

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**



**Comments on District of Columbia Plan to Comply with New Federal Home and Community Based Services Requirements**

Stakeholder	Comment	Response
The Arc of the District of Columbia, Karen Wolf-Branigin	We recommend that providers complete a self-assessment on each of the settings in which it provides services, not on the provider service-type as is currently indicated	DDS disagrees, based upon the nature of our services. All of our residential locations are small and this would be a very burdensome requirement for providers. For our day programs, most providers that have a facility have just one, so the review would effectively occur by setting. Please note that the provider assessment is only one part of our review of settings. Our personal experience assessment will include monitoring of each person's services against the rule, so the individual settings will be examined.
The Arc of the District of Columbia, Karen Wolf-Branigin	We further recommend that a third party (such as the DC University Center for Excellence in Developmental Disabilities) assist in the development of the assessment tool as well as the analysis of information obtained through the assessment.	DDS agrees. The assessment tools were developed with the HCBS Settings Advisory Group, with guidance to the group from Mary Lou Bourne, Partner, Support Development Associates. The DC UCEDD is an active member of our HCBS Settings Advisory Group. DDS agrees to share data from the assessment tools in aggregate on our website.
The Arc of the District of Columbia, Karen Wolf-Branigin	We recommend that DDS QMD set stricter parameters about how they will validate provider self-assessments. For example, what percentage of settings indicated as being fully compliant will be reviewed, what process will be used, and who will complete the review? In addition, how will resulting data be shared with the public?	The process for conducting a validity check is currently in development by DDS QMD. Resulting data will be shared, in aggregate, on the DDS website.
The Arc of the District of Columbia, Karen Wolf-Branigin	Please indicate the process of determining which settings will be recommended for heightened scrutiny by CMS.	The assessment process is ongoing and thus it would be premature to include this. DDS's Transition Plan states that it will file an updated transition plan by 3/17/2016 and this issue will be addressed at that time. FMI, please see the new Section IIB, Heightened Scrutiny Process, in the IDD Waiver Transition Plan.

The Arc of the District of Columbia, Karen Wolf-Branigin	Please explain the process through which DDS employees will obtain training on how to conduct monitoring.	DDS employees have already receiving training on the requirements of the HCBS Settings Rule. We assume that monitoring here refers to the role of service coordinators in conducting the personal assessments as part of the regular service coordination monitoring tools. Service coordinators will be trained on the new questions through the established process of training staff on additions to the monitoring tools. DDS Human Capital Administration will track attendance to ensure all service coordinators are trained.
The Arc of the District of Columbia, Karen Wolf-Branigin	We recommend that DDS use the assistance of professionals with experience in survey design to draft the assessment tool for people with I/DD and their families. It is recommended how the process will be evaluated.	DDS agrees, but no change is required. DDS worked with Mary Lou Bourne, partner, Support Development Associates, to develop the assessment tool for people with I/DD and their families. Additionally, DDS worked with its HCBS Settings Advisory Group and had several people from our self-advocacy group participate in that meeting.
The Arc of the District of Columbia, Karen Wolf-Branigin	We recommend the term inclusion replace the term integration.	Per CMS' Home and Community-Based Services (HCBS) Settings Final Rule (CMS 2249-F/2296-F), the goal of "integration" is mentioned repeatedly with regards to those receiving HCBS services. Given that this plan is focused on complying with CMS' rule, DHCF feels it inappropriate to remove the term "integration," but instead will add the term "inclusion" as an added goal.
The Arc of the District of Columbia, Karen Wolf-Branigin	We recommend that a 5th DC department be included (The DC Department of Vocational Rehabilitation Services)	DDS' Deputy Director for the Rehabilitation Services Administration served on the No Wrong Door workgroup. This comment falls outside the scope of this Transition Plan.
The Arc of the District of Columbia, Karen Wolf-Branigin	We recommend the DC Department of Vocational Rehabilitation Services be added to the departments that use the standardized assessment tool and conflict free face to face process.	DDS disagrees. The standardized assessment tool is about LTSS needs and is not aimed at evaluating people for VR services. Additionally, VR does not provide case management services, thus the requirements for conflict free case management are not applicable.
The Arc of the District of Columbia, Karen Wolf-Branigin	We recommend that adult day program be changed to community-based, alternative to a traditional adult day program that promotes person-centered thinking, self-advocacy and full community inclusion program	ADHP services are designed to encourage older adults to live in the community by offering non-residential medical supports and supervised, therapeutic activities in an integration community setting; to foster opportunities for community inclusion, and to deter more costly facility-based care. This comment falls outside the scope of this Transition Plan.

The Arc of the District of Columbia, Karen Wolf-Branigin	We recommend that self-advocates and advocates (e.g. family members) will be part of the training and community of practice team.	The Community of Practice structure will be developed with the HCBS Stakeholder Subgroup on Conflict Free Case Management, and this suggestion will be shared with that subgroup, but falls outside the scope of this Transition Plan.
The Arc of the District of Columbia, Karen Wolf-Branigin	We recommend that “assuring that residents enjoy a high quality of life as measured by their selected quality of life indicators” be added to the list of HCBS setting qualities and requirements	For the purposes of working with HRLA to revise regulations for community residential facilities and assisted living residences, DHCF and DDS aim to be compliant with all of CMS' HCBS settings requirements. Overall quality of life measures fall outside the settings requirements set forth by CMS.
The Arc of the District of Columbia, Karen Wolf-Branigin	We recommend adding this to the EPD Provider Readiness Review Checklist: a. Residents are included in developing questions for staff interviews b. Residents are included in staff interviews c. Residents input is included in staff performance appraisals d. Residents serve as trainers in staff orientation and ongoing staff training.	This suggestion has been shared with DHCF's Long Term Care Administration. This comment falls outside the scope of this Transition Plan.
The Arc of the District of Columbia, Karen Wolf-Branigin	We recommend including residents on the training team for the DHCF, DOH, SCOA, ADRC training	Per this comment, DHCF will host a training specific to the stakeholder community, including EPD waiver beneficiaries, on the DOH standards and the new EPD provide requirements.
The Arc of the District of Columbia, Karen Wolf-Branigin	We recommend including at least one self-advocate and one advocate (e.g. family member) as a member of the site visit review team	This suggestion has been shared with DHCF's Long Term Care Administration. This comment falls outside the scope of this Transition Plan.
The Arc of the District of Columbia, Karen Wolf-Branigin	We recommend that once DHCF finalizes the Medicaid assessment process and assessment tool, it's recommended that DCHF engage in an RFP process to select and contract with DC providers to conduct these assessments. This can increase the frequency of completed assessments and decrease wait time for families.	DHCF already funds an independent entity to conduct the LTC assessment tool.

<p>The Arc of the District of Columbia, Karen Wolf-Branigin</p>	<p>We recommend that those served by day programs:</p> <ul style="list-style-type: none"> <li>a. Are included in developing questions for staff interviews</li> <li>b. Are included in staff interviews</li> <li>c. Provide input on staff performance appraisals</li> <li>d. Serve as trainers in staff orientation and ongoing staff training.</li> </ul>	<p>This suggestion has been shared with DHCF's Long Term Care Administration. This comment falls outside the scope of this Transition Plan.</p>
<p>The Arc of the District of Columbia, Karen Wolf-Branigin</p>	<p>We recommend adding that in order to support and reinforce DDS's Employment First Policy, DDS will develop a plan for phasing our sheltered workshops</p>	<p>DDS disagrees, because we do not have any sheltered workshops.</p>
<p>The Arc of the District of Columbia, Karen Wolf-Branigin</p>	<p>We recommend that people with I/DD be included in drafting and training professionals on the use of assessment tools</p>	<p>DDS agrees in part. As indicated above, people with IDD were included in drafting the assessment tools. In terms of training, DDS will invite Project ACTION! to participate in the upcoming trainings on the provider assessment tools. Training for service coordination will happen during the regular division meetings and is not conducive to bringing in trainers.</p>
<p>The Arc of the District of Columbia, Karen Wolf-Branigin</p>	<p>We recommend that the District of Columbia's final Plan to Comply with New Federal Home and Community Based Service Requirements be presented in a table, such as the following example, which will be more user-friendly to plan users.</p> <p>Action Item-Start Date-Expected End Date-Key Stakeholders-Progress/Status-Remediation Strategy</p>	<p>This suggestion has been taken under advisement, and the District will present the final Plan in table form within 30 days of submission to CMS (i.e., by April 17, 2015).</p>
<p>University Legal Services, Sandy Bernstein</p>	<p>It is unclear whether the initiatives described in the first ten pages...is drafted as the required Transition Plan or is just a listing of activities and plans the District developed since it does not include clear descriptions of how or when these activities will bring the District into compliance with the CMS' rule.</p>	<p>Clear descriptions of how and when activities will bring the District into compliance with CMS' rule have been added to the Transition Plan.</p>

University Legal Services, Sandy Bernstein	The plan should include a "detailed description of the state's assessment of compliance with the home and community-based setting requirements and a statement of the outcome of that assessment. However, the DC Transition Plan for the HCBS Waiver of People with IDD ("Transition Plan") does not provide the outcome of any assessment.	The assessment process is ongoing and thus it would be premature to include a statement of outcomes. However, please see the new Section IIC, C. Estimate of Compliance with HCBS Settings Rule.
University Legal Services, Sandy Bernstein	According to the Transition Plan, the assessment process will take at minimum a full year, yet there is no justification for this extended time.	DDS will clarify the Transition Plan to state that we recognize that this extends past the six month period it is using to complete the state and provider self-assessments and believes that the extended timeframe is warranted because this assessment will reach each person in both their residential and day/ vocational settings. Nonetheless, DDS believes that we will have sufficient information from the personal assessments to inform the establishment, by October 1, 2015, of specific timelines and milestones for additional revisions needed to achieve compliance with the HCBS Settings Rule.
University Legal Services, Sandy Bernstein	The District's Transition Plan does not provide an estimate of numbers of any of these settings. This failure to provide even an estimate of the potential problem settings means the extent of the need is unknown and thus, the need for remedial services to ensure compliance impossible to determine.	Of the sixteen ALRs in the District, three are Medicaid waiver-approved ALR providers who served 39 unique individuals in 2014. There are four DOH regulated CRFs for the elderly and physically disabled in the District. As it is an individual's choice which, if any, CRF they live in, it is impossible for DHCF to provide an estimate for the number of CRFs housing EPD waiver beneficiaries. Please see new Section IIA, District of Columbia HCBS IDD Settings.
University Legal Services, Sandy Bernstein	"The state must also include a complete timetable for coming into full compliance." The District did not even attempt to do this.	More specific timelines have been added to the Transition Plan.
University Legal Services, Sandy Bernstein	The Transition Plan should identify all of the types of providers who receive HCBS funding, the services they provide and how many people receive each service.	Of the sixteen ALRs in the District, three are Medicaid waiver-approved ALR providers who served 39 unique individuals in 2014. There are four DOH regulated CRFs for the elderly and physically disabled in the District. As it is an individual's choice which if any, CRF they live in, it is impossible for DHCF to provide an estimate for the number of CRFs housing EPD waiver beneficiaries. Please see new Section IIA, District of Columbia HCBS IDD Settings, for information on providers of residential, day and vocational supports.

University Legal Services, Sandy Bernstein	The Transition Plan does not contain deadlines for bringing its non-compliant settings into compliance and does not have timelines for building provider capacity to serve people in more integrated settings.	More specific timelines have been added to the Transition Plan.
University Legal Services, Sandy Bernstein	The Plan fails to address if or when the District plans to place a moratorium on new placements in settings found to be noncompliant.	The Transition Plan now includes a section on "Heightened Scrutiny" relative to a provider remaining non-compliant with the HCBS Settings Rule even after corrective actions have been implemented.
University Legal Services, Sandy Bernstein	The Transition Plan fails to discuss the District's plans for these [day habilitation programs] facilities and the hundreds of people who attend them.	DDS disagrees. DDS is engaged in a variety of efforts, described within the Transition Plan, aimed at assisting facility-based providers to reach compliance with the Rule no later than 3/17/2019. These include the capacity building activities described in the Transition Plan, as well as changes to the waiver service definition for Day Habilitation, and upcoming changes in regulations for General Provisions, Day Habilitation and Employment Readiness services.
University Legal Services, Sandy Bernstein	The District should provide the exact number, or a good estimate of numbers, attending segregated day habilitation program with little or no community integration.	DDS has provided information on the number of people who receive day habilitation services. Opportunities and amount of community integration activities varies by the person for people attending day habilitation.
University Legal Services, Sandy Bernstein	The more important timeline of all is absent-the date of required compliance. Though the review of District's policies and procedures is to be complete by the second quarter of CY 2015 there is no specific timeline or milestone for achieving actual compliance with the federal rule.	DDS will amend the plan to clearly state that we will be in full compliance by 3/17/2019.
University Legal Services, Sandy Bernstein	And though the providers are to complete their own self-assessment and create a Provider Transition Plan by the third quarter of CY 2015, there is no specific date by which the providers must actually be compliant with the federal rule.	DDS will amend the plan to clearly state that we will be in full compliance by 3/17/2019.
University Legal Services, Sandy Bernstein	The District proposes to submit an amendment to the current plan "with specific remediation activities...and milestones for achieving compliance with the HCBS Settings Rule." But it remains unclear what methods the District will use to ensure compliance with the	The assessment is currently in progress and thus it is premature to include all of the remediation methods, but they will include training and capacity building for DDS and provider staff; changes in waiver services, as needed; regulatory changes; policy and procedure changes; changes in monitoring tools; changes in licensing and certification

	CMS Rule.	requirements. Please see Section V.
University Legal Services, Sandy Bernstein	Creating a new service, Individualized Day Supports (IDS), is also very positive and ULS hopes that more people are able to take advantage of this services soon as only 135 people are currently enrolled.	DDS agrees. We have developed several tools for our staff to support this service and provide ongoing support through our IDS Community of Practice.
University Legal Services, Sandy Bernstein	As mentioned above, ULS is concerned that some of the day habilitation programs in the District remain large and are not integrated into the community, yet this issue is not addressed in the Transition Plan.	DDS disagrees. DDS is engaged in a variety of efforts, described within the Transition Plan, aimed at assisting facility-based providers to reach compliance with the Rule no later than 3/17/2019. These include the capacity building activities described in the Transition Plan, as well as changes to the waiver service definition for Day Habilitation, and upcoming changes in regulations for General Provisions, Day Habilitation and Employment Readiness services.
University Legal Services, Sandy Bernstein	The current regulations for Employment Readiness should be amended to include time limitations or people with disabilities will continue to spend years preparing for work.	DDS will consider this for a future waiver amendment.
University Legal Services, Sandy Bernstein	...We think it is critical for the District to examine the quality of supportive employment providers to ensure that they are fulfilling their obligations to the many people with disabilities who want to work. ULS cautions against relying on Small Group Support Employment.	DDS agrees re: quality of services. DDS will review the small group supported employment service with the HCBS Settings Advisory Group for recommendations.
University Legal Services, Sandy Bernstein	The District's Transition Plan should also have addressed changes made to the DDS' Personal Funds Policy and Procedure.	DDS's Transition Plan includes review of its policies and procedures. DDS agrees that the Personal Funds policy and procedure is relevant to review.
University Legal Services, Sandy Bernstein	ULS applauds the District on their plans to develop an assessment that is completed by waiver participants themselves. ULS, however, cautions the District against having provider staff assist the person when completing his/her assessment.	DDS agrees. The person's service coordinator will assist the person. Additionally, a person may complete the tool on his or her own, or with a family member, friend or advocate.

University Legal Services, Sandy Bernstein	Similarly, relying on self-assessments by providers is problematic as there is a clear conflict of interest with providers determining their own compliance. It is not enough for the DDS Quality Management Division to simply validate a sample of providers' self-assessments. All settings receiving funding should be assessed onsite by an unbiased party, preferably an independent third party.	DDS disagrees. The provider assessment must be considered as part of the various assessment processes, including the state level assessment, the personal experience assessment, and a review of relevant data from service coordination monitoring tools, Provider Certification Review, National Core Indicators, and external monitoring.
University Legal Services, Sandy Bernstein	The District's Transition Plan should include a continuum of remedies to address and correct providers who fail to comply with CMS' rule.	DHCF's transition plan does incorporate a process for remedying those providers failing to comply with the HCBS rules, which includes submission and monitoring of a Corrective Action Plan. DDS agrees and this will be addressed in further detail in the forthcoming Compliance with HCBS Settings policy.
University Legal Services, Sandy Bernstein	The District must also develop a formal grievance procedure to ensure that waiver participants' voices can be heard and their issues can be addressed.	DHCF has a standing grievance process which is outlined in Appendix F of its 1915© EPD Waiver. DDS already offers a variety of ways for people to complain about service delivery, including an Internal Problem Resolution system and a customer relations unit, as well as through conversations with the person's service coordinator or their manager.
University Legal Services, Sandy Bernstein	DHCF reportedly has implemented a new long-term care assessment tool used in determining eligibility for Medicaid-funded long-term care services and supports except for I/DD waiver services. However, DHCF's proposed regulations about the assessment process failed to include the key aspects of the assessment criteria or scoring process that drives applicants' service eligibility.	On June 6, 2014, DHCF published a Notice of Proposed Rulemaking regarding newly proposed Section 989 (Long Term Care Services and Supports Assessment Process) of Chapter 9 (Medicaid Program) of Title 29 (Public Welfare) of the DCMR. At that time, there was a 30 day period welcoming public comments. The notice established standards for the implementation of a standardized tool for assessing a person's need for long term care services and supports and established numerical scores pertaining to the level of need necessary to establish eligibility for a range of long term care services and supports. This comment falls outside the scope of this Transition Plan.
University Legal Services, Sandy Bernstein	DHCF's reliance on the ADRC as a gateway for services and 'no wrong door' approach fails to note that the ADRC staff cannot access Medicaid or ESA service or eligibility systems to assist people in applying for or obtaining access to long-term care services.	As established through an MOU, DCOA will have access to data systems needed to assist individuals who are applying for Medicaid LTCSS including MMIS recipient files (Omnicaid), through the Cognos analytical system, through CASENET or its successor, ACEDS, and through the DC Access System (DCAS). All access to data will be safeguarded in accordance with HIPAA compliance. This comment falls outside the scope of this Transition Plan.

University Legal Services, Sandy Bernstein	DHCF discusses its work on a new 1915(i) State Plan Amendment to establish an adult day treatment program for people with disabilities over age 55. However, there is no discussion regarding how the District will ensure that these programs are community-based and meet the standards established by the CMS Rule.	As mentioned in the Transition Plan, "All ADHP providers will be compliant with the HCBS settings rule from launch of the 1915(i)." DHCF has conducted at least two trainings with current adult-day providers on the HCBS settings rules, and HCBS settings requirements have been incorporated in the ADHP rule and the provider readiness review. CMS is not allowing transition time for new services/service providers to come into compliance with the HCBS settings rule. All providers who are enrolled as ADHP providers will meet the standards on day one or they will not be able to enroll.
DC Coalition on Long Term Care, Susan Walker	One way to begin that process is to develop an advisory work group to learn of problems before they become contentious and to solve workflow and communication issues	DHCF has established several collaborative stakeholder groups to advise DHCF regarding the transition, and new standards for PCP and conflict free case management. There is also a standing subcommittee of the MCAC on Long Term Care. This comment falls outside the scope of this Transition Plan.
DC Coalition on Long Term Care, Susan Walker	One of our biggest concerns is that your "transition plan" has no time frames when forms, goals, procedures etc are due and no measureable outcomes	More specific timelines have been added to the Transition Plan.
DC Coalition on Long Term Care, Susan Walker	Also, how will we know if No Wrong Door has been successful; what are the measureable goals and outcomes?	Planning activities regarding the No Wrong Door initiative will include identifying measurable goals and outcomes. This comment falls outside the scope of this Transition Plan.
DC Coalition on Long Term Care, Susan Walker	When will you evaluate and make the necessary changes if it is not successful?	Planning activities regarding the No Wrong Door initiative will include identifying measurable goals and outcomes. This comment falls outside the scope of this Transition Plan.
DC Coalition on Long Term Care, Susan Walker	Also, the community needs to know what are the benchmarks and metrics to evaluate the program	Planning activities regarding the No Wrong Door initiative will include identifying measurable goals and outcomes. Stakeholder involvement is a key component of the planning grant, and a stakeholder workgroup (with over 45 invitees from across the District) will function as a key part of the planning. This comment falls outside the scope of this Transition Plan.
DC Coalition on Long Term Care, Susan Walker	Please do not use initials that have not been spelled out at least once in document.	Please note changes to the Transition Plan when acronyms or abbreviations were used.

DC Coalition on Long Term Care, Susan Walker	Consequently, DHCF must include the living wage into its rate calculation and enforce the payment of that living wage to the workers.	DHCF incorporates the living wage into all its rate methodologies for providers who are subject to the living wage. DOES is responsible for enforcing the living wage laws, and DHCF refers complaints to DOES. This comment falls outside the scope of this Transition Plan.
DC Coalition on Long Term Care, Susan Walker	Monitoring – must be in person as well as data mining. The surveyors need to be knowledgeable and following clear standards that both the surveyors and the providers know. The purpose of the surveyors should be to ensure the community that DC has quality agencies.	DOH's surveying process is done by trained surveyors, and providers regulated by DOH are aware of the standards. This comment falls outside the scope of this Transition Plan.
DC Coalition on Long Term Care, Susan Walker	Define community exploration and integration? It might be good to have a list of definitions like in DC Regulations since there are so many concepts that could be open to interpretation.	DHCF seeks to ensure that people receive Medicaid HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree as people who do not receive HCBS.
DC Coalition on Long Term Care, Susan Walker	We did not see DOES listed as one of the partners. DHCF need to work with DOES to have a quality work force, therefore, must involve everyone who works with workforce	DHCF does collaborate with DOES on work force issues, but that collaboration is not relevant to complying with the HCBS settings rule. This comment falls outside the scope of this Transition Plan.
DC Coalition on Long Term Care, Susan Walker	An example of ADRC's ineffectiveness is Money Follows. It is not meeting CMS benchmarks and yet you are adding more programs to ADRC? Can you explain the reason?	This comment falls outside the scope of this Transition Plan.
DC Coalition on Long Term Care, Susan Walker	There needs to be training of surveyors on HCBS requirements.	DHCF will work with DOH to explore opportunities to train DOH staff on the HCBS requirements.
DC Coalition on Long Term Care, Susan Walker	There also needs to be clear grievance and appeal procedures when providers and surveyors do not agree on survey results.	DOH has a standing grievance process which is outlined on its website at <a href="http://doh.dc.gov/service/complaints-doh">http://doh.dc.gov/service/complaints-doh</a> .
DC Coalition on Long Term Care, Susan Walker	Reports to the public about surveys for transparency would also be appreciated.	DHCF will work with DOH to explore opportunities to make public the results of facility surveys.

DC Coalition on Long Term Care, Susan Walker	We have been told that Residence Facilities will now be coming under Assisted Living Regulations– these organizations have offered an important housing choice to clients who did not qualify nor could not afford assisted living facilities. By folding them into the assisted living regulations is DHCF/DOH decreasing DC’s rule making requirements while depriving DC residents of needed level of care?	This information regarding residence facilitating coming under Assisted Living regulations is incorrect. This comment falls outside the scope of this Transition Plan.
DC Coalition on Long Term Care, Susan Walker	In addition, the Medicaid Assisted Living reimbursement rate is inadequate for all the regulations that the Assisted Living Facilities need to implement.	DHCF hopes to amend the Medicaid Assisted Living reimbursement in the future, given the opportunity. This comment falls outside the scope of this Transition Plan.
DC Coalition on Long Term Care, Susan Walker	HRLA needs more staff to take on the increased regulation workload and their staff needs to be better trained.	DHCF will work with DOH to explore opportunities to train DOH staff on the HCBS requirements.
DC Coalition on Long Term Care, Susan Walker	We hope that stakeholder will be involved throughout the WHOLE PROCESS, not just the comment period. We would like to see a process more like what IDD did with their HCBS Settings Rule Advisory Group.	DHCF has a HCBS Stakeholder Subgroup: Transition Plan, which was engaged throughout the process of drafting the Transition Plan. Upon submission to CMS, the subgroup will be engaged in development of assessment tools and training, as appropriate.
DC Coalition on Long Term Care, Susan Walker	EPD Provider Readiness Review Checklist is that available now? If not, DHCF should involve the agencies/providers affected.	The provider application review checklist and the provider readiness review checklist will be posted on DHCF's provider site by March 20, 2015.
DC Coalition on Long Term Care, Susan Walker	What are the time lines for having the checklist completed, implemented and what are the metrics to indicate if it is working?	The provider readiness review checklist is already completed and will be posted on the DHCF's provider site by March 20, 2015. DHCF will conduct a post review within 6 months of a provider initiating service delivery.
Legal Counsel of the Elderly, Nelson and Person	We also strongly support all proposals which focus on person-centered planning..We would recommend that the plan include outcome measures and reflect activities that will monitor the timeliness of the implementation process and the success rate of District residents accessing these services.	More specific timelines have been added to the Transition Plan.

<p>Legal Counsel of the Elderly, Nelson and Person</p>	<p>Our experience with the assessment process thus far, is that implementation has been solely focused on assessing an individual's needs for personal care aide (PCA) services without addressing wider needs. In fact, we are concerned that this initial tool was developed completely within the regulations governing Medicaid State Plan beneficiaries without considering the regulations for EPD Waiver beneficiaries, which require the case manager to determine the services needed by the client...We would therefore recommend that the assessment plan, along with the tool, be expanded to encompass all required service requirements for both Medicaid State Plan and EPD Waiver beneficiaries.</p>	<p>The LTC Assessment tool is currently used to assess needs regarding PCA services, but pending publication of DHCF's second Notice of Proposed Rulemaking of Section 989 (Long Term Care Services and Supports Assessment Process) of Chapter 9 (Medicaid Program) of Title 29 (Public Welfare) of the DCMR, the tool will be used to established eligibility for a variety of long-term care services and supports, including PCA services, adult day health, nursing home, EPD waiver, or other programs/services that require a nursing home level of care. Case managers will be responsible for developing the person-centered plan of care and therefore will still play a central role in determining what services are needed. This comment falls outside the scope of this Transition Plan.</p>
<p>Legal Counsel of the Elderly, Nelson and Person</p>	<p>We recommend that the proposed regulation reflect a commitment to improved delivery processes for these services.</p>	<p>As mentioned in the Transition Plan, DHCF is in the process of drafting an amendment to its EPD Waiver, and the Department is revising its service descriptions for assisted living, homemaker, chore aide, personal care aide, participant directed services, case management, and environmental access adaptation services in order to better support and facilitate greater individualized community exploration and integration. This comment falls outside the scope of this Transition Plan.</p>
<p>Legal Counsel of the Elderly, Nelson and Person</p>	<p>These new regulations must be done with stakeholder input and must ensure that the rights of the current ALR and CRF residents are protected.</p>	<p>As mentioned in the Transition Plan, DOH regulations will be promulgated with a formal opportunity for public comment.</p>
<p>Legal Counsel of the Elderly, Nelson and Person</p>	<p>We would also recommend that DHCF revisit the drafting and implementation of possible regulations regarding other types of community based settings, including unlicensed congregate settings, to ensure that District residents are allowed to access services to a wide variety of community based housing options.</p>	<p>DHCF does not have authority to regulate these settings. We will share this comment with DOH.</p>

<p>Legal Counsel of the Elderly, Nelson and Person</p>	<p>It is essential that when DHCF requests input ample time is given to stakeholders to provide beneficial feedback and that stakeholders are informed of subsequent changes and these changes are put in writing through written regulations and/or policies.</p>	<p>DHCF provided more than 30 days for comment and hosted a public forum inviting public comment regarding all waivers and notices of rule-making. In addition, the HCBS Stakeholders Group has been engaged on an on-going basis regarding the Transition Plan, and other DHCF activities including the establishment of conflict-free case management and person-centered planning.</p>
<p>Legal Counsel of the Elderly, Nelson and Person</p>	<p>Thus, LCE strongly encourages DHCF to continue its commitment, encompassed in this newly published and written policy, toward ensuring that language access violations do not prevent vulnerable DC seniors from losing vital services.</p>	<p>DHCF has plans to develop a DHCF-specific language access plan, and will continue holding Medicaid providers accountable to federal and District language-access requirements. This comment falls outside the scope of this Transition Plan.</p>