monitoring. Incorporated HCBS requirement into IDAPA 16.03.10.313.	Enhance quality assurance/monitoring activities and data collection for monitoring. Incorporate HCBS requirement into IDAPA 16.03.10.313. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
9. Individual choice regarding services and supports, and who provides them, is facilitated.	Support	Idaho rule (IDAPA 16.03.10.526.06) was revised when HCBS rules were added to IDAPA. This rule supports an individual right to choose the services received and who provides them. This requirement is monitored through the Family and Community Services Quality Assurance assessment.	
	Gap	None	None
	Remediation	None	None

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.	Incorporate HCBS requirement into IDAPA 16.03.10.313. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit. 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."	Strengthened IDAPA 16.03.10.313 to support this requirement. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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.	Incorporate HCBS requirement into IDAPA 16.03.10.313. Enhance existing quality assurance/monitoring activities and data collection for monitoring. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.

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.	Incorporate HCBS requirement into IDAPA 16.03.10.313. Enhance existing quality assurance/monitoring activities and data collection for monitoring. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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."	Strengthened IDAPA 16.03.10.313 to support this requirement. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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

Analysis of Adult Day Health(A&D and Adult DD Waiver) continued			
Requirement	**Support**	**Gap**	**Remediation**
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. The A&D waiver application indicates that use of restraints is prohibited. IDAPA 16.03.21.915 includes the process for implementing authorized restraints (applicable to Adult Day Health centers attached to DDAs).	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 16.03.10.313. 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.	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.	Incorporate HCBS requirement into IDAPA 16.03.10.313. Enhance existing quality assurance/monitoring activities and data collection for monitoring. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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.	Idaho has strengthened its regulatory language in IDAPA 16.03.10.313 to ensure this requirement is met.

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.	Do not allow service in an institutional setting. Incorporate HCBS requirement into IDAPA 16.03.10.313. Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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."	Strengthened IDAPA 16.03.10.313 to support this requirement. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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.	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. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.

Analysis of Community Crisis Supports (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.	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.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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.	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. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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	Incorporate HCBS requirement into IDAPA 16.03.10.313.

Analysis of Community Crisis Supports (Adult DD 1915(i)) continued			
Requirement	**Support**	**Gap**	**Remediation**
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. IDAPA 16.03.21.915, 16.04.17.405.08, include the process for implementing authorized restraints.	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.	Idaho has strengthened its regulatory language in IDAPA 16.03.10.313 to ensure this requirement is met.

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.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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.	Incorporate HCBS requirement into IDAPA 16.03.10. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.

Analysis of Day Habilitation (A&D Waiver)			
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.	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.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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	Incorporate HCBS requirement into IDAPA 16.03.10.313.

Analysis of Day Habilitation (A&D Waiver)			
Requirement	**Support**	**Gap**	**Remediation**
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 A&D waiver application indicates that use of restraints is prohibited.	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.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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.	Idaho has strengthened its regulatory language in IDAPA 16.03.10.313 to ensure this requirement is met.

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.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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."	Strengthened IDAPA 16.03.10.313 to support this requirement. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.

Analysis of Developmental Therapy (Adult DD 1915(i)) 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 (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.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.

Analysis of Developmental Therapy (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 Developmental therapy providers have no capacity to control the participant's residential setting. Private units in residential settings do not apply.	None	Idaho has strengthened its regulatory language in IDAPA 16.03.10.313 to ensure this requirement is met.
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. IDAPA 16.03.21.915 includes the process for implementing authorized restraints.	None	Idaho has strengthened its regulatory language in IDAPA 16.03.10.313 to ensure this requirement is met.
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.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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	Idaho has strengthened its regulatory language in IDAPA 16.03.10.313 to ensure this requirement is met.

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."	Strengthened IDAPA 16.03.10.313 to support this requirement. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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."	Strengthened IDAPA 16.03.10.313 to support this requirement. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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."	Strengthened IDAPA 16.03.10.313 to support this requirement. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.

Analysis of Residential Habilitation – Supported Living (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 16.03.10.703.01) 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."	Strengthened IDAPA 16.03.10.313 to support this requirement. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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. IDAPA 16.03.21.915 includes the process for implementing authorized use of restraints.	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.
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	Idaho has strengthened its regulatory language in IDAPA 16.03.10.313 to ensure this requirement is met.

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."	Strengthened IDAPA 16.03.10.313 to support this requirement. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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."	Strengthened IDAPA 16.03.10.313 to support this requirement. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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."	Strengthened IDAPA 16.03.10.313 to support this requirement. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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.	Incorporate HCBS requirement into IDAPA 16.03.10. Enhance existing quality assurance/monitoring activities and data collection for monitoring. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.
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."	Strengthened IDAPA 16.03.10.313 to support this requirement. Develop best practices to support provider compliance with this HCBS requirement. Include it in the HCBS toolkit.

Analysis of Supported Employment (A&D and Adult DD 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 16.03.10.721.07, 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	Idaho has strengthened its regulatory language in IDAPA 16.03.10.313 to ensure this requirement is met.
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. The Adult DD waiver, Appendix G, describes the process for implementation of restraints. The A&D waiver application indicates that use of restraints is prohibited.	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	Idaho has strengthened its regulatory language in IDAPA 16.03.10.313 to ensure this requirement is met.

Due to the gaps identified above, Idaho is unable to determine 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.

1c. Systemic Remediation

Remediation Task	Start Date	End Date	Status
Develop best practice for "to the same degree of access as individuals not receiving Medicaid HCBS."	3/7/2016	7/15/2016	Complete: based on provider feedback Medicaid will include examples of best practice in the toolkit Within the tool kit the state will define "peers" as including individuals with and without disabilities (i.e. individuals who do not require supports or services to remain in their home or community, IDAPA 16.03.10.313)
Incorporate HCBS requirements into IDAPA 16.03.10.*	3/1/2015	2/1/2016	Complete: IDAPA rule promulgation with legislative approval. Effective 7/1/2016 To clarify for CMS and for the reader, in regards to the use of restraints, pending rule language (IDAPA 16.03.10.313) requires that goals and strategies used to mitigate risk (including restraints) must be documented in the person centered plan. The person centered plan must be finalized and agreed to by the participant, in writing, indicating informed consent.
Enhance existing monitoring and quality assurance activities to ensure ongoing compliance.	3/1/2016	12/31/2016	Individual programs will implement changes to existing QA activities to establish ongoing monitoring structures and mechanisms.
Revise operational processes to ensure participants are aware of options available for a private unit.	3/1/2016	12/31/2016	Individual programs will revise operational processes as needed to ensure that participants receive information about available options via the person-centered planning process.
Implement operational changes to ensure children moving into an institutional residential setting do not continue to receive HCBS funding for community-based services.	9/1/2015	7/1/2016	Complete: A systemic process across Departmental Divisions has been developed and was implemented on May 1, 2016 to ensure children who are HCBS funding eligible that are moved into a children's institutional residential setting do not continue to access HCBS funded services."
Form Revision: Modify the current Certified Family Home Admission Agreement to provide protections that address eviction processes and appeals comparable to those provided under Idaho landlord tenant law.	9/20/16	10/21/16	Work has been initiated.
Process Revision: Make operational revisions to the existing processes for eviction and appeals in Certified Family Homes to be comparable to those provided under Idaho landlord tenant law.	9/20/16	10/21/16	Work has been initiated.
Rule Revision: Change the Certified Family Home Admission Agreement requirements in IDAPA 16.03.19 to align with Idaho landlord tenant laws.	4/1/2016	Passage expected 4/30/17 Effective 7/1/2017	Rule promulgation process began April 2016.

Implementation: Implement the new Certified Family Home processes and use of the revised Admissions Agreement	10/24/16	10/24/16**	Not yet started

The systemic remediation work will be complete July 1, 2017.

* It should be noted that Idaho follows a very prescriptive process of negotiated rulemaking and public noticing when promulgating IDAPA rules. For these changes the public was notified about upcoming regulatory changes in a variety of formats: the Department posted proposed changes, hosted various in-person and video conference meetings with the public to discuss changes, accepted comments on proposed rule language on more than one occasion, documented those comments and modified rule language based on public comment. Information on upcoming rule changes was also published on the Idaho HCBS webpage with details on how to comment. In addition the STP published for comment in October 2014, the STP published for comment in January 2015 and the STP published for comment in September 2015 all identified that rules would be promulgated in the 2016 legislative session.

**The requirement to align with Idaho landlord tenant law is already in place in Medicaid rule and was effective July 1, 2016. The Admission Agreement for Certified Family Homes will be revised and implemented 10/24/16. All Certified Family Homes will be expected to be fully compliant by the time the HCBS assessment process begins in January of 2017.

1d. 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: Analysis of Settings for Characteristics of an Institution

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 completed an initial assessment of all settings against the first two characteristics of an institution in early 2015. At that time there were no settings where an HCBS participant lived or received services

that were located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment. Further, there were no settings on the grounds of or immediately adjacent to a public institution.

Idaho has initiated its assessment of all settings for the third characteristic on an institutional setting: the setting has the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS. That process is described in detail in Section 2a and Section 2b.

Any setting identified as potentially institutional will receive a site visit by Department staff who will examine each site for all the characteristics of an institution. If the state determines a setting is HCBS compliant and likely to overcome the presumption of being an institution, those sites will be moved forward to CMS for heightened scrutiny. Any site unable to overcome this assumption will move into the provider remediation process.

The reader should note that much of this section of the State Transition Plan has been revised as the state has modified its strategy for analysis of settings for characteristics of an institution. Versions 1- 3 of the State Transition Plan contain all previous verbiage and can be found at: www.HCBS.dhw.idaho.gov .

2a. Analysis of Residential Settings for Characteristics of an Institution

Idaho Medicaid supports two types of residential settings for adults that needed to be analyzed against the characteristics established by CMS as presumptively institutional. They are CFHs and RALFs.

Certified Family Homes (CFHs)

In September of 2014 Department of Health and Welfare's health facility surveyors from the CFH program were asked to identify if any CFH was in a publicly or privately owned facility providing inpatient treatment, or on the grounds of or immediately adjacent to a public institution. Health Facility surveyors visit every CFH once a year so they have intimate knowledge of each physical location. No CFH was found to meet either of the first two characteristics of an institution.

In April 2016 that process was repeated with questions added related to isolation. Surveyors again reported that there are no CFHs that are in a publicly or privately owned facility providing inpatient treatment, or on the grounds of, or immediately adjacent to, a public institution. However, six CFHs were identified as potentially having the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS.

Residential Assisted Living Facilities (RALFs)

In early summer of 2014 Department of Health and Welfare's 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 on the grounds of or immediately adjacent to a public institution. No RALFs were found to meet either of the first two characteristics of an institution.

In April 2016 that process was repeated with questions added related to isolation. It again found that no RALFs are in a publicly or privately owned facility providing inpatient treatment, or on the grounds of, or immediately adjacent to, a public institution. However, licensing and certification staff were unable to assess all RALFS for isolation. While the actual address and physical proximity of the sites to inpatient facilities or to a public institution had not changed, staff determined that they could only accurately assess each RALF for isolation if they had visited that RALF recently. As a result Idaho's assessment of RALFs for this third characteristic of an institution, that the setting has the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS, is not yet complete. Idaho expects to utilize a different process for assessing RALFS for this third characteristic. It is now proposed that any RALF not recently visited by licensing and certification staff and assessed by them for isolation, will receive an on-site visit between January 2, 2017 and June 30, 2017. This visit will specifically assess each RALF to determine if the setting has the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS.

2b. Analysis of Non-Residential Settings for Characteristics of an Institution

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.

In 2015 Medicaid solicited the help of Department of Health and Welfare staff responsible for completing the licensing and certification of DDA settings to assess those settings for the first two characteristics of an institution. Those characteristics are that they are in a publicly or privately owned facility providing inpatient treatment or on the grounds of, or immediately adjacent to, a public institution. 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. In April 2016 that process was repeated with questions added related to isolation. No DDAs were found to have any of the three characteristics of an institution.

To assess adult day health centers against the first two characteristics of an institution, the Idaho Department of Health and Welfare staff responsible for the biannual provider quality reviews 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. In April 2016 that process was repeated with questions added related to isolation. No adult day health centers were found to have any of the three characteristics of an institution.

2c. Children's Residential Care Facilities

During Idaho's initial analysis of non-residential service settings the state identified 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. There were six children in the state living in residential care facilities and accessing home and community based services as of May, 2016. The state has notified these children's families and service providers that the child can no longer access services with HCBS funding while living in the residential care facilities because they are considered institutions. The medically necessary service needs of these children are being authorized via Early and Periodic Screening, Diagnostic, and Treatment funding. Additionally, the state has developed an internal process to ensure cross-program coordination is used to prevent HCBS funding from being used in the future for children moving into and residing in a residential care facility. The state ensures HCBS funding is not being used by any HCBS eligible children who are residing in a children's residential facility as of May 1, 2016.

2d. Heightened Scrutiny Process

Any setting with a negative or 'unknown' response to the questions assessing the characteristics of an institution will be subject to further evaluation. This evaluation will include:

- A site visit to each setting by Medicaid staff to assess firsthand the settings characteristics to determine if the setting does or does not meet the characteristics of an institution
- A review of documented procedures for how participants access the broader community
- Barriers which are present at the setting to prevent or deter people from entering or exiting. Idaho will recognize exceptions to barriers utilized for safety measures for a particular individual.
- In residential settings the processes that are utilized to support social interactions with friends and family in the setting and outside of the setting.

The review of settings with a negative or 'unknown' response to the questions assessing the characteristics of an institution will be completed by June 30, 2017. Idaho will identify those settings it believes can overcome the assumption of being institutional and will submit evidence to CMS demonstrating such. This evidence will include such things as:

- Any documented procedures for how individuals access the broader community
- Logs which may be used for exiting or entering the setting
- Case notes on individual's activities
- Calendar of activities sponsored outside of the setting
- Documented procedures for outside visitors and outside phone calls, etc.

Settings the state believes are institutional and cannot overcome this assumption will be moved into the provider remediation process.

Section 3: Site-Specific Assessment and Site-Specific Remediation

Overview

Idaho will use a multi-component approach to assess all HCBS settings for compliance with the HCBS setting requirements. A summary of those components follows:

- Medicaid will complete a one-time site-specific assessment for a randomly selected and statistically valid sample of HCBS service providers, stratified by provider type. During those site visits each site will be assessed on all setting requirements and evidence of compliance will be examined. This work will begin on January 2, 2017 and be completed by December 31, 2017.
- At the same time, beginning January 2, 2017, Medicaid will start its ongoing monitoring of all sites for HCBS compliance. This simultaneous implementation of ongoing monitoring and the site-specific assessments will ensure that settings not selected for a site visit will still be assessed for compliance with HCBS setting requirements. Details for ongoing monitoring can be found in the Section 3d below.

Both the site-specific assessments and the ongoing monitoring work can potentially lead to discovery of a non-compliance issue. Discovery of non-compliance issues will result in remediation activities; see Section 3b for details on provider remediation.

In preparation for initiation of the site-specific assessment and resulting remediation work, the state has completed regulatory changes in IDAPA to support the HCBS setting requirements. Rule changes are effective July 1, 2016, and providers are given six months before enforcement actions begin. Idaho will begin its formal assessment of settings in January2017, which is expected to take one year.

Tasks designed to assist the state in preparing for the assessment are currently underway. 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 2, 2017. In addition, there have been numerous training opportunities for providers to date and the HCBS regulations have been shared.

The assessment plan described below in 3a covers provider owned or controlled residential and non-residential settings that are not the participants' own home. These are settings in which providers have the capacity to influence setting qualities. The provider types and number of current setting are:

- Adult Day Health Centers – 53 service sites
- Developmental Disability Agencies – 75 service sites
- Certified Family Homes – 2,212 service sites
- Residential Assisted Living Facilities – 352 service sites

By January 1, 2018, all HCBS settings in Idaho will have been assessed for compliance with the HCBS setting qualities. While not all setting sites will receive an on-site assessment, all settings are subject to the ongoing monitoring activities that will be established by January 1, 2017 (see section 3d.). Data

collected during ongoing monitoring activities will inform the state's determination of compliance vs. noncompliance of the settings not selected for an on-site assessment.

Section 3b describes the proposed plan for site-specific provider remediation. Section 3c describes Idaho's plan for relocating participants in non-compliant settings or with non-compliant service providers. Finally, Section 3d describes the ongoing monitoring plan and, includes all settings where Medicaid HCBS are delivered. While Idaho Medicaid presumes that services delivered in community settings or in a participant's private residence meet HCBS setting quality requirements, an ongoing monitoring system will ensure that Medicaid providers do not arbitrarily impose restrictions on setting qualities while delivering those services. Monitoring will be used to hold all providers of HCBS accountable for setting quality compliance and to ensure participant rights are honored.

Idaho Standards for Integration in All Settings

Idaho has worked extensively with providers, advocates, licensing and certification 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 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.

3a. Site-Specific Assessment

Idaho last submitted an updated Statewide Transition Plan to CMS on October 23, 2015. That plan included the assessment plan for Idaho HCBS services. The approach at that time employed a risk stratification methodology whereby all settings would initially be screened to assess compliance and to identify those settings most likely to have difficulty meeting the setting requirements.

Based on guidance provided by CMS through informational webinars and subsequent phone meetings, Idaho does not believe the approach published in October 2015 will meet the CMS standards for site assessments. As a result the information originally contained in this section has been deleted and replaced with an updated plan for assessing HCBS sites in Idaho for compliance. The deleted information is included on the HCSB webpage, www.HCBS.dhw.idaho.gov, in version 3 of the STP. Below is the new assessment process Medicaid intends to implement.

The proposed strategy and timeline for assessment includes the following activities:

Baseline Assessment of Settings: April 2016 – June 2016

- Idaho will complete a baseline assessment of HCBS settings between April and June of 2016.
- A data analyst from Medicaid will select a random sample of sites to take part in the baseline assessments. The sample size will include more sites than required to have a statistically significant sample, as participation will be voluntary.
- Staff will contact providers on the list to ask them if they would be willing to participate in the baseline assessment. If the provider agrees, a time will be scheduled to complete the assessment over the phone.
- Providers will be asked to identify over the phone what evidence they will provide to support their responses should they be selected for the official site-assessments scheduled to begin in January of 2017.
- All assessment results will be tracked and a summary report of compliance vs. non-compliance will be generated once the baseline work is completed.
- The information obtained from the baseline work will be used to;
  - determine current levels of HCBS compliance in the provider community,
  - inform the development of upcoming provider trainings,
  - identify best practices for compliance,
  - identify the types of evidence providers can maintain to validate compliance,
  - modify the provider self-assessment tool and the on-site assessment tool if necessary,
  - potentially identify additional materials needed for the provider toolkit,
  - provide targeted technical assistance to those providers who have participated, and
  - inform current plans for the site-assessments scheduled to begin in 2017.

Provider Self-Assessment: August 1, 2016 – December 31, 2016

- All HCBS providers will be given a provider self-assessment tool by August 1, 2016 and will be required to complete the self-assessment no later than December 31, 2016. This requirement is now supported in Idaho rule.
- Training will be offered to providers on how to complete the self-assessment and what best practices might look like.

- Providers will be informed they may be selected for on-site assessment beginning in 2017. At that time, providers would be expected to produce both a completed self-assessment and evidence to support each response. They will also be informed that they may be asked at any time in 2017 to submit their completed self-assessment and the evidence to support their responses to Medicaid for review should any concerns about their compliance arise during 2017. Concerns may be triggered either via a complaint or as a result of on-going quality assurance activities described below in Section 3d.
- All providers will be required to maintain a copy of the completed provider self-assessment specific to that location on site for all of 2017 along with the evidence to support each response.

Assessment of Compliance through Site-Specific Visits: January 1, 2017 – December 31, 2017
Beginning in January of 2017, Medicaid staff will visit a stratified random statistically valid sample of HCBS settings to complete an on-site assessment for HCBS compliance. Settings to receive a site assessment will be selected using the following process:

- The population for each provider type will be stratified among the three geodensity areas of Frontier, Rural, and Urban counties (Frontier < 7 person per sq. miles, Rural >= 7 person per sq. miles and does not have a population center of 20,000 or greater, Urban are those counties that have a least one population center of 20,000 or greater).
- The sample size of each strata will be based on the population size of each provider type and geodensity category selected with a 95% confidence level and a ± 10% confidence Interval/ margin of error.
- A data analyst from Medicaid will use the probability sampling type of stratified random sample for the population of providers. Random numbers will be generated and assigned by the auto-process of MS Excel's "Random Number Generator" tool from the "Data Analysis" feature.
- The sample for each strata will be selected by the ascending sort order of the random numbers. The providers not selected in each strata will be placed on a replacement list and will be selected as needed based on the ascending sort order of the random numbers.

The HCBS Coordinator will be responsible for overseeing the site-specific assessment process and for tracking the outcomes. Site–specific assessments will begin January 2, 2017 and will run through December 31, 2017. A site-specific assessment tool has been developed for use during the site visits/assessments.

The team who will be completing the site-specific assessment has been identified. They will receive training on use of the site-specific assessment tool later this year. In addition to formal training, the assessment team members will be asked to participate in the baseline assessment work described above. This will allow them an opportunity to try the site-specific assessment tool in advance of the official assessment.

The site-specific assessments will be completed in person by state staff who will visit the identified sites specifically to assess HCBS compliance. Providers will be contacted in advance of the site-assessment visit and asked to have available their completed self-assessment and the evidence they have to support each response in that self-assessment. Once on site, the assessment team will utilize the site-specific assessment tool to assess compliance. The tool aligns directly with the provider self-assessment.

During the visit the assessor will document the provider's responses and the evidence the provider is offering to support the responses. The assessor will complete observations and/or follow-up questioning with providers or participants as needed to determine the status of the provider's compliance with all the HCBS requirements. The assessor will document the decision of compliance or non- compliance for each regulation and will note the rationale for the determination of compliance or non-compliance.

Within fifteen calendar days of each site-specific assessment, providers will be given the results of the assessment. If an issue of non-compliance has been identified the provider will also receive a request for a corrective action plan and be moved into the remediation process described in 3b below. All requests for a corrective action plan will include an offer for technical assistance on how to come into full compliance.

An HCBS Oversight Committee will be established in January, 2017. Members are expected to consist of staff, providers, advocates and participants or family members. The Committee will serve in an advisory capacity to support the HCBS Coordinator during the assessment process and ensure Idaho is fully compliant by March of 2019.

Beginning January 1, 2017, the HCBS Coordinator will report the status of the on-site assessments to the Oversight Committee and to CMS on a quarterly basis.

Following the completion of all provider site-assessments in December of 2017, a comprehensive report will be made and included in the state transition plan that addresses the results of all provider site-assessments. The following table outlines the number of site-assessments that are expected to be completed on a quarterly basis.

Assessment Milestone and Timeline Summary

Site Assessment Sample by Quarter		
Setting Type	**Sample Size**	**Number of Sites to be Assessed in 2017**
Certified Family Home	95 providers	First quarter: 24 sites Second quarter: 24 sites Third quarter: 23 sites Fourth quarter: 23 sites
Residential Assisted Living Facilities	76 providers	First quarter: 19 sites Second quarter: 19 sites Third quarter: 19 sites Fourth quarter: 19 sites

Developmental Disability Agencies	55 providers	First quarter: 14 sites Second quarter: 14 sites Third quarter: 14 sites Fourth quarter: 13 sites
Adult Day Health Centers	8 providers	First quarter: 2 sites Second quarter: 2 sites Third quarter: 2 sites Fourth quarter: 2 sites

3b. Site Specific Remediation

To ensure provider compliance with HCBS rules, the state has provided extensive provider trainings that began in 2014 and will continue through the end of 2016. The state is developing a toolkit that providers can utilize to comply with the HCBS rules. Below is a description of Idaho's proposed provider remediation process that will be used to track and report on progress towards full compliance.

Any HCBS provider, residential or non-residential, found to be out of compliance with the HCBS setting requirements via the initial assessment or via ongoing monitoring activities will undergo the following proposed provider remediation process.

- If an HCBS rule violation is identified, the provider will receive a request for a Corrective Action Plan (CAP).
- CAPs will also be issued for any non-compliance issue identified during the monitoring of settings or complaints the department might receive.
- The provider will be given 45 days to implement the CAP. QA/QI staff will offer technical assistance to the provider to become fully compliant with HCBS rules throughout the CAP process. The provider will be required to submit documentation validating compliance to the QA/QI staff within 90 days of an approved CAP before the process can be determined complete.

The state has developed 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 to ensure provider compliance with HCBS rule. This process will allow providers ample opportunity for compliance and allow the state time to support participants who choose to consider alternative, compliant providers.

The HCBS Coordinator will be responsible for coordinating all remediation activities related to Home and Community Based Settings. The HCBS Coordinator, along with the QA/QI staff, is responsible for providing technical assistance to providers during the CAP process and enforcement actions as needed.

Section 4: Major Milestones for Outstanding Work includes a table with the tasks and timeline for activities to specifically address remediation.

3c. Participant Relocation

Idaho Medicaid initially published a high-level plan on how the state will assist participants with the transition to compliant settings. The state has now developed a more detailed relocation plan. This plan describes how the state will deliver adequate advanced notice, which entities will be involved, how

participants 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.

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 prior to April 2018 based on the corrective action plan timeline. 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. This will trigger the relocation process outlined below:

- If it is determined a setting does not meet HCBS setting requirements, the plan developer (the person responsible for the participant's person centered service plan) will notify the affected participants and their legal guardian(s), if applicable. The formal notification letter will indicate that their current service setting does not meet HCBS requirements and will advise participants to decide which of the following they prefer:
    - To continue receiving services from that provider without HCBS funding.
    - To continue receiving Medicaid HCBS funding for the services and change providers.

  The participant will be asked to respond within 30 days from the date of the letter.
- The letter will further indicate that, if the participant wishes to continue receiving Medicaid HCBS funding for the service, he or she must select a new provider who is compliant with Medicaid HCBS rules. It will direct participants to the appropriate entity for assistance. Participants will then be given information on alternative HCBS compliant settings along with the supports and services necessary to assist them with this relocation.
- Once the participant has made his or her decision they will have 30 days to transfer to a new provider. An extension for up to six months may be offered if necessary to find alternative HCBS compliant care or housing. Extensions will be offered on a case-by-case basis in order to meet the participant's needs.
- The plan developer will revise the plan of service and follow the process of the specific program for authorizations. An updated person-centered plan will reflect the participant's choice of setting and services.
- The Department will send the current service provider a formal notification letter indicating that their Medicaid provider agreement will be terminated, and that participants served have been notified that the provider is not HCBS compliant. This notification will occur no less than 30 days prior to relocation or discontinuation of Medicaid funding for the service. The specific reasons will be included in the agency's formal notification. The current provider may be requested to participate in activities related to the relocation of the participant based on requirements identified in the specific program rules and the Medicaid Provider Agreement.
- Upon relocation to a new HCBS provider, any modifications or changes necessary for the person's health, safety, or welfare will be addressed in the new or revised person-centered plan of service.

- Medicaid will submit quarterly updates to CMS beginning in January, 2017 indicating the number of participants impacted by a non-compliant HCBS setting or provider and provide the general status of participant relocation activities.

Timeline for Relocation of Participants

Trigger: The corrective action plan process produces unsatisfactory results (a provider either refuses to comply or cannot make the necessary changes), thus a decision is made to no longer allow that provider to serve HCBS participants. This can occur as early as January 2017.	
Step	**Timeline**
1. Medicaid sends a formal letter to the participant asking the participant to respond within 30 days. The participant is offered assistance by the appropriate entity.	1. This step can occur as early as January 2017.
2. Medicaid sends the provider a formal notification letter indicating that their Medicaid provider agreement will be terminated and that participants served have been notified that the provider is not HCBS compliant.	2. This step can occur as early as January 2017.
3. Once the participant has made their decision they will have 30 days to transfer providers unless the Department extends the relocation process for up to six months.	3. This step can occur as early as 30 days after step one is initiated.

3d. Ongoing Monitoring

Ongoing quality assurance activities will begin January 1, 2017. Those activities include:

- Existing participant feedback mechanisms will be modified to include targeted questions about HCBS compliance in the participant's service setting. There are four tools used at Medicaid: the Children's Service Outcome Review (CSOR) which is used to assess services provided to Children's DD waiver and Act Early waiver participants, the Adult Service Outcome Review (ASOR) and Participant Experience Survey (PES) which is used to assess services provided to Adult DD waiver participants, and the Nurse Reviewer Home Visit form, which is used to assess services provided to A&D waiver and State Plan Personal Care Services participants.
- Existing Provider Quality Review processes will be modified to include components specific to HCBS compliance.
- Existing complaint and critical incident tracking and resolution processes will be modified to include an HCBS setting quality category.
- Licensing and Certification staff will be assessing compliance with some of the HCBS requirements when completing their routine surveys of Certified Family Homes, Developmental Disability Agencies and Residential Assisted Living Facilities. They will continue to cite on requirements that are included in their rules, and will notify the respective Bureau's Quality Assurance Specialist if issues with other HCBS requirements are identified. The Bureau's Quality Assurance Specialist will investigate and document the compliance issue in the same manner as a complaint.

Ongoing issues or trends will be reported to the Oversight Committee through March, 2019. Once Idaho has reached full compliance, issues or trends related to HCBS compliance will become part of existing quality monitoring management mechanisms. At that time the role of the Oversight Committee will be reassessed.

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									

Section 4: Major Milestones for Outstanding Work

In the initial versions of the Idaho State Transition Plan Idaho included tasks for reaching compliance along with a task description and timeline. In version 4 of the STP those tasks have been moved to Attachment 5, Task Details. **Only major milestones** remain in the body of the STP. The tasks will continue to be updated in the attachment, but readers can find the major milestones for outstanding work and the associated timelines here. Quarterly updates on the status of incomplete work will be provided to CMS based on these milestones:

Systemic Assessment: The systemic assessment has already been completed. Results are included in Section 1 of this STP and thus there are no tasks remaining to reach this milestone.
Milestone: Systemic Assessment complete 3/31/16

Systemic Remediation

Tasks	Deliverables	Start Date	End Date	Status
Idaho Administrative Code (IDAPA) Promulgated: Rule changes proposed to Idaho Code to support new federal HCBS regulations	Link to IDAPA once approved by the legislature	1/27/15	Passage 4/30/16 effective 7/1/16	Complete, rules effective 7/1/16
Renewal of Children's 1915(i) to incorporate new federal HCBS regulations	State plan amendment documents to be submitted to CMS	3/31/16	6/30/16	Complete
SPA for 1915(i) Amend Children's 1915(i) to incorporate new federal HCBS regulations	State plan amendment documents to be submitted to CMS	7/01/16	9/30/16	Complete
SPA for 1915(i) Amend Adult 1915(i) to incorporate new federal HCBS regulations	State plan amendment documents to be submitted to CMS	7/01/16	9/30/16	In process
Waiver Amendments Adult DD Amendment to the Adult DD Waiver to support new HCBS regulations	Waiver documents to be submitted to CMS	5/31/16	6/30/16	Complete
Waiver Amendments A&D Amendment to the A&D Waiver to support new HCBS regulations	Waiver documents to be submitted to CMS	5/31/16	6/30/16	Complete
Waiver Amendments Children's DD	Waiver	5/31/16	6/30/16	Complete

Amendment to the Children's DD Waiver to support new HCBS regulations	documents to be submitted to CMS			
Waiver Amendments Act Early Amendment to the Act Early Waiver to support new HCBS regulations	Waiver documents to be submitted to CMS	5/31/16	6/30/16	Complete
Form and process revisions in the Certified family home program to provide protections that address eviction processes and appeals comparable to those provided under Idaho landlord tenant law.	Documents available upon request	9/20/16	10/21/16	In process
Idaho Administrative Code (IDAPA) Promulgated: Rule changes proposed to Idaho Code to support new federal HCBS regulations as it relates to landlord tenant requirements*	Link to IDAPA once approved by the legislature	7/5/16	Passage 4/30/17 effective 7/1/17	In process
Milestone: Systemic Remediation complete 7/1/17				

* An interim solution is currently in process to update the occupancy agreement requirements for all Certified Family Homes to align with Idaho landlord tenant laws. Licensing and certification Rule support will follow July 1, 2017.

Analysis of Settings for Characteristics of an Institution

Tasks	Evidence	Start Date	End Date	Status
Develop a survey for staff to use to examine if a setting has any of the characteristics of an institution, including isolation	Survey	4/1/16	4/29/16	Complete
Staff who regularly visit HBCS sites complete the survey based on their knowledge of each physical location	Completed surveys	5/2/16	5/20/16	Complete for all settings except RALFS
Analyze the survey results. Identification of settings that have characteristics of an institution, including isolation.	Survey results	5/23/16	6/3/16	Complete for all settings except RALFS
Hire and train staff to complete on-site assessments of RALFS to determine if they have the characteristics of an institution.	No deliverable	10/3/16	12/30/16	Not started

Complete site visits and assessments of any RALF not previously assessed by licensing and certification staff to determine if any RALF has a characteristic of an institution.	Information can be included in quarterly reports to CMS upon request	1/2/17	6/30/17	Not started
Complete site specific visits and assessments for the CFHs identified as potentially isolating.	Information can be included in quarterly reports to CMS upon request	1/2/17	6/30/17	Not started
Gather and review the evidence providers offer to overcome the assumption of being institutional and determine which sites Idaho will move forward to CMS for heightened scrutiny and which will move into the provider remediation process.	Full listing of assessment outcomes will be published in V5 of the STP, 4/30/18 to 5/31/18	1/2/17	9/15/17	Not started
Submit requests for heightened scrutiny to CMS for settings believed by Medicaid to be HCBS compliant.	Requests submitted to CMS	7/1/17	12/29/17	Not started
For all sites determined to be institutional, move forward with removing that provider's agreement and utilization of the participant relocation plan.	Quarterly updates to CMS	1/2/17	Ongoing	Not started
Milestone: Analysis of Settings for Characteristics of an Institution complete 12/29/17				

Site-Specific Assessment

Tasks	Evidence	Start Date	End Date	Status
Time for providers to come into compliance after Idaho Code to support HCBS compliance go into effect July 1, 2017	No deliverable	7/1/16	12/31/16	In process
On-site assessment of a statically valid sample of all setting types for compliance with the HCBS setting requirements	Quarterly updates to CMS: see the ***Assessment Timeline and Milestone Summary*** in Section 3a. Additionally the site-specific assessment results will be published in v5 of the STP, 4/30/18 to 5/31/18	1/4/2017	12/31/17	Not started
Milestone: Site-specific assessment complete 12/31/2017				

Site-Specific Remediation and Participant Relocation

Tasks	Evidence	Start Date	End Date	Status
1. Planning				
• Site-specific plan for provider remediation finalized	Provider Remediation Plan published for public comment	6/3/2016	7/4/2016	In process
• Plan for participant relocation finalized	Participant Relocation Plan published for public comment	6/3/2016	7/4/2016	In process
2. Provider and Participant Trainings				
Stakeholder WebEx Series: • HCBS Implementation - Overview of HCBS requirements with a focus on related IDAPA rules for all stakeholders (four presentations)	WebEx presentations as well as documentation of phone conferences	4/4/16	5/16/16	Complete
• Training on use of the provider toolkit for residential and non-residential providers (two presentations)	WebEx presentation	7/26/16	8/2/16	Not started
• Training on how to complete the Provider Self-Assessment (two presentations)	WebEx presentation	8/9/16	8/23/16	Not started
• Final Questions (two presentations)	Documentation of phone conference	9/8/16	10/4/16	Not started
3. Training Internal Staff to Prepare for Assessment Staff doing on site assessments in 2017 from BDDS, BLTC and FACS: Understanding the assessment process, timeline, and the provider remediation process- Review detailed business processes for assessment, tracking, and reporting.	Training outline and/or meeting materials	5/11/16	11/30/16	In process
4. Corrective Action Plan Process utilized to address issues of non-compliance	All non-compliant setting providers who were unable to comply or who chose to not comply will be identified in v5 of the STP 4/30/18 to 5/31/18	1/2/2017	12/31/17	Not started
5. Participant relocation activities to support transitioning of participants to compliant HCBS settings. The participant	Quarterly reports to CMS on participant relocation activities beginning 1, 2017. Documentation of	1/2/2017	3/19/2019	Not started

relocation plan described in Section 3c will be utilized in this process.	the number of participants impacted by the need to relocate due to issues of HCBS non-compliance.			
Milestone: Site-Specific Remediation and Participant Relocation Complete 3/19/2019				

Statewide Transition Plan

Tasks	Evidence	Start Date	End Date	Status
Submission of STP to CMS: includes publication for public comment, comment analysis and STP changes as a result of comments	STP v4 to be published from 6/4/16 to 7/4/16 Submitted to CMS 7/29/16	6/4/16	7/29/16	In process
Submission of STP to CMS: will include assessment results. STP will be published for public comment, public comment analysis and STP changes as a result of comments will be completed.	STP v5 to be published from 4/30/18 to 5/31/18 and to be submitted to CMS – 7/1/18	4/30/18	5/31/18	Not started
Milestone: State Transition Plan Submitted to CMS for Final Approval 7/1/2018				

Other

Tasks	Evidence	Start Date	End Date	Status
Toolkit development	Toolkit	3/7/16	7/15/16	Complete
HCBS Oversight Committee established and operational This Committee will meet quarterly and oversee all assessment and on-going monitoring activities	Oversight Committee charter and membership list	1/31/17	3/15/2019	Not started
Milestone: Toolkit Complete and Oversight Committee Operational 1/29/2017				

Section 5: Public Input Process

5a. 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 and planning.

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, again on September 9, 2015, through October 12, 2015, and finally on June 3, 2016 through July 4, 2016. 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	iii.	The Idaho State Journal
ii.	The Idaho Statesman	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:	***Written: Comments may be sent to the following address:***	***Fax:***
HCBSSettings@dhw.idaho.gov	*HCBS*	*(208) 332-7286*

Division of Medicaid
P.O. Box 83720
Boise, ID 83720-0009

Voicemail Message:
1-855-249-5024

12. The Transition Plan (v2) was submitted to CMS on March 13, 2015, (v3) was submitted on October 23, 2015 and (v4) was submitted to CMS on July 29, 2016. 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 and fourth comment period noticing process have been posted on the Idaho HCBS webpage found at www.HCBS.dhw.idaho.gov 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.

5b. 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.* No comments were received during the fourth comment period, June 3, 2016 through July 4, 2016.

5c. 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 assessed 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.*

Fourth Comment Period

There were no comments received during the fourth comment period and thus no changes were made to the Transition Plan based on comments.

5d. 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.*

Fourth Comment Period

There were no comments received during the fourth comment period and thus no areas where the state's determination differs from public comment.

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

NOTE: There were no public comments made to the Idaho HCBS Settings Transition Plan posted in June, 2016

Attachment 5: Task Details

Attachment 6: Response to CMS Request for Additional Information

Attachment 7: Index of Changes