Changes made to the Nevada Transition Plan in response to e-mail from CMS dated April 1, 2019.

The Centers for Medicare and Medicaid Services (CMS) requested for the State Transition plan be updated to include information regarding Public Comment component, Settings, Systemic Assessment and the Systemic Remediation. The State of Nevada reviewed each area of concern and question and has updated the State Transition Plan accordingly. The following adjustments have been included in the May 24, 2019 State Transition Plan revision:

Public Comment:

- Previously CMS requested the state include all of the comments provided online or those submitted via letter, particularly those regarding the residential settings assessment, the recipient surveys, or Betty's Village. Additionally, CMS requested the state to respond to the online comments and indicate a revision to the STP in response where applicable. Please clarify where these changes have been made and please provide a summary of all comments received that includes the general topic, the state's response, and an indication of whether and how the STP was amended based on each comment. This summary document should be included within the STP.
  The State reviewed and considered all comments received; the workgroup categorized similar comments together, summarized the comments, and responded and/or updated the transition plan accordingly. The summary and response to all comments are described on page 44.

CMS Response- The state has not responded to all summaries of comments. The chart found on pgs. 28- 41 does not appear to include the responses to the summary of comments from the workshops found on pgs. 25-27 or the previously received written letters that were submitted as addendums to the plan. The state should summarize and respond to all comments from all public comment periods. Please note the list of examples were pulled from the June and August 2014 workshops and is not an exhaustive list. In some instances, it was also unclear what specific comments were referencing – we have noted these with an * so the state can provide more context/detail.

Examples of summaries that have not been responded to:

- **Lease Agreement Subcommittee to create a uniform agreement***
- **Consumer Bill of Rights***
- **Person-centered care planning***
- **Alzheimer's recipients and choice of roommates, menus, when and where to eat**
- **How is the PACE program affected?**
- **Recommends working with Commission on Aging and Disability and Alzheimer's Task Force**
- **Suggested consideration of external vendor for project management**
- **Concern about electronic level of care (LOC) and concerned that recipients and families do not understand the choices available to them between HCBS and institutional care.**
- **Concerned about the "unintended consequences of our best efforts"***
- **Staffing***
- **If someone has no capacity to make good choices, the question then becomes, "How are they integrated into a community?" The team that develops the person-centered care plan becomes the responsible party.***
- **Service coordinators and providers need training not only in the philosophy of person-centered planning, but also how to incorporate this philosophy into processes and routines.**
- **Given that the CMS regulations are the regulations, it is my understanding that the state has the ability to interpret the new rule for disability dominant settings and programs.***

Additionally the state has responded to comments regarding Betty's Village with no response or "the state has no comment." In any instances where the state is still considering comments about a particular setting,

CMS suggests the state let stakeholders know they will take the comments under consideration as part of their internal review of the setting.

State Response: Response to Betty's Village – See appendix H4. For the examples of summaries on pages 25-29, the state responded and for those comments that have page numbers noted, see "State of Nevada's Summary of Responses to Public Comment" grid.

Settings

The state has included the list of services provided under each waiver along with a description that includes some settings types. Through a review of the services and waivers, it appears that there are several settings that are not identified in the narrative or linked to the systemic assessment.

- Please review the list of settings to ensure that it is inclusive of all setting types in the state.
  The STP in its entirety was updated to reflect the two settings offered in the state: Residential Home and Community Integrated Non-Residential. See Settings Description on page 11.
- Please include the assisted living facilities, "Social Adult Day Care," disability-specific apartments, and homes for individuals with traumatic brain injuries in the list of settings or describe if these are alternative names for otherwise included settings.
  The term "Social" was removed from Adult Day Care throughout the STP, disability-specific apartments was also removed, as well as homes for individuals with traumatic brain injuries. The settings have been consolidated and defined in the Settings Description.
- Please clearly list all of the settings in which "Home Based Habilitation" is provided. There is conflicting language throughout the STP. First, page 7 of the STP suggests that there are two residential homes for this service with additional outpatient settings. The STP states, "with the exception of two providers, these services are outpatient." However, page 12 of the site-specific assessment states, "there are two providers of this service and both providers were assessed in person," implying that there are only two providers in total. Please clarify the conflicting language and clearly indicate if there are both residential and non-residential settings for this service and all provider owned or controlled setting types the services are provided in.
  In the section describing the services provided for 1915 (c) and 1915 (i) programs, the language was clarified and updated, and setting specifics was added. Page 9 to 16.
- The letter from Accessible Space, Inc. refers to the facility as "independent living." Please confirm if there are additional independent living settings or if this term is synonymous with "Assisted Living" and/or "Supportive Living."
  The term "independent living" is synonymous with Assisted Living. This was not updated in the STP as the term is only used by the provider. ASI is a provider of the 1915 (c) Frail Elderly (FE Waiver) and Physical Disability (PD Waiver) which serves recipients who are in the assisted living facilities.
- The following are a list of possible setting types gleaned from the STP. Please clarify the setting type, verify if these are distinct setting types, if there are alternative names, and verify what waiver or program they are utilized in.
  - Adult Day Care Facilities - Removed term and included in Integrated Community Non-Residential Setting as described in the Settings Description.
  - Adult Day Care Health Facilities - The service name was corrected to Adult Day Health Care and is included in the Integrated Community Non-Residential Setting as described in the Setting Description.
  - Assisted living Facility (facility removed, only in CMS question page 1) - The term was removed and included in the Residential Home Setting as described in the Settings Description.

- Assisted Living – assisted living as a service is part of 1915 (c) PD Waiver services. The other term was Assisted Living as a setting type and included in the Residential Home Setting as described in the Settings Description.
- Group Home - The term was included in the Residential Home Setting as described in the Settings Description.
- Day program (In nursing services description) - This was removed and replaced with day treatment.
- Homes based Habilitation Services inpatient - The term was removed, and the services were redefined based on the policy.
- Home based Habilitation Services outpatient - The term was removed, and the services were redefined based on the policy.
- Home based Habilitation Services- day program - The term was removed and replaced with "day treatment" and is included in the Community Integrated Non-Residential Setting as described in the Settings Description.
- Host Home Supported Living Arrangement - The term was removed and is included in the Residential Home Setting as described in the Settings Description.
- Prevocational services community training centers - It is believed that this was previously corrected and is no longer in the current version of the STP.
- Residential facility for groups - The term was removed and replaced with group home and included in the Residential Home Setting as described in the Settings Description.
- Frail Elderly group settings - It is believed that this was previously corrected and is no longer in the current version of the STP.
- Community care facilities - The term was removed from the STP.
- Residential homes for TBI - The term was removed from the STP.
- Supported Living Arrangements under Home based Habilitation Services - The term was removed from the STP.
- Jobs and Day Training - Day habilitation - These are two services provided in the same setting- Integrated Community Non-Residential Setting.

CMS Response- Please distinguish each setting type in the STP. Although setting types will fall under residential and non- residential settings, there are distinct setting types under each of those categories. CMS's request was for the state to use consistent titles for each specific type of setting throughout the STP. Once the state has identified all setting types, please address the questions in this section.

State Response: For detailed list of settings, see appendix K6. Additionally, the setting types are listed throughout the STP as well as the remediation grid.

- Partial Hospitalization: The state makes references to Partial hospitalization on p. 15 by saying, "This service will be removed from 1915(i) upon response from CMS. As of this date, the DHCFP is pending a decision from CMS which is expected to be received in 3-6 months. A 1915(i) amendment will be submitted."

CMS Response- The state will need to remove the reference to CMS, and we would like to discuss where the state is in this process.

State Response: As of May 24, 2019, the Partial Hospitalization Services in 1915(i) are being removed as those services are available in 1905(a) and State Plan Amendment will be submitted to CMS in June of 2019. This is also updated on page 15.

Systemic Assessment

- As noted in previous feedback from CMS, the state should include a full systemic review that clearly compares state regulations for each setting type against each of the settings criteria. The following settings criteria are not cross-walked in the systemic assessments:
  - Facilitates individual choice regarding services and supports, and who provides them.
    This was added to the systemic review and cross-walked. See page 64.
  - Each individual has privacy in their sleeping or living unit
    This was added to the systemic review and cross-walked. See page 67-69.
- Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan, (1) Identify a specific and individualized assessed need. (2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan. (3) Document less intrusive methods of meeting the need that have been tried but did not work. (4) Include a clear description of the condition that is directly proportionate to the specific assessed need. (5) Include regular collection and review of data to measure the ongoing effectiveness of the modification. (6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. (7) Include the informed consent of the individual. (8) Include an assurance that interventions and supports will cause no harm to the individual.
  This was added to the updated systemic remediation grid. See page 74-75.
- Please specify the settings type for each section of the systemic assessment instead of types of services or LOC.
  The systemic review chart was updated with new labels for each grouping of settings types. See page 57-75.
- The Adult Day Health Services and residential crosswalk: The state regulations that provide support for these programs should be used as determining factors in the state's compliance with the settings criteria and included in a crosswalk that assesses the full settings criteria.
  The Settings Regulation Crosswalk has been updated and all pertinent information has been addressed. See page 57-75.
- The Jobs and Day Training crosswalk: The state regulations that provide support for these programs should be used as determining factors in the state's compliance with the settings criteria and included in a crosswalk that assesses the full settings criteria.
  The Settings Regulation Crosswalk has been updated and all pertinent information has been addressed. See page 57-75.

CMS conducted a spot check of the Nevada Administrative Code (NAC) and Nevada Revised Statutes (NRS). There are several areas CMS disagreed with the state's compliance determination. CMS requests that the state please review the systemic assessment to ensure that the determinations of regulatory compliance are accurate. The following examples indicate where there were discrepancies in the determination.

- CMS does not agree that **NAC 449.268** is compliant regarding the requirement that the setting must ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. It is partially compliant. Section 449.268(c) is compliant with the requirement that the setting ensure the rights of dignity and respect. It provides that the administrator of a residential facility shall ensure that "the residents are treated with respect and dignity." However, the regulation is silent with respect to the right to (1) privacy and (2) be free from coercion and restraint. Please provide a remediation plan.
  The state has reviewed the NAC and NRS to locate additional requirements that comply with the regulations.
  NRS 449.302 states "the facility provides personalized care to the residents of the facility and the general approach to operating the facility incorporates these core principles:

(1) The facility is designed to create a residential environment that actively supports and promotes each resident's quality of life and right to privacy;"

NAC 449.2702 states "Written policy on admissions; eligibility for residency: 1. Each residential facility shall have a written policy on admissions which includes: Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters;"

NRS 200.5091 states "It is the policy of this State to provide for the cooperation of law enforcement officials, courts of competent jurisdiction and all appropriate state agencies providing human services in identifying the abuse, neglect, exploitation, isolation and abandonment of older persons and vulnerable persons through the complete reporting of abuse, neglect, exploitation, isolation and abandonment of older persons and vulnerable persons. As used in this subsection, "undue influence" means the improper use of power or trust in a way that deprives a person of his or her free will and substitutes the objectives of another person. The term does not include the normal influence that one member of a family has over another.

The state included the above NACs in the crosswalk. See page 58-62.

- Previously CMS found that **NAC 449.2702** conflicts with the federal rule. The state has changed the compliance finding to conflicting but has not provided remediation. Please provide a remediation plan that includes how the state will amend this regulation.

  The regulation pertaining to a recipient's rights of privacy, dignity and respect, and freedom from coercion and restraint has been updated with additional state regulations that support the states compliance. Please see page 58.

CMS Response- The state has added the settings criteria CMS previously noted were missing to its crosswalk. However, since the state has collapsed all of its settings into two categories -- Community Integrated Non-Residential Settings and Residential Home Settings -- it is not possible to know whether the state statutes and the administrative code are in compliance or require some remediation. Because of the manner in which the settings are categorized, the state hasn't provided a complete systemic assessment. Please provide a systemic assessment based on a review of all relevant state standards, policies and regulations related to each of the types of the settings in the state's HCBS delivery system(s) and respond to the concerns in this section above.

Examples of specific setting type regulations and statutes:

- **Facilities for Care of Adults During the Day NAC 449.4061- 449.4089 is not included in the systemic assessment.**
- **The state cites NRS 449.0302.7, which is specific to assisted living, but is being applied across all residential settings.**
- **On p. 59, the state cites a regulation that is specific to *skilled nursing facilities* (SNFs) – which are not home and community-based settings.**

- There are two remaining regulations that are upheld by the waiver document but are not upheld by the state codes. A waiver document is not sufficient to demonstrate compliance with the settings criteria. The state must propose a remediation action under which it includes the requirements of the settings criteria in a policy guidance document or regulation.

CMS Response- Please respond to the above request.

State Response: The remediation grid has been updated to reflect the various setting types. See pages 58-76.

- Previously CMS did not agree with the state's finding that **NAC 449.2708** was silent rather it was non-compliant. The state has changed its compliance finding to non-compliant but has not provided remediation. Please provide a remediation plan that includes how the state will amend this regulation. NAC 449.2708 was removed due to it pertains to residents of the settings who have improper or harmful behavior. In lieu of the NAC, NRS and MSM Chapters outlining the areas of compliance regarding provider settings responsibilities have been added to the System Remediation Grid crosswalk. For details see page 58-62.

CMS Response- Currently in this section of the crosswalk regarding leases and residency agreements the state indicates, "All residential settings are required to have a lease agreement with each recipient," but does not specify in what regulations, statute, or policy this can be found. Please clarify or propose remediation.
Additionally, the state has removed NAC 449.2702 which is in conflict with the settings rule. The state will need to propose remediation when there is a conflict.

State Response: The remediation grid has been updated to reflect the various setting types. See pages 58-76.

- Previously CMS did not agree that NAC 449.259 was partially compliant regarding the settings criteria that individuals have the freedom and support to control their own schedules and activities, and have access to food at any time; and that is was non-compliant. NAC 449.259 requires the setting to permit individuals to attend religious services of their choice and leave their rooms and the facility at any time, but does not to give individuals the freedom and support to control their own schedule and implies that individuals may not have the freedom to control their schedules beyond what is specified. The state has changed their finding to silent, while CMS still finds this to be non-compliant. CMS asks the state add more specifics to its proposed remediation. In its proposed remediation, the state should make clear that individuals have the freedom to control their schedules and activities beyond what is specified in NAC 449.259.
  DHCFP feels NAC 449.259.3.b is sufficient to satisfy the requirement. It states that the facility gives the recipient independence and the ability to make decisions on their own behalf, whenever possible. This language applies to a recipient's ability to control their own schedules, activities and access to food as well as other aspects of daily living.

CMS Response- NAC 449.259.3.b indicates "permit a resident to enter or leave the facility at any time if the resident: (1) is physically and mentally capable of leaving the facility; and (2) the resident complies with the rules established by the administrator of the facility for leaving the facility." The regulation does not indicate how individuals might be constrained by the rules that the administrator establishes. This appears to be in conflict with the settings criteria. Please propose remediation.

State Response: The state has provided remediation for the conflict - see remediation grid which has been updated to reflect the various setting types. See pages 58-76.

CMS Response- For the Freedom to have visitors, the state outlines that a policy on visiting hours "must be established to promote contact by the residents with persons who are not residents of the facility." This does not allow for an individual to have visitors of their choosing at any time. Please propose remediation for coming into compliance with this part of the regulatory criterion.

State Response: The remediation grid has been updated to reflect the various setting types. See pages 58-76.

Systemic Remediation

- The state has provided the Medicaid Services Manual Revisions for 1915(c) and 1915(i) programs. The state should provide this information in the narrative of the STP. The state should make the following revisions to the proposed language in order to ensure all silent or partially compliant language will be sufficiently remediated. Please also ensure that these revisions will apply to all HCBS providers/settings and clarify how the state will train providers on the revisions and ensure the policies are adhered to.

- Ensure that the revised language ensures:
    - The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
    - 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.
    - Identify a specific and individualized assessed need.
    - Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
    - Document less intrusive methods of meeting the need that have been tried but did not work.
    - Include regular collection and review of data to measure the ongoing effectiveness of the modification.
    - Include an assurance that interventions and supports will cause no harm to the individual.

- The state notes that new language additions will go through an intensive internal review and public comment process prior to revision. Please provide an assurance that the proposed final language for the Medicaid Services Manual (MSM) will comply with the settings criteria.

CMS Response - The state has not addressed the concerns in this section. Please provide the updates the state plans to make to the MSM language that was previously submitted to CMS and address the concerns above.

Please provide relevant links to the MSM where applicable in the crosswalk.

State Response: The remediation grid has been updated to reflect the various setting types. See pages 58-76.

State of Nevada Department of Health and Human Services (DHHS) Division of Health Care Financing and Policy (DHCFP) Aging and Disability Services Division (ADSD) Home and Community Based Services (HCBS) Settings Transition Plan February 2015

Introduction and Summary

The Centers for Medicare and Medicaid Services (CMS) issued new regulations in early 2014 that define the home and community-based settings that will be allowable under HCBS. The purpose of these regulations is to ensure that individuals receiving HCBS are fully integrated into the community in which they live. These individuals must be offered opportunities to seek employment and engage in community activities in the same manner as individuals who do not receive HCBS.

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

This rule was published in January 2014 and became effective March 17, 2014. States have until March 17, 2015 to provide a transition plan which includes an assessment of the state's current settings, proposed changes to settings, and public comment.

Initial Meetings, Public Workshops, Dissemination of Information, and Settings Assessment

Nevada began by holding internal meetings across multiple state agencies in order for State staff to understand the regulation in its entirety and how the regulation may or may not affect current HCBS within home and community-based waiver programs as well as 1915 (i) State Plan Services. During the same time period, the State has held four public workshops in which all members of the public were invited to learn about the new regulations and to provide written and recorded comments and public testimony regarding Nevada's proposal. In addition, State Staff across multiple DHHS agencies presented information regarding the new rules at various stakeholder meetings, advisory meetings, and advocacy groups. The State also presented this information to Nevada's Tribes. All public notices and Plan drafts can be found on the DHCFP webpage http://dhcfp.nv.gov/Home/WhatsNew/HCBS/.

A Steering Committee was created shortly after the first Public Workshop along with two sub-committees: HCBS Regulatory Sub-Committee; and HCBS Lease Agreement Sub-Committee. These two Sub-Committees were combined into the Regulatory Sub-Committee after the first few meetings.[1]

[1] The state has dissolved committees and sub-committees in 2015, but intend to form working groups to work on the remediation steps towards full compliance with HCBS New Rule.

Program Areas Affected

1915(c) Waivers:

- **HCBW for Individuals with Intellectual and Developmental Disabilities (ID Waiver)**: This waiver provides an array of services for individuals with intellectual disabilities or developmental disabilities to provide opportunities to receive community-based services as an alternative to institutional placement.
- **HCBW for the Frail Elderly (FE Waiver):** This waiver provides services and supports for recipients who are 65 years of age and older to remain in their homes or communities, in lieu of an institutional setting.
- **HCBW for Persons with Physical Disabilities (PD Waiver):** This waiver provides services and supports for recipients who are physically disabled to remain in their own homes or communities who would otherwise require care in an institutional setting.

1915(i) State Plan Services:

- **Adult Day Health Care (ADHC):** This service is provided in an Integrated Community Non-Residential setting, provided during the day for individuals who are elderly, intellectually or developmentally disabled, or physically disabled. The State believes that the current Adult Day Health Care services are community based and allow for access to the greater community.
- **Home Based Habilitation Services (HBHS)**: Are medically prescribed treatment for improving or restoring functions, which have been impaired by illness or injury or, where function has been permanently lost or reduced by illness or injury. HBHS include services designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a home and community-based settings. HBHS are prescribed by a physician and provided by the appropriate qualified staff.
- **Partial Hospitalization:** This service is primarily for individuals who require intensive substance abuse services as an outpatient. These individuals live in their own homes and attend services either full day or half day.

Settings Descriptions:

Residential Setting

Setting	Descriptions	HCBS Program
24-hour SLA	This setting is limited to four (4) recipients sharing staff support hours providing residential support services.	1915c ID Waiver
Shared Living SLA	This setting is limited to two (2) recipients residing in one home receiving waiver services individually.	1915c ID Waiver
Residential Group Homes for TBI	This setting is for individuals with Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI) who require services 24 hours per day in a	1915i HBHS

	normalized living environment and are not ready to live independently due to their functional or cognitive impairments.	
Residential Group Homes for Seniors	This setting caters to seniors 65 years old and over; is smaller with about 2-10 individuals in the group home; it's home like environment, and at a lesser price. It is similar to Assisted Living Facility due to services offered: basic personal care services.	1915c FE Waiver
Assisted Living Facility	This setting is larger than residential group homes for seniors; seniors and physically disabled individuals can reside in the facility; it can accommodate 30 or more (depending on the size and capacity) residents and offers private or semi-private apartments.	1915c FE & PD Waiver

Non-Residential Setting

Setting	Descriptions	HCBS Program
Day Treatment Facility	A setting that provides treatment to recipients with TBI or ABI outside their own homes or residential facilities.	1915i HBHS
Adult Day Health Center	A setting for elderly, physically disabled and intellectually and developmentally disabled recipients who are in need for supervision due to medical, behavioral and physical issues and require the presence of a RN to monitor behaviors and administer medication during the day.	1915i ADHC
Adult Day Care Center	A setting which caters to seniors 65 years or older for socialization and to improve quality of life during the day. This setting does not require the presence of a RN.	1915c FE Waiver
*Jobs and Day Training (JDT) Centers	This setting provides training and preparing individuals to integrate to a community-based employment with compensation at or greater than minimum wage with the same or similar work of individuals that have no disabilities.	1915i ID Waiver
*Supported Employment Center	This setting provides intensive ongoing supports in order to obtain and maintain a job that meets personal and career goals in a competitive and integrated general workforce setting, earning at or greater than minimum wage with the same or similar work of individuals that have no disabilities.	1915i ID Waiver

*JDT Centers and Supported Employment Center adhere to the same state certification rules and standards.

Definition of Institutional Setting:

Institutional settings are those settings that provide skilled care and related services, in addition to a room, meals, and assistance with activities of daily living, which keep individuals from living on their own. Institutional settings or facilities are more commonly known as hospitals, rehabilitation facilities, nursing facilities, facilities for mental disease, and intermediate care facilities for individuals with intellectual disabilities.

The home and community-based rules changes will not allow for Medicaid reimbursement of any type of provider who is located on the same property or campus, or within the same building as any of the settings identified above.

The final rule also identifies areas that have institutional like qualities, such as publicly or privately-owned facilities that provide inpatient services (identified above) because these settings have the effect of isolating people from the greater community.

American Association on Health and Disability: Over the past years, four settings have been “automatically deemed” institutional. These are nursing facilities (NFs), institutions for mental diseases (IMDs), intermediate care facilities for persons with intellectual disabilities and other developmental disabilities (ICFs/ID), and long-term care units of hospitals.

Definition of a Home and Community Based Services Programs:

HCBS programs offer choices to some people who qualify for Medicaid. Individuals may receive services in their home and community, so they can remain independent and close to family and friends. HCBS programs help the elderly and physically disabled, intellectually or developmentally disabled, and certain other disabled adults. These programs give quality and low-cost services to specific target populations in lieu of an institutional setting.

The 1915(c) waivers are one of many options available to states to allow the provision of long-term care services in home and community-based settings under the Medicaid Program. States can offer a variety of services under an HCBS Waiver program. Programs can provide a combination of standard medical services and non-medical services. Standard services include but are not limited to: case management (i.e. supports and service coordination), homemaker, home health aide, personal care, adult day health services, habilitation (both day and residential), and respite care. States can also propose "other" types of services that may assist in diverting and/or transitioning individuals from institutional settings into their homes and community.

Definition of Community:

The Olmstead Act emphasizes community as something that is defined by the individual, specifically, what is the definition of community to one person? Definitions will vary from person to person, but it is about individual choice.

American Heritage Dictionary Definition of Community: A group of people living in the same locality or under the same government, or a group viewed as forming a distinct segment of society.

I: HCBS Waiver for Individuals with Intellectual and Developmental Disabilities:

Setting	Service	Service Description
	These services are thought to fully comply with the HCBS rule requirements because they are provided in the recipient's private home in which individuals are allowed full access to the community and choice of all services and supports.	
Jobs and Day Training Centers	Behavioral Consultation Training and Intervention	This service provides behaviorally-based assessment and intervention for participants and/or positive behavior support plans, necessary to improve an individual's independence and inclusion in their community, increase positive alternative behaviors, and/or address challenging behavior. This service may be provided in the recipient's home, school, workplace, and in the community.
Jobs and Day Training Centers	Career Planning	This service engages waiver recipients in identifying a career direction and developing a plan for achieving integrated employment at or above minimum wage and include planning for sufficient time and experiential learning opportunities to allow for appropriate exploration, assessment and discovery processes for learning about career options. This service may be provided in the recipient's home, school, workplace, and in the community.
Jobs and Day Training Centers	Nursing Services	Services that are provided when nursing services furnished under the approved State plan limits are exhausted. The scope and nature of these services do not otherwise differ from nursing services furnished under the State plan. These services are provided at the recipient's residence including assisted living facilities, residential group homes and their individual homes, as well as non-institutionalized community-based settings or in other settings as described in the recipient's Service Plan.
Jobs and Day Training Centers	Counseling Services	This service provides problem identification and resolution in areas of interpersonal relationships, community participation, independence, and attaining personal outcomes. This service may be provided in the recipient's home, school, workplace, and in the community.
Not associated with a setting	Non-Medical Transportation	This service is offered in order to enable waiver recipients to gain access to waiver and other community services, activities and resources, as specified by the service plan in addition to medical transportation provided under the State Plan. This service may be provided in the recipient's home, school, workplace, and in the community.

Jobs and Day Training Centers	Nutrition Counseling	This service includes assessment of the recipient's nutritional needs, development and/or revision of recipient's nutritional plan, counseling and nutritional intervention, observation and technical assistance related to successful implementation of the nutritional plan. This service may be provided in the recipient's home, school, workplace, and in the community.
24-Hour SLA and Shared Living SLA	Residential Support Management	This service is designed to ensure the health and welfare of recipients receiving residential support services from agencies in order to assure those services and supports are planned, scheduled, implemented and monitored as the recipient prefers, and needed, depending on the frequency and duration of approved Person-Centered Plan services. These services are provided at the recipient's residence including assisted living facilities, residential group homes and recipient's home.
24-Hour SLA and Shared Living SLA	Residential Support Services	This service is to ensure the health and welfare of the recipient through protective oversight and supervision activities and supports to assist in the acquisition, improvement, retention, and maintenance of the skills necessary for an individual to successfully, safely, and responsibly reside in their community. These services are provided at the recipient's residence including assisted living, group homes and recipients' homes. When these services are provided in a 24-hour SLA, they are limited to four recipients unless otherwise authorized by the Developmental Services Regional Center Director. Host Home SLAs are limited to two service recipients residing in one home, unless otherwise authorized by the Developmental Services Regional Center Director.
	These services are those that are thought to fully comply with changes to current policy and regulation.	
Jobs and Day Training Centers	Day Habilitation	Day habilitation are services focus on enabling the recipient to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies in the service plan. This service may be provided in the recipient's home, school, workplace, and in the community.
Supported Employment Center	Supported Employment	This service consists of intensive, ongoing supports that enable recipients, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. This service may be provided in the recipient's home, school, workplace, and in the community.

Jobs and Day Training Centers	Prevocational Services	This service prepares a recipient for paid or unpaid employment that include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Services are not job-task oriented, but instead, aimed at a generalized result. This service may be provided in the recipient's home, school, workplace, and in the community.

II: HCBS Waiver for the Frail Elderly and for Persons with Physical Disabilities

Setting	Service	Service Description
	These services are thought to fully comply with the HCBS rule requirements because they are provided in the recipient's private home in which individuals are allowed full access to the community and choice of all services and supports.	
Not associated with a setting	Case Management	This service includes a variety of activities to include care planning, assessment of needs, ongoing monitoring, and services that promote the quality and goals of the recipient. This service is provided on an ongoing basis and includes assistance with HCBS intake referral, facilitating Medicaid eligibility, coordination of care, documentation for case records, case closures and changes, outreach activities and constant communication with the recipient and his/her service providers. This service is not setting specific, it is recipient oriented.
Not associated with a setting	Respite Services	Short-term relief for full time non-paid caregivers. These services are provided at the recipient's private residence.
Not associated with a setting	Homemaker Services	This service provides additional time for IADL's, over and above what is offered under the Medicaid State Plan. These services are provided at the recipient's private residence.
Not associated with a setting	Personal Emergency Response Systems (PERS)	This allows for a recipient to call for help in an emergency by pushing a button. These services are provided at the recipient's residence including assisted living, group homes and recipient's home, but also include a non-residential component as the recipient may elect to wear a portable PERS device.
Not associated with a setting	Adult Companion	This service provides socialization to a recipient and may assist with chores and shopping.

Not associated with a setting	Chore Services	This service is intermittent and provides for heavy cleaning activities and may include the packing and unpacking of boxes, and the movement of furniture. These services are provided at the recipient's private residence.
Residential Group Homes for Seniors	Augmented Personal Care	This 24-hour in-home service provides activities of daily living and instrumental activities of daily living in a residential group home setting which is located within the community.
Adult Day Care Center	Adult Day Care Service	These services are provided during the day in a non-institutional community-based setting on a regularly scheduled basis for individuals who are elderly, intellectually or developmentally or physically disabled. This is a social model, where, a RN is not required to be present in the facility.
Not associated with a setting	Attendant Care	This service is provided in the recipient's private residence and may include assistance with eating, bathing, dressing, personal hygiene, ADLs, shopping, laundry, meal preparation and accompanying the recipient to appointments as necessary to enable the individual to remain in the community. The service may include hands-on care, of both a supportive and health-related nature, specific to the needs of a medically stable, physically disabled individual.
Not associated with a setting	Home Delivered Meals	Home delivered meals include the planning, purchase, preparation and delivery or transportation costs of meals to a recipient's home. Nutrition programs are encouraged to provide recipients meals which meet particular dietary needs arising from health or religious requirements or the ethnic background of recipients.
Not associated with a setting	Specialized Medical Equipment and Supplies	Equipment and supplies are those devices, controls, or appliances specified in the plan of care that enable recipients to increase their abilities to perform ADLs. These services may be provided in the recipient's residence or be intended to stay with the person to assist with mobility and transferring whether this be in the residence or the community.
Not associated with a setting	Environmental Accessibility Adaptations	This service is provided in the recipient's residence and may include the purchase of environmental controls, the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems necessary to accommodate the medical equipment and supplies needed for the welfare of the recipient.

Assisted Living Facility	Assisted Living Service	Assisted living services are all-inclusive services furnished by an assisted living services provider. Assisted living services are intended to provide all support services needed in the community and may include personal care, homemaker, chore, attendant care, meal preparation, companion, medication oversight (to the extent permitted under state law), transportation, diet and nutrition, orientation and mobility, community mobility/ transportation training, advocacy for related social services, health maintenance, active supervision, home and community safety training, provided in a home-like environment. Services provided by a third party must be coordinated with the assisted living services provider. This service may include skilled or nursing care to the extent permitted by state law. Nursing and skilled therapy services are incidental, rather than integral to the provision of assisted living services. Payment is not made for 24-hour skilled care. If a recipient chooses assisted living services, no other waiver services may be provided, except case management services.

III. Adult Day Health Care Services

Setting	*Services that are thought to fully comply with changes to current policy and regulation. The State will provide a list of needed changes and a timeline for compliance.*	
Adult Day Health Care Center	Adult Day Health Care Services	The services are provided during the day in a non-institutional community-based setting on a regularly basis for individuals who are elderly, intellectually or developmentally or physically disabled. Services include health and social services needed to insure the optimal functioning of the participant and are generally furnished in four or more hours per day. This is a medical model, where, a RN must be present in the facility and tend to recipient's medical needs such as medication management and administration and monitoring.

IV. Home Based Habilitation Services (HBHS)

Setting	*Services that are thought to fully comply with changes to current policy and regulation. The State will provide a list of needed changes and a timeline for compliance*

Residential Group Homes for TBI	Residential Habilitation Program (RHP)	RHPs are a covered benefit when medically necessary services are furnished in a safe, efficient and cost-effective setting to Medicaid eligible recipients who require services 24 hours per day in a normalized living environment.
Day Treatment Facility	Day Treatment Program	HBHS include a day treatment program in which services are designed to assist recipients in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. Licensed professionals must perform an initial assessment, develop a plan of care, assess the recipient's progress and assume legal responsibility for the services provided.

V. Partial Hospitalization

The State is currently removing this service from 1915i	
Partial Hospitalization	As of May 24, 2019, the Partial Hospitalization Services in 1915(i) are being removed as those services are available in 1905(a) and State Plan Amendment will be submitted to CMS in June of 2019.

Assessment Process

The first major phase of the process was the provider self-assessment questionnaire which was sent to residential providers under the Frail Elderly Waiver and the Waiver for Individuals with Intellectual Disabilities. The major objectives of the self-assessment were to:

- Verify service viability
- Identify potentially isolating locations and congregate member living
- Identify whether the setting maximizes opportunity for HCBS program participants to have access to the benefits of community living and receive services in the most integrated settings.

The second phase of the process was the provider on-site assessments. These were completed in the months of April and May 2016. The State of Nevada elected to conduct 100% residential site reviews including assisted living settings, and also included 100% site reviews for adult day health care providers. In regard to our Jobs and Day Training providers and day habilitation service providers, including supported employment and prevocational services, provider self-assessments were accepted.

Provider Assessment Results

Residential Home Setting:

First phase - Provider Self-Assessment Survey #1:

The State sent out 295 self-assessment surveys to providers under the State's HCB Waivers for Individuals with Intellectual and Developmental Disabilities, the Frail Elderly, and Persons with Physical Disabilities. Of the 295 surveys sent, 147 were returned, or 49%.

The Provider Self-Assessment Survey (Appendix A1 pg. **97**) includes 44 questions. The results indicated that there was 100% compliance in all but six areas. Those areas are addressed below.

a. Fifty percent of respondents stated that the recipients were not employed in the larger community.

b. Seventy-one percent of respondents stated that choice of roommate was not-applicable.

c. Fifty-three percent of respondents stated that recipients do not have control over their own money or resources. Fifty-three percent of respondents stated that recipients are not able to come and go as they please.

d. Thirty-two percent of respondents stated that bedroom doors cannot be locked.

e. Thirty-two percent of respondents stated that they do not have adequate staff to accommodate specific and spontaneous requests from recipients.

Analysis of Assessment Results (Appendix A2 pg. **99**):

f. Employment is an issue that is addressed with the recipient during the Person-Centered Plan (PCP) or Plan of Care (POC) process. If the recipient would like to work, then the team facilitates and assists with helping the recipient gain employment.

g. Some recipients in SLAs have their own rooms.

h. Money management may be something that recipients need assistance with. Some recipients have financial guardians and some recipients can manage their own money. This is addressed in the PCP or POC.

i. The main reason recipients cannot come and go as they please is due to safety concerns; these are documented in the plan of care.

j. Typically, doors are not locked for safety reasons; meaning recipients could not exit their rooms in a safe manner. However, doors do have locking mechanisms.

k. The staffing ratios are typically one staff to four or six residents.

The Steering Committee met on September 29, 2014 and discussed the reasons providers were hesitant to fill out the survey. Feedback from Providers indicated a lack of understanding of the context of the questions. The Steering Committee decided to resend the survey to the same providers, with an explanation for each question (Appendix A3 pg. **101** and Appendix A4 pg.**106**). Provider advocates were encouraged to inform the provider community to complete the 2nd survey. The state faced a short-fall with the response of provider self-assessments, at which time it was decided that 100% of the assisted living and adult day health care settings would receive an in person on-site assessment.

The State of Nevada Aging and Disability Services Division (ADSD) Developmental Services (DS) elected to work with the nonresidential providers and complete a nonresidential assessment form via telephone or in person during a recipient contact (Appendix D3 pg.**131**). The results from this assessment (Appendix D4 pg. **135**) demonstrated that there are areas that need to be addressed for each setting to meet 100% compliance with the new settings rule. ADSD DS recognizes the need to address the areas that were less than 100% compliant in a systemic manner. The following items are current projects for which ADSD DS has initiated, or are soon to initiate, to address the issues identified during this review:

- Continued interagency collaboration with state agencies, community leaders, non-profit organizations and businesses to enhance and strengthen supported employment systems.
- Developing Memorandum of Understanding between school systems, Vocational Rehabilitation and Regional Centers, transportation and providers to outline roles, responsibilities and agreements.
- Work with all partners on the implementation of the Nevada Strategic Plan on Integrated Employment. Taskforce members were appointed by Governor Brian Sandoval.
- Begin Career Development/Planning as a discreet waiver service to begin to prepare recipients for competitive jobs.
- Continue membership in the State Employment Leadership Network (monthly membership meeting, annual meeting, resources, webinars, and on-site visits. ADSD DS is currently working on Funding Strategies Study Recommendations for Nevada (See attachment 2). Membership with the National Employment First community of Practice to support the alignment of policy, practice, and funding streams toward prioritizing competitive non-residential providers.
- Develop a state workgroup which will consist of representative from the ADSD DS and community non-residential providers to support continued systems change with respect to the

provision of day habilitation services that focus on community-based activities, versus facility-based activities.

- Continue to support community non-residential support providers in accessing training from the Direct Course – College of Employment Services.
- Continue to provide access to training and webinars for ADSD Service Coordinators keeping the focus on community integration and competitive employment outcomes.
- Set and measure progress toward employment goals.
- Generate a list of who is in day training and who could be successful in integrated employment.
- Prepare budgets to support the ability to set a percent of people to move people out of day training services and into integrated employment over the next three years.
- Continue funding community provider pilot programs that expand integrated employment outcomes.

ADSD DS to revise and expand Supported Employment definition, requirement of providers and develop outcome data.

Second phase – On-site Assessments:

The State attempted to conduct 151 on-site assessments (Appendix B1 pg**110**.) to Assisted Living settings under the State's HCBS Waivers for the Frail Elderly, and Persons with Physical Disabilities. Of the 151 surveys attempted, 147 were completed. The 4 that were not completed were due to changes of ownership and Medicaid disenrollment.

The On-site assessment (Appendix B1 pg.**110**) covered 22 areas that included the relevant questions CMS requested be presented. The results indicated that there were questionable results, or noncompliance in all but one area as stated below:

l. Needs/Preference is considered when settings options offered?

Analysis of Assessment Results:

m. Less than a 10% non-compliance result – 14 areas

n. 10%-20% non-compliance result – 3 areas

o. More than 20% - 3 areas

The three areas that resulted in the highest noncompliance with the new settings requirements are as follows:

- Are sleeping or living unit doors lockable by recipient?

- Is availability of sleeping or living unit key limited to appropriate staff?
- Provides opportunities and support for employment in competitive, integrated settings?

On May 9, 2016 the DHCFP sent correspondence to each setting that had an on-site assessment completed. These letters were provided with the intent to outline the areas that were reviewed; the areas the settings met the requirements; as well as the areas that required remediation (Appendix C1 – Remediation Letter to Providers pg.**119**). Remediation responses were requested to be returned no later than June 10, 2016. The DHCFP is still in receipt of remediation plans as many settings have asked for extensions to the June 10, 2016 deadline. The State is in the process of contacting the settings that have not responded to find out their status and progress with the remediation response. The State is also in the process of reviewing the remediation responses received for compliance. The State will contact the settings if further information is needed. The expected timeframe for this step is October 31, 2016.

On February 11 – 15, 2019, the State conducted the second round of site assessments. There were 23 group homes that were assessed. Based on the recent assessment, most of these group homes were compliant with the lockable doors. However, two of the group homes had the key hanging on the wall next to the bedroom door. Privacy issue was also noted such as doctor's appointments, allergies of recipients, dietary restrictions, and medication intake schedule are posted on a board where all residents can see the information.

Some providers expressed their concern that there are some conflicting regulations between Bureau of Health Care Quality and Compliance (HCQC) and the HCBS settings New Rule.

After further research, the State found no evidence of NAC regulations regarding posting of privacy information. This will be further discussed in the System Remediation Grid.

Provider Assessment Results for 1915 (i) State Plan Services

Adult Day Health Care Services

First phase - Provider Self-Assessment Survey #1:

A provider self-assessment form was sent to 14 Adult Day Health Care providers, which is a non-residential setting, and 10 were returned, for a percentage of 73%.

The results indicate that all areas are in compliance with exception of the following:

- 73% of recipients have access to public transportation;
- 55% can come and go as they please;
- 73% chose what to eat and with whom they eat.

Analysis of Assessment Results:

- Almost all providers provide their own transportation; however, recipients may use public transportation where available, or friends and family. It should be noted that most of Nevada is considered rural or "frontier" area and public transportation is not available.
- All providers have dining rooms in which individuals can sit where they choose.
- All providers post daily menus which offer at least two choices. (One provider had menus posted in four languages).
- All providers accept individuals with dementia and Alzheimer's, so doors are monitored in order to prevent elopement.
- Providers are all located within the community and allow for access into the greater community. Potential providers, who are located on a campus, or within the same building as an institutional like environment, will not be reimbursed for this service.

Second phase – On-site Assessments:

The State conducted 17 Adult Day Health Care on-site reviews. The same questionnaire (Appendix A1 pg.97) was used for these reviews, although, it is understood some of the questions do not necessarily pertain to these settings as they are not residential. One Adult Day Health Care had an answer to the assessment that resulted in a noncompliance area pertaining to roommates; however, after contact was made with the Adult Day Health Care, it was explained that this question was answered incorrectly, and the result was reversed. The Adult Day Health Care settings were found to meet 100% compliance for each setting. No remediation actions were requested. The State did provide the results via mail (Appendix A2 pg.99) to each setting to ensure they understood they did not require remediation.

On February 13, 2019, the State conducted another on-site assessment of Adult Day Health Care Centers that became Medicaid providers after the first round of the site visits, which concluded in May 2016. The questionnaire used for this assessment is in Appendix D3 pg.**131**. There were 7 Adult Day Health Care assessed and found one to be non-compliant due to one of the private bathrooms have a chain lock on the outside of the door.

Remediation:

The state informed the Administrator of the Adult Day Health Care Center, that the issue will be referred to HCQC for further investigation. The Administrator explained that some recipients are using the bathroom for inappropriate behaviors. The Administrator said that they are not allowing any recipients to use that particular private bathroom, but rather use the other bathrooms with multiple stalls inside; and added that the lock of the private bathroom will be taken out permanently.

Provider Assessment Results for 1915 (i) State Plan Services

Home Based Habilitation Services

There are three providers of Day Treatment Program.

One provider is located on a campus setting with other State agencies and buildings. This provider operates day services from 9:00 am – 3:00 pm and is considered a community integrated non-residential setting. Recipients who attend this provider use public transportation, or friends and family. The day treatment is located on a campus that is associated with the University system and includes providers who provide various outpatient medical services. This campus is considered to meet setting requirements as there are no in-patient services provided. The other two providers are located where they meet the setting requirements.

There are 2 providers of the Residential Habilitation Program.

Two of the three providers of Day Treatment Program are also providing 24-hour residential care in a residential setting. Both locations are separate from the day treatment location. One of the providers has several residential settings located throughout the community. Many of these arrangements are for up to 4 individuals. These residential home settings are fully integrated within the community.

Analysis of Assessment Results:

- One provider is located on a campus and is a Community Integrated Non-Residential setting.
- One provider has Residential group homes for TBI located within the community and those homes are fully integrated into the community.
- All providers have access to transportation in the form of public transportation, family, or friends.
- Meal times can be together or separate based on individual schedules. Some recipients choose to make their own meals, while others choose to eat the prepared meal.
- All residential group homes for TBI settings provide 24-hour supervision. Level of supervision required is indicated in the person-centered care plan.

Identified problem area:

- Residential Group Homes for TBI Setting: this program is geared to a target population: individuals with traumatic brain injury or acquired brain injury.

Provider Assessment Results for 1915 (i) State Plan Services

Partial Hospitalization

There were no assessments completed for partial hospitalization as the premise of this program is to provide outpatient treatment up to seven days per week. The individuals who utilize this service reside in their own homes.

Analysis of Assessment Results:

Provider facilities are located on campus settings, which are not home and community based; however, recipients receive services during the day only and do not reside on that campus. No identified problem areas.

General Analysis of Provider Surveys for all Programs

- Recipients are afforded choice in the majority of our home and community-based settings which include choice of providers, choice of roommates, and choice of activities. Additionally, it has been found that recipients do have a choice in the staff employed by the provider. If the recipient requests different staff, all efforts will be made by the provider to change staff schedules.

- Nevada is a large, mostly rural, State. Recipients who choose to live in rural areas have limited access to public transportation, but those who live in urban areas have access to public transportation. Some providers own vans, and others make every effort possible to allow residents participation in the community.

- Employment is a choice. Those who wish to work are offered that choice, but many, especially among the frail elderly population, do not choose to work. This question was addressed as part of the on-site assessment and resulted in 52% non-compliance; however, after speaking with many providers, this question was misunderstood. This is being addressed with the remediation responses.

- Some waiver recipients need little to no supervision, while others need constant attendance due to cognitive issues. Supervision is addressed on a case by case basis in the person-centered plan.

- Some individuals have the capability to control their own finances, and others do not. Often a guardian or authorized representative takes care of the recipients' finances. This is addressed in the person-centered plan.

Areas that need to be addressed with the transition:

- Many providers do not have locks on living and sleeping quarters due to recipients requiring supervision. However, some providers have indicated they will install locks to become compliant. The appropriate staff will have access to the keys and will use only when necessary.

Recipient Assessment Results

Recipient surveys were sent to over 5100 recipients who receive services under a 1915 (c) or (i) program.

- 1080 surveys were returned completed (Appendix A5 - Recipient Form pg.**108**)
- 500 surveys returned to sender

Analysis of Assessment Results (Appendix A6 - Recipient Results pg.**109**):

- Recipients indicated they are given a choice of where to live and with whom they can eat with. They are free from coercion, can have visitors, and are comfortable in their environment.
- About half of the recipients responded either positively or negatively at the choice of roommates, with about 40% stating they were not given a choice of roommates. **The State will review and discuss how to approach this comment.**
- Public transportation is an ongoing problem in Rural Nevada which is reflected in these results. **The State will be working closely with the QIO-like Vendor to find resolution to this issue.**
- Most recipients indicated that staff use keys when appropriate, but some indicated that they did not. **The State will review and discuss appropriate action to include education of facility administrator and staff.**
- Some recipients indicated that there are no rental agreements in place in their residence. **This will be addressed during the STP process and action steps will be in placed prior STP's final approval.**
- Surveys returned as undeliverable are being reviewed.

Comments from Recipients:

- Many recipients responded that the survey does not apply to them because they live in their own home either alone, with parents, or with children.
- Many recipients stated they were happy with their situation, while others stated they have remained independent with the assistance of family and Medicaid services.
- Some recipients complained about the purpose of the survey and didn't understand how the questions pertained to them.
- Family members and guardians' comments on behalf of the recipient that the recipient was unable to answer, so they answered for them.

Summary of Public Comments

Notices of Public Workshops were posted on the DHCFP website in the section for Public Notices: http://dhcfp.nv.gov/Public/AdminSupport/PublicNotices/ as well as on the page devoted to the HCBS New Rule: http://dhcfp.nv.gov/Home/WhatsNew/HCBS/

The notices were also posted physically at the DCHFP Central Office in Carson City and the Las Vegas District Office as well as the Nevada State Library and in the public libraries throughout the State.
Copies of these public notices are available as Appendix F1-F3 pg.152, pg. 154, pg. 155.

Following is a summary of the comments made during each of the Public Workshops held by the DHCFP and copies of written notices received are available as Appendices Q, R and S.

Public Workshop – June 6, 2014

- For those facilities not considered Home and Community Based Settings (HCBS), could we ask the Centers for Medicare and Medicaid Services (CMS) to grandfather them in? **pg. 33 #1**
- Lease Agreement Subcommittee to create a uniform agreement. **Sub-committee was created but has been dissolved since. Lease agreement are in placed in each residential facility and included in the application packet to be provided to potential resident. Once the state reached CMS initial approval, the state will create another work group to work on enforcing the lease agreement in the residential facilities through policy updates.**
- Consumer Bill of Rights. **Not relevant to the STP.**
- Person-centered care planning. **This public workshop occurred in 2014, Person-Centered Plan (PCP) has been implemented since 2015. State staff that developed and reviewed the PCP had undergone intensive 2 day training. All 1915c and 1915i programs have been utilizing PCP and it is required as stated in the policy.**
- Concerned about: Alzheimer's recipients and Fire Regulations. **pg. 37 #10**
- Alzheimer's recipients and choice of roommates, menus, when and where to eat. **pg. 37 #11**
- How is the Program for All Inclusive Care for the Elderly (PACE) program affected? **PACE is a managed care plan for the elderly, CMS has approved. The funding for all of their services is under the Managed Care authority and not through HCBS. This is not relevant to the STP.**
- Recommend that a steering committee be created. **pg. 45 #22**
- Concerned lack of choices in rural regions would be interpreted as silos of service **pg. 34 #4**
- Recommends working with Commission on Aging and Disability and Alzheimer's Task Force. **Currently, there is an ongoing monthly meeting surrounding Alzheimer's and dementia which consist of various state agencies such as HCQC, ADSD and DHCFP. However, this is not relevant to the STP.**
- Suggested consideration of external vendor for project management. **This was not considered at the time and up to current due to budget constraint and require legislative approval.**

- Private Room: some providers cannot afford to provide private rooms. **pg. 35 #6**
- Waiting for Waiver. **Waiver slots are approved by the legislature and if slots are filled, applicants are put on the waitlist.**
- Appreciate flexibility in interpretation regarding institutions on campuses, etc. **pg. 33 #2**
- Concerned about electronic Level of Care (LOC) and concerned that recipients and families do not understand the choices available to them between HCBS and Institutional Care. **The State does not use electronic LOC. pg. 38 #13**
- Concerned about the "Unintended Consequences of our Best Efforts" **The State made no comment as this is not relevant to the STP.**
- Do not create more silos of care **pg. 34 #4**
- Already hard to access care **pg. 34 #4**
- Co-location of services **pg. 39 #17**
- Concerned that individuals who truly need Nursing Facility placement will be placed in community settings **pg. 38 #14**
- Concerns: Scheduled Times for Visits, Category 1 and Category 2 differences and Staffing. **Per NAC 449.258 – there must be flexibility in visiting hours to strengthen family ties. The state is reviewing this area and as part of the systemic remediation – action steps will be forthcoming to comply with the HCBS requirement.**
- What happens to someone who has such low income we cannot take them? **pg. 36 #9**
- Will CMS identify "wiggle room" areas for interpretation or is everything steadfast? **pg. 38 #16**

Public Workshop August 19, 2014

- Several States have already submitted Transition Plans to CMS, but none have been accepted. Additionally, the feedback indicates that a 'Plan to Make a Plan' is not going to be accepted. Details of what will be done and how it will be accomplished will be required. **This is ADSD staff comment.**
- Who will pay for it? How will it be staffed? **The new rule encourages recipients to create and maintain connections with the larger community and the implementation of person-centered plan that documents and supports a recipient's wishes will bring the facility into compliance.**
- Disability Dominant Settings, Accessible Space for example, appear not to meet the New Rule requirements by definition since the residences are primarily for individuals with disabilities. **The setting is selected by the individual from among setting options including non-disability specific settings. The State hopes to meet with Accessible Space and CMS to ensure compliance.**
- What about those group homes with residents who have Alzheimer's? These individuals are unable to make choices. **pg. 37 #11**
- Given that the CMS Regulations are the Regulations, it is my understanding that the State has the ability to interpret the New Rule for Disability Dominant settings and programs. Person Centered Planning changes how we think about providing services. **Yes, but the State needs to know where the potential deficiencies are, that is why the State sent out the Self-Assessment tool to providers in May 2014.**
- As a rural provider, community means different things in different locations. It is also more expensive to provide services in rural areas. **The State acknowledges the concern, but no action is required at this time.**
- Can there be more access to these meetings for rural providers? I am here today because I had other commitments in the Reno/Sparks area, but I would normally not be able to afford to come to Carson City. Is it possible to videoconference to a site in Winnemucca or Elko? **Yes, for future trainings or meetings, the State will make sure to accommodate everyone particularly those who live in the rural areas.**
- To participate in the Person-Centered Planning, we sent staff to 104 quarterly meetings. That is staff time that is not paid for. Looking at reimbursement for that time is important. **Not relevant to the STP.**
- One aspect of the New Rule we have not discussed today is the requirement for Recipients to have Lease Agreements that afford them the same rights and responsibilities any other individual would have in the State of Nevada **pg. 36 #8.**
- Training with family and guardians about Recipient's Rights. **The State proposes no changes, recipient's right has been in place prior to the implementation of the new rule.**
- Training for Providers and State staff **pg. 35 #7.**
- Regulations and Licensing. **The State will review all HCBS requirements and the State regulations, then will work with HCQC (if appropriate) to meet HCBS requirements.**
- Rates. **The State proposes no changes – rate increase must be approved by NV Leg.**

- This is a 5 Year Transition Plan. If we start working now, we can determine if a setting does not meet the New Rule and why. How can it be changed? Whether by regulation changes or the business plan of the facility. **ADSD and DHCFP are working together to start the process towards meeting the regulations.**
- Regarding residential care facilities, the language used may not be consistent across types of recipients and/or settings. Is the State looking for demonstration projects? **The State is not formally applying to CMS to do a demonstration project. But an 'informal' project to find out what can be done with large facilities would help determine what waiver amendments could be written to help these facilities come into compliance with the New Rule.**
- Regarding Alzheimer's patients, we want to work on creating processes and programs that prevent people from being placed out of State, and even to facilitate bringing them back to Nevada. **pg. 37 #12.**
- Regulations have become so over-protective and rigid that it has affected the Provider mindset. **The State acknowledges the providers' concerns and will assist providers into compliance with the regulations.**
- How is the State going to help group homes and individuals finance this? **The State has to implement the Person-Centered Care Planning and providers are expected to be involved. The Care Plan will be created by State staff. The Provider is not required to provide the alternative services but must allow them to be made available. Rates for services are set by the Legislature, so, any changes in reimbursement would have to go through the legislative process.**
- But, if one resident does not want to eat at the set dinner time, the Provider has to pay the cook to stay around and be available. **No, CMS does not require that specifically. If a resident wants a full, cooked meal, then s/he eats when it is served. If an alternate eating schedule is part of the Care Plan, the Provider must make a shelf in the refrigerator available, for example. The Provider does not have to purchase the extra food or prepare it. The resident's support team – family and friends – must be allowed to assist if that is necessary.**

Public Workshop November 10, 2014

- Person Centered Planning should be emphasized. **pg. 38 #15**
- Cognitive Functioning needs to be taken into consideration. **pg. 40 #19 5th bullet.**
- Medical Regulations matrix supported, although concern expressed that some changes to NRS would be necessary. **This is not relevant to the STP.**
- If ADHC setting is integrated into larger community, but participants are not diverse mix, does that create a problem? **Many ADHC centers meet the New Rule. We can re-word this section and we will review the providers on an individual basis if there is any apprehension that the setting will not be in compliance.**
- It seems that the New Rule requirements that community services not be offered in combination with a medical facility contradicts the sections of the Affordable Care Act (ACA) that encourage co-location. This is especially true in rural Nevada where many services are only available in shared locations. **pg. 39 #17.**
- Survey recipients and families **1080 recipient surveys were returned completed.**
- It would be useful to have more public meetings with community partners to help explain changes. For complete list of public meetings go to **pgs. 49-51.**
- Barry Gold of AARP provided written comments, **Appendix F6 167 – this public workshop was done in 2014 as well as the state received this comment in 2014. At this time, the State is unable to find or locate if the state responded or commented during or after the workshop.**
- Mark Olson of LTO Ventures provided written comments, **Appendix F6 162 (pg3 of 6) & Appendix G4 189 (3pgs). this public workshop was done in 2014 as well as the state received this comment in 2014. At this time, the State is unable to find or locate if the state responded or commented during or after the workshop.**

Public Workshop January 16, 2015

- Focus groups should be incorporated since the recipient survey didn't capture resources that people can't access. **pg. 33 #2.**
- Various community stakeholders have offered to host focus groups. **pg. 33 #2**
- The surveys should be translated into Spanish. **pg. 33 #2**
- Establish a formal complaint process. **pg. 47 #24.**
- State staff is in the process of doing provider site reviews to verify survey results, or to do a survey, if the provider did not do one. **The State has conducted site reviews which concluded on 5/2016.**
- Jobs and Day Training – belief that CMS has clarified that people can receive JDT services with other people with disabilities IF they have been given a choice. **The State has implemented Person-centered plan and freedom of choice, where recipient has given a choice of living arrangement as well as services provided.**
- Request to indicate State resources needed for full compliance with the transition plan. **The State is working on achieving full compliance with the new rule.**
- Question regarding timeline and if it the work can be completed prior to 2019. **Due to staff turnover, the initial STP will be completed in 2019.**
- The State will hold another public workshop once feedback from CMS is received. **The State agreed to notify the public any updates and if necessary, to hold additional public workshops.**
- Public comment in writing has been added, **Appendix G3 (pg. 181) and G4 (pg.189).**

State of Nevada's Summary of Responses to Public Comment

The State appreciated the thoughtfulness and genuineness of the comments provided at the four public workshops and various submission directly to the DHCFP.

Comment Summary	Response	Update to Transition plan
1. One commenter requested that CMS "Grandfather" the facilities in that do not meet the HCBS New Rule Regulations.	The State understands that all settings must meet the requirements as provided by CMS and will ensure that during the transition, the state continues to work with the facilities that remain questionable.	At this time the state has not taken action or implementation of action for facilities who do not comply with the HCBS New Rules. However, the state continues to monitor settings to ensure they meet and remain in compliance with 1915(c) and 1915(i) regulations.
2. A couple of commenters focused on how long a facility has to come into compliance with the New Rule as this is a five-year Transition. One comment mentioned that they "appreciate flexibility in interpretation regarding institutions on campuses, etc."	Throughout the State Transition Plan document, the State has acknowledged its intent and assistance to ensure facilities that can be brought into compliance. The State will continue to address this concern during the on-site reviews.	

3. Rural areas were brought up with a couple comments. One comment focused on the lack of choice in rural areas as well as the definition of community in rural settings. 4. It was also mentioned that it is hard to access care and they do not want to create silos. 5. The commenter mentioned that the individuals should be afforded the choice in providers.	The State will continue to work with these providers throughout the transition process to ensure they are also brought into compliance if questionable, all concerns are addressed, and the definition of community is addressed when the on-site visit(s) are completed. The State fully understands these concerns. The purpose of this transition is to promote integrated community settings, not to limit individuals to one setting that is secluded from the community and to encourage person-centered planning. Unfortunately, the State understands that in the rural settings, it may be difficult to ensure there are multiple providers to choose from, this is a barrier all rural States face.	If the requirements can't be met in the person-center plan, then the State would transition Medicaid recipients as required. The state will work in collaboration across agencies to ensure that recipients are transitioned to settings meeting HCBS Settings requirements.

6. Multiple comments were focused around the cost of private rooms, staffing for scheduled visit times, rates, financing for the care of individuals and meal times.	This Transition plan is focused around recipient choice, if the recipient chooses to have a snack in the middle of the evening, the state and CMS understand that there will not be a chef on call, but a snack should be available. If a recipient requests that their family visits them during "off" hours, these needs to be accommodated. The State will continue to work with the providers addressing each of these concerns throughout the Transition process.	The State proposes no changes at this time to the individuals being able to have visitors of their choosing at any time or to have food available at any time. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences and, for residential settings, resources available for room and board.
7. One commenter addressed provider and staff training.	The recipients of HCBS Waivers have case managers that assist with the recipient's needs and concerns. The providers are encouraged to contact these case managers regarding specific areas of concern. In regard to formal training, CMS has not mentioned any requirements for additional training above what the State offers through our Fiscal Agent, DXC.	The state's goal is for newly enrolled providers for HCBS services, they will be provided information on HCBS setting requirements and be required to sign and submit certification that they have received, understand, and comply with these setting requirements. This will be incorporated in the enrollment packet and every five years during re-validation. The Fiscal Agent is responsible for all

		revalidation activities and provider trainings on prior authorization and billing guidelines. The State will provide education and training to the Fiscal Agent's provider enrollment staff on new settings requirements and enrollment requirements. Enrollment checklist may coincide with State regulations meaning that checklists cannot be updated until regulations are updated.
8. Some commenter's concerns were focused around the recipient rights to have a lease agreement that afford them the right and responsibilities any other individual in the community would have.	The State agrees and has included this into our on-site reviews and this being addressed during these visits.	This action has been implemented and ongoing, no changes are required.
9. One question asked what happens when a recipient has such low income that the provider cannot take them.	The Department of Welfare and Supportive Services has different Medicaid programs that may be reviewed for each recipient. The question regarding income of an individual would only make a difference in regard to their eligibility, and since Medicaid would pay the provider, this should not be a concern.	The State proposes no changes at this time.

10. Five comments focused on the recipients that have an Alzheimer's diagnosis, or a cognitive impairment. Concerns focused around the current Fire Regulations are shared by the DHCFP.	The DHCFP is in the process of working with the Department of Public and Behavioral Health to help better define this concern.	The setting is physically accessible to the individual. The state has amended NAC 477.283 as of January 16, 2015. See page 76 for additional details.
11. One comment addressed Alzheimer's recipients and their choice of roommates, menus, where to eat and when etc.	The State shares the concern regarding the community setting aspect of an individual that may not be "safe" to have the same access as other individuals that would be in the same setting. This is currently being addressed with CMS and will be shared as soon as the State has more information.	For settings that have Alzheimer's recipients must be endorsed by HCQC. Additionally, under the HCBS Waiver each recipient has a case manager who is responsible to ensure recipients rights to privacy, dignity and respect are being met.
12. One comment mentioned preventing individuals with the Alzheimer's diagnosis form being placed out of State.	The purpose of HCBS is to keep individuals in their community and out of placement. The State shares this concern as well and will review this with any facility that is reviewed as an out of State placement.	No action taken.

13. Two comments focused on concern for the individual with an Alzheimer's diagnosis, or families of individuals of HCBS not understanding the choice of providers they would have.	Each HCBS individual is assigned a case manager that thoroughly understands the individual's needs and limitations and will work with the individual, responsible person, or family to provide choice of services received.	No action is required.
14. One comment focused on concern that individuals that need Nursing Home Placement will be placed in the community.	The Transition plan is for individuals receiving HCBS, not those currently in Nursing Facilities. Individuals in Nursing Facility placement will not be affected by this transition.	No action is required.
15. Person Centered Planning was mentioned in two comments with requests for training and an emphasis on the planning itself.	The DHCFP is in the process of working with the ADSD to develop training for the HCBS case managers in regard to the New Rule which includes the Person Centered Planning.	The state has provided training regarding person centered plan. This was completed in 2016.
16. If CMS would identify any "wiggle room" areas for interpretation or is everything steadfast. Two comments pertained to the guidelines and conditions set by CMS.	The State has been actively involved with CMS to identify any concerns regarding interpretation of the New Rule.	CMS has provided information on their website, as well as through their webinars. The state will continue working with CMS regarding issues or clarifications regarding the New Rule.

17. The last comment reads "the New Rule requires that community services not be offered in combination with a medical facility which contradicts the sections of the Affordable Care Act (ACA) that encourages co-location. This is especially true in rural Nevada where many services are only available in shared locations."	The State has researched the ACA and is only able to find one excerpt related to co-locations. Section 5604 b States "The Secretary, acting through the Administrator shall award grants and cooperative agreements to eligible entities to establish demonstration projects for the provision of coordinated and integrated services to special populations through the co-location of primary and specialty care." The State is in the process of conducting on-site assessments of all group homes and assisted living facilities regardless of their location. After the reviews are completed and the final information is reported to CMS, the State will have a better understanding of what constitutes a co-location or shared location and the impact the New Rule may have on these settings.	A facility must not be operated in combination with any other medical facility or facility for the dependent unless it is licensed separately. The State proposes no change at this time.

18. Two comments focused around the Public Comment process. Public Comment was opened on June 24, 2016 for the Heightened Scrutiny submission to CMS. The State did not allow the public 30 days to provide adequate feedback prior to the submission. Public Comment was opened on July 12, 2016 for the June 24, 2016 submission of the Transition plan to CMS. This did not allow the public 30 days to provide adequate feedback prior to the submission.	The State has reviewed these comments and has taken into consideration the inadequate time the public comment period was opened prior to and after submission of the Transition Plan and the Heightened Scrutiny proposals. The State has pulled back both submissions from CMS and will open it up for Public Comment prior to resubmission. The State also will make certain to notify all stakeholders and request public engagement prior to submission to the best of our ability.	This was revised and corrected. The STP was re-posted to allow the 30-day comment period.
19. Additional areas to review were proposed for a future assessment which focuses around the individual within the residential setting assessment and their abilities and inabilities. Suggested areas to ask about include: • Ask what the average age of residents are; • What is the average ADL level of residents; • Do they wear briefs; • The number that use a walker or other adaptive device, or don't walk at all; • Do any residents have chronic mental, cognitive or other physical illness that limits their practicality ever living alone or getting a job; • Would getting a job or living on their own without 24-hour	Based on the information gathered during the Provider Assessments, the State does not feel an additional assessment is necessary at this time. The State feels that the residents were considered during the assessment and many of these areas that are being asked to be addressed during a follow-up assessment go against the Final Rule regulation released by CMS. In addition, the assessments did not reveal an abundance of inadequacy for our residential providers. Many of the questions that were asked are being resolved via	The state proposes no changes.

supervision put the safety of that resident at risk; • How many residents have already received therapy for their illness and still can't live alone or seek employment; • Would locking the door to the room put the residents at risk in case of a fire or in case their mood changed quickly and needed assistance; • Would taking your resident out in the community potentially agitate them and stress them cognitively or physically; • Would leaving your resident alone in a room or at home without some level of monitoring put them at risk of bad events; • Is there any scenario you can envision medically where your residents will with treatment medical or behavioral be able to live alone, work or live without protective supervision; • On average, would you describe your residents as independent living/transitional living or tending more toward Long term care residents who are closer to needing a nursing home than living on their own even with assistance, training and improvement in their health condition; • What they of irreversible illness do your residents typically have; • Given the age and expected progression of needs for your residents, is likely any will	the remediation plans and /or during contact with the DHCFP office directly. If it is found that a new assessment needs to be completed by the State, the DHCFP will reach out to our stakeholders and the public to assist with the development of a follow-up assessment form.	

improve enough to where why can be independent with community supportive services; • Would you agree that your residents might not get the needed supervision, protective supervision, and care that they need if they get care in an independent living/transitional living setting where they have less than 24-hour care and place that can give PRN medications when needed; • Does your care setting offer coordination of medications; • Does your staff ensure the residents take their medications; • If the doctor called in a medication change does the resident process that including drop the prescription off and pick it up from the pharmacy and record it; • If not, do you have staff to do this for the resident?		
20. One comment was in response to the 56 proposed Heightened Scrutiny reviews submitted to CMS for review.	None of the 56 settings included in the proposed submission to the CMS received the notice of public comment directly via email, fax or US mail. None of the residents and /or their families or legal guardians received the notice. The STP Advisory Council did not receive a notice nor did the State of Nevada Association of Providers (SNAP).	The State has identified settings that may not meet settings requirement based on the location, singular diagnosis, setting size or access issues. The State has developed a tool for submission to CMS. The State has completed an assessment using this tool for each setting that is questionable and requires review by CMS.

		The State has submitted all questionable settings to CMS.
21. Other comments expressed concern over the provider on Site review/heightened Scrutiny Questionnaire table used to make its assessment and containing the finding of the on-site settings reviews. Concerns included the following: • The tool itself was not made available for public comment prior to its use • The first criterion "more than 10 beds" has no relation to the Final rule • DHCFP offers no explanation about how it determined that "more than 10 beds" would not be a major criterion of the tool, nor does it present any evidence supporting its relevance to the Final Rule or STP. • No other place in the STP dates 6/26/16 is there a mention of "more than 10 beds."	The State understands the concern surrounding the Proposed Heightened Scrutiny submissions to CMS. The DHCFP utilized the guidance provided from CMS to develop the Heightened Scrutiny tool which was used to address the residential setting specifically. The tool that is references is not the tool that was used to determine the Heightened Scrutiny submission, this tool was intended to be used for the public to identify the provider review results to see any areas that were identified as requiring remediation. The State also understands that there is no reference in the Final Rule related to "10 or more beds" for heightened Scrutiny reviews. The State had initially elected to submit residential settings that have 10 or more beds as they may appear to be institutional in nature. After further guidance from CMS and public comment consideration, the State will re-evaluate the Heightened Scrutiny proposed submissions with feedback and suggestions taken from our stakeholders and throughout future public	Upon response from CMS, the State will work with our settings to assist with compliance based on the factors identified by CMS.

	workshops and public comment.	

22. Five comments were focused around the request for stakeholders to be involved including focus groups, and to create a steering committee.	The State created a Steering Committee comprised of providers, advocates and recipients as well as State employees to work on the creation of the Transition Plan. The first Steering Committee meeting was held on June 24, 2014 – only 18 days after the first public workshop. As the State progresses with the Transition Plan and more areas are identified, the State will post an invitation for additional public workshops that include seeking stakeholder input. Access to these meetings was questioned as far as rural providers and the request to have the surveys sent out to be translated into Spanish. The State will look into making the public workshops that are to be scheduled in the upcoming months accessible via the web or telephone for the rural communities. The State is available and willing to translate the surveys into Spanish if specifically requested as we are trying to ensure we provide the same level of access to all individuals and providers throughout the State. Reimbursement of staff time was requested for staff to attend training for the Person-Centered Planning. The State has provider qualifications for reach provider enrollment process and re-certification	The Steering Committee has dissolved as it was created to assist in the creation of the STP which is now completed. That said, there are several provider specific groups which the State participates in to work with providers on changes to regulations and policies. Some examples include the Assisted Living Advisory Council, Adult Day Care Advisory, Personal Care Agency Advisory Council. In addition to the advisory councils, the State also works with individual provider associations like PCS and Residential Home Settings for stakeholder input and outreach education. As the state moves towards final approval from CMS the state will continue to utilize existing aforementioned provider groups and associations to ensure compliance and solicit input.

	process. With that being said, if these trainings are a requirement for the provider to remain certified with the DHCFP, the DHCFP would expect this to be completed as part of the ongoing process.	

23. It was requested to indicate the resources needed for full compliance with the Transition Plan.	The State is currently in the process of utilizing staff to complete on-site reviews as part of the ongoing transition.	This has been completed.
24. It was acknowledged that some changes to the NRS may be needed, as well as support for a Medical Regulation Matrix support	The State is in constant review of the NRS to ensure full compliance with the current regulations, and if any require amendment, submitting this as such. It has been requested to establish a formal complaint process. The State has sectioned part of the DHCFP.nv.gov website for the New Rule which includes a place for public comment. The State asks that all comments be submitted through this realm. For complaints directed to CMS, the comments would need to be forwarded to them directly.	

25. Some advocates requested the DHCFP to survey recipients about their current services and their level of satisfaction with their current providers. Responses to survey questions: • Some recipients live alone and receive help (chores and bath) from the program. • Many recipients live at home with family members being the caregiver. • Others live alone and make everything for themselves, yet they do have case workers who provides and suggest help for medical reasons. • Others say none of the questions apply to them because they live alone in their own place. • Other recipients reside in group homes. • Many family members of the recipient answered the survey because the recipient is not mentally or physically capable. • Other recipients enjoy their independence and the help the program provides to them to help them do chores. To be removed.	That survey was sent to 5,100 recipients. The DCHFP received responses from approximately 20% of the recipients surveyed. The response was overwhelmingly positive.	Recipients are crucial in providing information on the services they receive, so random sample of recipients were selected to complete a survey on how they view their services and choices. Recipients were asked to assess the same questions as providers.
26. Fifty-six comments were submitted in support of Betty's Village Heightened Scrutiny because it integrates people with disabilities into society and encourages independence to the highest degree possible.	The state has no comment regarding Betty's Village.	See Appendix H4 **222** for the state's response.

27. Seventeen comments were submitted in opposed to the construction of Betty's Village for concerns on segregation towards people with disabilities.		The state responded, see Appendix H4 222

List of Public Meetings	
Date	**Meeting Type**
January 15, 2014	Committee on Senior Citizens, Veterans and Adults with Special Needs
February 25, 2014	NV Governor's Council on Developmental Disabilities
March 17, 2014	HCBS Committee Meeting (State Staff)
April 2014	Letter to Provider
April 2014	Provider Self Assessment Survey
April 7, 2014	HCBS Committee Meeting (State Staff)
April 8, 2014	Tribal Consultation
April 11, 2014	Commission on Aging Senior Strategic Plan Accountability Subcommittee
April 23, 2014	Task Force on Alzheimer's Disease
April 28, 2014	HCBS Committee Meeting (State Staff)
April 29, 2014	NV Commission on Services for People with Disabilities
May 7, 2014	Commission on Aging Senior Strategic Plan Accountability Subcommittee
May 21, 2014	Notification of June 6, 2014 Workshop #1
June 6, 2014	Public Workshop #1
June 9, 2014	HCBS Committee Meeting
June 11, 2014	Commission on Aging Senior Strategic Plan Accountability Subcommittee
June 12, 2014	Southern Nevada Association of Providers Presentation
June 24, 2014	HCBS Steering Committee Meeting
July 1, 2014	Draft #1 of Transition Plan
July 8, 2014	HCBS Lease Agreement Sub-Committee Meeting
July 8, 2014	HCBS Regulatory Sub-Committee Meeting
July 17, 2014	HCBS Steering Committee Meeting
July 22, 2014	HCBS Lease Agreement Sub-Committee Meeting
July 22, 2014	HCBS Regulatory Sub-Committee Meeting
August 4, 2014	Notification of August 19, 2014 Public Workshop #2
August 8, 2014	HCBS Regulatory Sub-Committee Meeting
August 11, 2014	Nevada Health Care Association Meeting
August 14, 201	Commission on Aging Senior Strategic Plan Accountability Subcommittee
August 14, 2014	Adult Day Health Care Advisory Council
August 19, 2014	Public Workshop #2
August 21, 2014	HCBS Combined Steering Committee and Sub-Committee Meeting
August 25, 2014	HCBS Regulatory Sub-Committee Meeting
September 1, 2014	HCBS Committee Meeting (State Staff)
September 8, 2014	HCBS Regulatory Sub-Committee Meeting
September 10, 2014	Aging and Disability Services Division Conference
September 22, 2014	HCBS Committee Meeting (State Staff)

September 23, 2014	Commission on Aging Senior Strategic Plan Accountability Subcommittee
September 29, 2014	HCBS Combined Steering Committee and Sub-Committee Meeting
October 8, 2014	Annual NV Medicaid Conference
October 15, 2014	Draft Transition Plan Posted for 30 Day Public Comment
October 16, 2014	Annual NV Medicaid Conference
October 21, 2014	Commission on Aging Senior Strategic Plan Accountability Subcommittee
October 21, 2014	Medical Care Advisory Committee (MCAC)
October 24, 2014	Notification of November 10, 2014 Public Workshop #3
November 10, 2014	Public Workshop #3
November 12, 2014	Adult Day Health Care Advisory Council
November 19, 2014	Home for Individual Residential Care Advisory Council
December 2014	Letter to Recipients
December 1, 2014	Draft #2 of Transition Plan
December 4, 2014	NV Governor's Council on Developmental Disabilities
December 11, 2014	Commission on Aging Senior Strategic Plan Accountability Subcommittee
January 15, 2014	Medical Care Advisory Committee
January 16, 2015	Public Workshop #4
January 20, 2015	Assisted Living Advisory Council
January 29, 2015	Commission on Aging Senior Strategic Plan Accountability Subcommittee
February 2015	Transition Plan to CMS
February 9, 2015	Committee on Senior Citizens, Veterans and Adults with Special Needs
February 10, 2015	Home for Individual Residential Care Advisory Council
February 12, 2015	Adult Day Health Care Advisory Council
February 19, 2015	NV Governor's Council on Developmental Disabilities
March 18, 2015	Transition Plan to CMS
March 19, 2015	NV Governor's Council on Developmental Disabilities
March 24, 2015	Commission on Aging Senior Strategic Plan Accountability Subcommittee
April 21, 2015	Medical Care Advisory Committee
April 21, 2015	Assisted Living Advisory Council
April 21, 2015	NV Governor's Council on Developmental Disabilities
May 12, 2015	Commission on Aging Senior Strategic Plan Accountability Subcommittee
May 12, 2015	Home for Individual Residential Care Advisory Council
May 19, 2015	NV Governor's Council on Developmental Disabilities
May 28, 2015	Adult Day Health Care Advisory Council
June 16, 2015	NV Governor's Council on Developmental Disabilities
July 20, 2015	NV Governor's Council on Developmental Disabilities
July 21, 2015	Assisted Living Advisory Council
July 28, 2015	Commission on Aging Senior Strategic Plan Accountability Subcommittee
August 11, 2015	Home for Individual Residential Care Advisory Council
August 16, 2015	Transition Plan to CMS
August 18, 2015	NV Governor's Council on Developmental Disabilities
August 27, 2015	Adult Day Health Care Advisory Council
September 15, 2015	Commission on Aging Senior Strategic Plan Accountability Subcommittee
September 15, 2015	NV Governor's Council on Developmental Disabilities
October 7, 2015	Annual NV Medicaid Conference
October 20, 2015	Assisted Living Advisory Council
October 22, 2015	Annual NV Medicaid Conference
October 27, 2015	Commission on Aging Senior Strategic Plan Accountability Subcommittee
November 10, 2015	Home for Individual Residential Care Advisory Council

November 17, 2015	NV Governor's Council on Developmental Disabilities
November 18, 2015	Adult Day Health Care Advisory Council
December 16, 2015	Commission on Aging Senior Strategic Plan Accountability Subcommittee
January 19, 2016	Medical Care Advisory Committee
January 19, 2016	Assisted Living Advisory Council
January 19, 2016	NV Governor's Council on Developmental Disabilities
January 28, 2016	NV Governor's Council on Developmental Disabilities
February 9, 2016	Home for Individual Residential Care Advisory Council
February 16, 2016	NV Governor's Council on Developmental Disabilities
February 22, 2016	Committee on Senior Citizens, Veterans and Adults with Special Needs
February 24, 2016	Commission on Aging Senior Strategic Plan Accountability Subcommittee
February 25, 2016	Adult Day Health Care Advisory Council
March 2-3, 2016	NV Governor's Council on Developmental Disabilities
March 15, 2016	NV Governor's Council on Developmental Disabilities
April 19, 2016	Medical Care Advisory Committee
April 19, 2016	Assisted Living Advisory Council
April 19, 2016	NV Governor's Council on Developmental Disabilities
May 9, 2016	Letters mailed to Provider's regarding settings assessment findings and remediation requests
May 10, 2016	Home for Individual Residential Care Advisory Council
May 11, 2016	NV Governor's Council on Developmental Disabilities
May 26, 2016	Adult Day Health Care Advisory Council
June 8, 2016	Commission on Aging Senior Strategic Plan Accountability Subcommittee
June 16, 2016	NV Governor's Council on Developmental Disabilities
June 21, 2016	NV Governor's Council on Developmental Disabilities
June 24, 2016	Heightened Scrutiny proposals posted for public comment
June 28, 2016	Transition Plan to CMS
July 12, 2016	Transition Plan posted for public comment
July 12, 2016	Commission on Aging Senior Strategic Plan Accountability Subcommittee
July 14, 2016	2nd round of letters mailed to Provider's regarding setting assessment findings and remediation requests
July 19, 2016	Medical Care Advisory Committee
July 19, 2016	Assisted Living Advisory Council
July 28, 2016	NV Governor's Council on Developmental Disabilities
August 9, 2016	Home for Individual Residential Care Advisory Council
August 16, 2016	NV Governor's Council on Developmental Disabilities
August 19, 2016	Commission on Aging Senior Strategic Plan Accountability Subcommittee
August 25, 2016	Adult Day Health Care Advisory Council
September 20, 2016	NV Governor's Council on Developmental Disabilities
October 18, 2016	Assisted Living Advisory Council
November 8, 2016	Home for Individual Residential Care Advisory Council
December 1, 2016	NV Governor's Council on Developmental Disabilities
January 17, 2017	Assisted Living Advisory Council
January 17, 2017	Medical Care Advisory Committee
February 14, 2017	Home for Individual Residential Care Advisory Council
March 2, 2017	NV Governor's Council on Developmental Disabilities
April 13, 2017	Transition Plan posted for public comment
April 18, 2017	Medical Care Advisory Committee
May 9, 2017	Home for Individual Residential Care Advisory Council

May 30, 2017	Transition Plan to CMS

Public Notice Dates:

As part of the process required by the Centers for Medicare and Medicaid Services (CMS) Final Rule for Home and Community Based Services (HCBS) for 42 CFR, the Division of Health Care Financing and Policy (DHCFP) requests public comment regarding the State Transition Plan submission. The State provided instructions via the public notice on how the comments should be submitted stating: "Comments may be provided during the 30-day comment period." To be considerate, comments must be received by one of the methods provided (Mail, E-mail, or Fax) no later than 5:00 pm on the dates provided below.

Betty's Village Public Notice: August 24, 2015 through October 2, 2015.

Setting Assessment Public Notice: April 22, 2016 through May 23, 2016

Heightened Scrutiny Public Notice: June 24, 2016 through July 25, 2016

- Public Comment was opened on June 24, 2016 for the Heightened Scrutiny submission to CMS. The State did not allow the public 30 days to provide adequate feedback prior to the submission. Public Comment was opened on July 12, 2016 for the June 24, 2016 submission of the Transition Plan to CMS. This did not allow the public 30 days to provide adequate feedback prior to the submission. The State has reviewed these comments and has taken into consideration the inadequate time the public comment period was opened prior to and after submission of the Transition Plan and the Heightened Scrutiny proposals. The State has pulled back both submissions from CMS and will open it up for Public Comment prior to resubmission. The State will also make certain to notify all stakeholders and request public engagement prior to submission to the best of our ability.

State Transition Plan Public Notice

- Draft #1 of STP: July 1, 2014 - August 19, 2014
- Draft #2 of STP: December 1, 2014 - January 16, 2015
- Draft #3 of STP: July 12, 2016 - August 12, 2016
- Draft #4 of STP: October 1, 2016 - October 31, 2016

Method of Public Comment Notification

Website:

The State Transition Plan (STP) was available for public review and comment on October 15, 2014 through November 16, 2014, **July 12, 2016** through **August 12, 2016, April 13, 2017 through May 14, 2017.** The STP was posted online at http://dhcfp.nv.gov/Home/WhatsNew/HCBS/. All components of the STP – timeline chart, public comments and responses – were made available to the public through the URL.

Public Notice:

Notices/invitations for Public Comments were posted on the DHCFP website in the section for Public Notices: http://dhcfp.nv.gov/Public/AdminSupport/PublicNotices/, as well as on the page devoted to the HCBS New Rule http://dhcfp.nv.gov/Home/WhatsNew/HCBS/. They were also e-mailed to a list server of residential facilities and non-residential facilities. Copies of these public notices are available as Appendix F1-F3 (pg. 152, pg. 154, pg.155).

All notices were posted physically at the DCHFP Central Office in Carson City (1100 E William street, suite 222 Carson City, NV 89701) and in Las Vegas District Office (1210 S Valley View Blvd, Las Vegas, NV 89102) as well as the Nevada State Library (100 N Stewart St, Carson City, NV 89701) and in the public libraries throughout the State.

Submission Types:

All public comments were submitted to DHCFP through mail at the Division of Healthcare Financing and Policy (1100 E William street, suite 222 Carson City, NV 89701), electronically to hcbs@dhcfp.nv.gov, and by fax to (775) 687-8724. All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment, on the following web site: http://dhcfp.nv.gov/Home/WhatsNew/HCBS/.

Transition Plan for Compliance

Nevada's transition plan includes multiple phases.

Phase I (March 2014 – January 2015) includes stakeholder communication, comprehensive provider self-assessment surveys of all residential and non-residential settings that fall under 1915(c) and 1915(i) services. This self-assessment will serve as a guide to assist the State in identifying possible problem areas, and residential settings that need to be evaluated in person. This phase includes a review and analysis of existing State regulations and policies, as well as

industry practices, to determine areas that are in direct conflict with the new rules. Recipient notification and self-assessment survey was also conducted. This phase is completed.

Phase II (January 2015 – December 2017) includes onsite assessments of current providers, provider education and enrollment, and Medicaid Service Manual revisions (not completed). Onsite assessments have been completed.

Phase III (June 2015 – July 2020) includes provider education and enrollment Heightened Scrutiny, Heightened Scrutiny review, Medicaid Service Manual revisions (not completed), Recipient notifications, provider compliance reviews from onsite assessments, provider compliance remediation, and monitoring. This phase includes changes needed to State regulations.

Phase IV (July 2017 – Ongoing) includes recipient notification, monitoring, provider actions, ongoing monitoring, provider self-monitoring tool, and transition plans for individuals.

Phase V (March 2019 – ongoing) Procedural changes incorporated to ensure compliance with HCBS settings requirements including new Provider enrollment.

Action Item	Description	Proposed Start	Proposed End	Documents	Phase
Onsite Assessment of Current Providers	It was the State's intent to visit at least 50% of all providers by June of 2015. Current status as of 07/24/2015 was: • 50% of residential settings under the FE waiver have been reviewed. • 50% of Jobs and Day Training under the ID waiver have been reviewed. • 50% of supported living providers under the ID waiver have been reviewed. • 50% of Adult Day Health Care providers under 1915 (i) have been reviewed. 75% of Habilitation providers under 1915 (i) have been reviewed. The State chose to complete 100% on-site assessment reviews of all residential settings between April 2016 through May 2016. The DHCFP collaborated with our sister Agency ADSD to work with the Administrators or Management staff of each setting with respect to the Community Based Settings rule by reviewing the questionnaire, explaining the requirements and assisting with the outcomes of each answer. ADSD DS assessed each non-residential setting for compliance between May 2015 through March 2016. ADSD DS staff initially worked with each provider with respect to the Community Based Settings rule by visiting each site, assisting the provider in conducting a self-assessment, and discussing options for increasing compliance with the rule. Each provider was	January 2015	Completed	DHCFP Settings Qualities Checklist Home and Community Based	II

Action Item	Description	Proposed Start	Proposed End	Documents	Phase
	asked to complete a self-assessment. In March 2016, ADSD DS staff re-assessed provider compliance with respect to the Community Based Settings rule.				
Heightened Scrutiny	The State has identified settings that may not meet settings requirements based on the location, singular diagnosis, setting size or access issues. The State has developed a tool for submission to CMS. The State has completed an assessment using this tool for each setting that is questionable and requires review by CMS. The State has submitted all questionable settings to CMS.	January 2016	July 2020	Heightened Scrutiny Questionnaire (Appendix D1 pg.**128**)	II
Heightened Scrutiny Review	Upon response from CMS, the State will work with our settings to assist with compliance based on the factors identified by CMS.	December 2016	July 2020	Pending	III
Provider Education and Enrollment	When agencies enroll to provide HCBS services, they will be provided information on HCBS setting requirements and be required to sign and submit certification that they have received, understand, and comply with these setting requirements. This will be incorporated into the provider enrollment checklist and verified initially and every three years during re-enrollment. The Fiscal Agent is responsible for all enrollment activities and provider trainings on prior authorization	January 2015	July 2020	Provider enrollment checklists Certification Statement Provider Trainings	II and III

Action Item	Description	Proposed Start	Proposed End	Documents	Phase
	and billing guidelines. The State will provide education and training to the Fiscal Agent's provider enrollment staff on new checklists and enrollment requirements. Enrollment checklists may coincide with State regulations meaning that checklists cannot be updated until regulations are updated.				
Recertification Procedures	When Providers recertify as a Nevada Medicaid Provider, assurances need to be made to ensure new federal requirements for HCBS have been reviewed or are in the process of remediation and completion prior to recertification approval.	December 2016	Ongoing	The State is in the process of developing recertification guidelines for the fiscal agent and Providers.	II and Ongoing

Action Item	Description	Proposed Start	Proposed End	Documents	Phase
Medicaid Service Manual Revisions	The State will revise HCBS provider manuals, Medicaid Services Manuals, to incorporate regulatory requirements for HCBS and qualities of an HCBS setting. The Medicaid Services Manual (MSM) is owned by the State Medicaid Agency and there is a chapter for each Medicaid program covered within the State. The MSM is where the State outlines program requirements, provider qualifications, etc. The identified MSMs will be updated to reflect residential and non- residential settings requirements. New language additions must go through an intensive internal review process and be presented publicly before changes are incorporated.	July 2015	July 2020	For six (6) programs affected	II and III
Recipient Notification	The State will provide notification and education letters to recipients at various intervals during the identification and implementation stages. The education letter was sent out and completed during the identification stage, but will send a revised letter during implementation.	January 2016	Ongoing	Web Announcements Educational Letter (Appendix K pg. **251**)	III and IV
Provider Compliance Reviews – On-site Assessments Inventory Log	The State has developed an inventory and description of all HCBS settings (residential and non-residential) and summarized which settings meet requirements and which settings do not. The State has extended an invitation for Public Comment for these assessment findings. (Appendix E1, pg.**140)**	April 2016	Completed	Remediation Tracking Log (Appendix C4 pg.**124**)	III

Action Item	Description	Proposed Start	Proposed End	Documents	Phase
Provider Compliance Reviews – Remediation requests	The State has provided Remediation correspondence to all settings which were found to need one or more areas of remediation based on the settings requirements. In addition, the State has provided a question and answer key to providers to assist with determining which area they require remediation, as well as a remediation example, on the DHCFP public facing website.	June 2016	Completed	Remediation Letter to Providers C1 pg.**119** Providers Guide to the Remediation Letter (Appendix C2 pg.**121**) Remediation Plan example (Appendix C3 pg.**123**)	III
Provider Compliance Reviews – Provider Contact	This is a continuation of the "onsite assessment" milestone. A spreadsheet has been completed and is available to providers on the DHCFP public facing website. This spreadsheet identifies the areas that require remediation, or heightened scrutiny for each residential setting and Adult Day Health Care Centers. The DHCFP has also uploaded a Non-residential settings assessment report and Supported Living Arrangements (SLA)-Jobs and Day Training Centers Settings Assessments which identify the same results.	June 2016	Completed	Residential Settings Assessments (Appendix D2 pg.**129**) Non-Residential Settings Assessments (Appendix D3 pg.**131**) (SLA) – Jobs and Day Training Assessments	III

Action Item	Description	Proposed Start	Proposed End	Documents	Phase
Provider Compliance Reviews - Monitoring	The State has collected and analyzed data from provider compliance reviews through the initial onsite assessment and will work with providers to come into compliance either through education or corrective action plans.	June 2016	Completed	Residential Settings Assessments Non-Residential Settings Assessments Supported Living Arrangements (SLA) – Jobs and Day Training Assessments	III
Provider Compliance – Setting Approval Monitoring	The State has targeted those providers who do not meet residential or non-residential settings requirements during the initial onsite assessment and will assist them in either becoming compliant or being terminated as a provider of HCBS because they are unable to become compliant.	December 2016	July 2020	Remediation Tracking Log Heightened Scrutiny submission to CMS	III
Provider Remediation - Monitoring	The State will monitor providers who must make some modifications during the transition process to be in compliance with the New Rule's setting requirements. This will be accomplished through annual quality assurance audit.	June 2016	July 2020	Heightened Scrutiny submission to CMS QA Checklist	III

Action Item	Description	Proposed Start	Proposed End	Documents	Phase
Provider Actions	If providers do not come into compliance within required time frames, they will be terminated as Medicaid providers. Providers will be given the opportunity to propose changes to come into compliance. However, if they do not accept this opportunity, or are unable to make the required changes, they will be terminated. The State will create a letter detailing the process, so the providers know why they are being terminated. Providers that do not meet setting requirements will not be initially enrolled or re-enrolled.	June 2018	Ongoing	Remediation Letter to Providers Appendix C1 pg. **119**	IV
Ongoing Monitoring	Once the Transition process is complete, the State will work with our providers during recertification to ensure complete compliance with the New Rule Regulations has been met.	June 2019	Ongoing	Recertification and re-licensure documentation	IV
Provider Self-Monitoring Tool	Providers are willing to monitor their own progress during the remediation period through a self-monitoring process. The State will work to create a tool for providers.	June 2017	July 2020	Self Monitoring Tool	IV
Recipient Transition Plans	If transition of individuals is required, the State will work in collaboration across agencies to ensure that members are transitioned to settings meeting HCBS Setting requirements. The state will create a notification letter to individuals who will be relocated if the setting is non-compliant.	June 2016	March 2022	Various case management documents Remediation Letter to Providers Appendix C1 pg. **119**	IV

Action Item	Description	Proposed Start	Proposed End	Documents	Phase
				Individual letters Hearing rights	
Recipient Transition Plans - Notification	Notice and due process will be given to each individual affected within 45 days the State becomes aware of a transition being required. Individuals will be offered a choice of alternative settings through a person-centered planning process. This includes the individual's case manager working directly with the recipient to ensure they are making an informed decision. The Case Manager will have a current listing of possible places for this recipient to review and assist with the transition. The Case Manager will have the responsibility to ensure all critical supports/services are in place prior to an individual's transition.	June 2016	Ongoing	Various case management documents Current Settings Listing Individual letters	IV
Recipient Transition Plans – Service	The State will ensure that there will be no break in services due to a potential transition.	June 2016	Ongoing	Various case management documents	IV

Action Item	Description	Proposed Start	Proposed End	Documents	Phase
New Provider Enrollment	Entities that wish to enroll as HCBS Providers will be subject to site visit verification that they meet settings requirements as part of the enrollment process. New site visit assessment form will be created to use on new Medicaid providers.	January 2020	Ongoing	Provider enrollment checklists Certification Statement Provider Trainings New Site Assessment Form	V

System Remediation Grid for Non-Residential Settings

See link below for the process required to update and obtain approval for MSM Chapters
http://dhcfpintranet/docs/Making%20Changes%20to%20the%20MSM%2003-13-19%20v2.pdf
* The MSM Chapters have not been updated since the New HCBS Settings Rule became effective in 2014. All policies will be updated to implement and include all the HCBS Requirements.
MSM Chapter 1800 Adult Day Health Care Setting Type - Adult Day Health Care Center
http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C1800/MSM_1800_15_02_01.pdf
MSM Chapter 2100 HCBW for Individuals with Intellectual Disabilities Setting Type - JDT Centers and Supported Employment Center
http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C2100/MSM_2100_15_10_01.pdf
MSM Chapter 2200 HCBW for the Frail Elderly Setting Type - Adult Day Care Center
http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C2200/MSM_2200_12_09_12.pdf
MSM Chapter 2400 Home Based Habilitation Services Setting Type - Day Treatment Facility
http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C2400/MSM_2400_12_02_15.pdf

HCBS Setting Regulation	NV Regulatory Areas of Compliance	Remediation Required	Action Steps	Timeline
The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and	JDT Centers and Supported Employment Center: NRS 435.176 (NRS 435.176.1(b), NRS 435.176.2(b)(d)) NRS 435.220 (NRS 435.220.1(a)(b)(c)) Adult Day Care Center and Adult Day Health Care Center: NAC 449.4061,	JDT Centers and Supported Employment Center: Compliant Adult Day Health Care	MSM Chapters 1800, 2200 and 2400 will be updated with the following verbiage: The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings,	July 2020

HCBS Setting Regulation	NV Regulatory Areas of Compliance	Remediation Required	Action Steps	Timeline
receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	449.4079 (NAC 449.4079(2)(7)), NAC 449.4083 (NAC 449.4083) MSM 1800 Adult Day Health Care MSM 2200 Home and Community Based Waiver for the Frail Elderly Day Treatment Facility: MSM 2400 Home Based Habilitation Services, Certified by the Commission on Accreditation of Rehabilitation Facilities or the Joint Commission on Accreditation of Health Organizations, State Plan Amendment 1915(i), other standard must maintain: a Medicaid Services Provider Agreement and comply with the criteria specified in the Medicaid Services Manual (MSM)	Center: Silent Adult Day Care Center: Silent Day Treatment Facility: Silent	engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. Although the state find JDT Centers and Supported Employment Center to be compliant in this area, a conversation with ADSD will be held to incorporate the requirement in their Provider Certification process, if applicable, to ensure the recipients are able to control personal resources, receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	
The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the	Setting selection is not prohibited by NRS or NAC. JDT Centers and Supported Employment Center: See Appendix J1 pg.**225**, Appendix J5 pg. **232** Adult Day Care Center: See Appendix J2 pg.**226**	JDT Centers and Supported Employment Center: Silent Adult Day Health Care Center: Silent	MSM Chapters 1800, 2100, 2200 and 2400 will be updated with the following verbiage: 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	July 2020

HCBS Setting Regulation	NV Regulatory Areas of Compliance	Remediation Required	Action Steps	Timeline
individual's needs, preferences, and, for residential settings, resources available for room and board.	Adult Day Health Care Center: See Appendix J3 pg.**229** Day Treatment Facility: See Appendix J3 pg.**229**	Adult Day Care Center: Silent Day Treatment: Silent	identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	

HCBS Setting Regulation	NV Regulatory Areas of Compliance	Remediation Required	Action Steps	Timeline
Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Applies to all settings: NRS 449A.112 (NRS 449A.112.1(a)(d), NRS 449A.233 (NRS 449A.233), NRS 449A.236 (NRS 449A.236.1, NRS 449A.236.2, NRS 449.236.3) Each recipient is required to be provided with documentation of their rights and a form is to be signed and kept on file. For the forms – see appendices. JDT Centers and Supported Employment Center: NRS 435.220 (NRS 435.220.1(a)(b)(c)) Appendix J1 pg.**225**, Appendix J5 pg.**232** Adult Day Health Care Center: Appendix J3 pg.**229** Adult Day Care Center: Appendix J2 pg.**226** Day Treatment Facility: Appendix J3 pg.**229**	JDT Centers and Supported Employment Center: Compliant Adult Day Health Care Center: Partially Compliant Adult Day Care Center: Partially Compliant Day Treatment Facility: Partially Compliant	MSM Chapters 1800, 2100, 2200 and 2400 will be updated with the following verbiage: each individual has the right of privacy, dignity and respect, and freedom from coercion and restraint. Although the NRS is not specific regarding dignity and freedom from coercion the state has developed Recipients Rights form, that has been approved and implemented. The information is provided to the recipients, and acknowledgement form is signed by the recipient and retained in the recipient files.	July 2020
Optimizes, but does not regiment, individual initiative, autonomy, and independence in	NRS and NAC does not prohibit this requirement. Applies to all settings.		MSM Chapters 1800, 2100, 2200 and 2400 will be updated with the following verbiage:	July 2020

HCBS Setting Regulation	NV Regulatory Areas of Compliance	Remediation Required	Action Steps	Timeline
making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	JDT Centers and Supported Employment Center: NRS 435.220 (NRS 435.220.1(a)(b)(c)), The state did not find statutes nor regulations governing the settings below. Adult Day Health Care Center Adult Day Care Center	JDT Centers and Supported Employment Center: Partially compliant Adult Day Health Care Center: Silent Adult Day Care Center: Silent	Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. JDT Centers and Supported Employment Centers: Although we find this to be partially compliant a conversation with ADSD will be held to review and incorporate the requirements in their Provider Certification process if applicable. The remediated language will include the recipients right to optimized but not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	

HCBS Setting Regulation	NV Regulatory Areas of Compliance	Remediation Required	Action Steps	Timeline
	Day Treatment Facility	Day Treatment Facility: Silent		
Facilitates individual choice regarding services and supports, and who provides them.	Individual choices regarding services and supports are not prohibited by NRS or NAC. The regulation applies to all settings, NRS 449A.312 (NRS 449A.312.1(a)(b)(c)), regarding the recipients right to select who provides the care/services. JDT Centers and Supported Employment Center: Statement of Choice (Appendix J1 pg. **225** Appendix J5 pg.**232**) form has been implemented that every recipient must sign acknowledging that they have the right to choose services they receive, the supports available to them and to choose their own provider for said services. Adult Day Care Center: Statement of Understanding (Appendix J2 pg.**226**) form has been implemented that every recipient must sign acknowledging that they have the right to choose services they receive, the supports available to them and to choose their own provider for said services.	JDT Centers and Supported Employment Center: Compliant Adult Day Care Center: Compliant	MSM Chapters 1800, 2100, 2200 and 2400 will be updated with the following verbiage: Facilitates individual choice regarding services and supports, and who provides them. Although the states MSM Chapters 1800, 2100, 2200 and 2400 are not updated DHCFP provided a Policy and Procedure (P&P) Memo requiring the use of the forms noted based on the approved waiver renewals. Since the implementation of the P&P DHCFP Quality Assurance has incorporated the P&P and included as part of the review to ensure that every recipient has given the choice of providers and services.	July 2020 Completed: November 2016

HCBS Setting Regulation	NV Regulatory Areas of Compliance	Remediation Required	Action Steps	Timeline
	Adult Day Health Care Center and Day Treatment Facility: The Recipients Rights (Appendix J3 pg.**229**) form has been implemented that every recipient must sign acknowledging that they have the right to choose services they receive, the supports available to them and to choose their own provider for said services.	Adult Day Health Care Center and Day Treatment Facility: Compliant		
Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	JDT Centers and Supported Employment Center: NRS 435.220 (NRS 435.220.1(a)(b)(c)) Adult Day Care Center Adult Day Health Care Center	JDT Centers and Supported Employment Center: Silent Adult Day Care Center: Silent Adult Day Health Care Center and	MSM Chapters 1800, 2100, 2200 and 2400 will be updated with the following verbiage: Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	July 2020

HCBS Setting Regulation	NV Regulatory Areas of Compliance	Remediation Required	Action Steps	Timeline
	Day Treatment Center Facility	Day Treatment Facility: Silent		
Individuals are able to have visitors of their choosing at any time.	JDT Centers and Supported Employment Center: NRS 435.220 (NRS 435.220.1(a)(b)(c)) Adult Day Care Center Adult Day Health Care Center and Day Treatment Facility:	JDT Centers and Supported Employment Center: Silent Adult Day Care Center: Silent Adult Day Health Care Center and Day Treatment Facility: Silent	MSM Chapters 1800, 2100, 2200 and 2400 will be updated with the following verbiage: Individuals are able to have visitors of their choosing at any time.	July 2020

HCBS Setting Regulation	NV Regulatory Areas of Compliance	Remediation Required	Action Steps	Timeline
The setting is physically accessible to the individual.	JDT Centers and Supported Employment Center: NRS 435.220 (NRS 435.220.1(a)(b)(c Adult Day Care Center Adult Day Health Care Center and Day Treatment Facility:	JDT Centers and Supported Employment Center: Silent Adult Day Care Center: Silent Adult Day Health Care Center and Day Treatment Facility: Silent	MSM Chapters 1800, 2100, 2200 and 2400 will be updated with the following verbiage: The setting is physically accessible to the individual.	July 2020

HCBS Setting Regulation	NV Regulatory Areas of Compliance	Remediation Required	Action Steps	Timeline
Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan 1. Identify a specific and individualized assessed need. 2. Document the positive interventions and supports used prior to any modifications to the person-centered service plan. 3. Document less intrusive methods of meeting the need that have been tried but did not work. 4. Include a clear description of the condition that is directly proportionate to the specific assessed need. 5. Include regular collection and review of data to measure the ongoing effectiveness of the modification. 6. Include established time	JDT Centers and Supported Employment Center: 2100 Home and Community Based Waiver for Individuals with Intellectual Disabilities Adult Day Care Center and Adult Day Health Care Center: NAC 427A.432 1800 Adult Day Health Care 2200 Home and Community Based Waiver for the Frail Elderly Day Treatment Facility: 2400 Home Based Habilitation Services **In addition to the NAC's,** each 1915 (c) waivers and 1915 (i) programs has a policy in place specific to the person-centered plan where case managers provide direct case management service which include assessed individual needs, monthly or as needed face to face contacts, such as changes to recipients' conditions, recipients request, ensure recipients health welfare and safety are addressed. The person-centered plan is developed during the intake process with recipient/AR, case manager and provider present and must be agreed to and signed by all parties.	JDT Centers and Supported Employment Center: Partially Compliant Adult Day Care Center: Partially Compliant Adult Day Health Care Center and Day Treatment Facility: Partially Compliant	MSM Chapters 1800, 2100, 2200 and 2400 will be updated with the following verbiage: Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan 1. Identify a specific and individualized assessed need. 2. Document the positive interventions and supports used prior to any modifications to the person-centered service plan. 3. Document less intrusive methods of meeting the need that have been tried but did not work. 4. Include a clear description of the condition that is directly proportionate to the specific assessed need. 5. Include regular collection and review of data to measure the ongoing effectiveness of the	

HCBS Setting Regulation	NV Regulatory Areas of Compliance	Remediation Required	Action Steps	Timeline
limits for periodic reviews to determine if the modification is still necessary or can be terminated. 7. Include the informed consent of the individual. 8. Include an assurance that interventions and supports will cause no harm to the individual.	Medicaid Service Manuals (MSM) contains the detailed requirements regarding person-centered service plans.		modification. 6. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. 7. Include the informed consent of the individual. 8. Include an assurance that interventions and supports will cause no harm to the individual.	

System Remediation Grid for Residential Home Settings

The process required to update and obtain approval for MSM Chapter
http://dhcfpintranet/docs/Making%20Changes%20to%20the%20MSM%2003-13-19%20v2.pdf
* The MSM Chapters have not been updated since the New HCBS Settings Rule became effective in 2014. All policies will be updated to implement and include all the HCBS Requirements.
MSM Chapter 2100 HCBW for Individuals with Intellectual Disabilities for the setting types: 24-Hour SLA and Shared Living SLA
http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C2100/MSM_2100_15_10_01.pdf
MSM Chapter 2200 HCBW for the Frail Elderly for the setting types: Residential Group Home for Seniors and Assisted Living Facility
http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C2200/MSM_2200_12_09_12.pdf
MSM Chapter 2300 Waiver for Persons with Physical Disabilities for the setting type: Assisted Living Facility
http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C2300/MSM_2300_13_05_17.pdf
MSM Chapter 2400 Home Based Habilitation Services for setting type: Residential Group Homes for TBI
http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C2400/MSM_2400_12_02_15.pdf

HCBS Setting Regulation	NV Areas of Compliance	Remediation Required	Action Steps	Timeline
The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	24-Hour SLA and Shared Living SLA: NRS 435.3315, NRS 435.333 (NRS 435.333.1(a)(b)(c)) Residential Group Home for Seniors and Assisted Living Facility: NRS 449.017 (NRS 449.017.1) Residential Group Home for Seniors: NAC 449.267 (NAC 449.267.1), NAC 449.269 (NAC 449.269.1) Residential Group Homes for TBI: MSM Chapter 2400 Section 2403.1	24-Hour SLA and Shared Living SLA: Silent Residential Group Home for Seniors and Assisted Living Facility: Silent	MSM Chapters 2100, 2200, 2300 and 2400 will be updated with the following verbiage: The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not	July 2020

HCBS Setting Regulation	NV Areas of Compliance	Remediation Required	Action Steps	Timeline
		Residential Group Homes for TBI: Silent	receiving Medicaid HCBS.	
The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Individual choices regarding services and supports are not prohibited by NRS or NAC. The regulation applies to all residential settings, NRS 449A.312 (NRS 449A.312.1(a)(b)(c)), regarding the recipients right to select who provides the care/services. 24-Hour SLA and Shared Living SLA: Statement of Choice (Appendix J1 pg.**225** Appendix J5 pg.**232**) form has been implemented that every recipient must sign acknowledging that they have the right to choose services they receive, the supports available to them and to choose their own provider for said services. Residential Group Home for Seniors and Assisted Living Facility: Statement of Understanding (Appendix J2 pg.**226**) form has been implemented that every recipient must sign acknowledging that they have the right to choose services they receive, the supports available to them and to choose their own	24-Hour SLA and Shared Living SLA: Partially Compliant Residential Group Home for Seniors and Assisted Living Facility: Compliant	MSM Chapters 2100, 2200, 2300 and 2400 will be updated with the following verbiage: The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. Although the state's MSMs Chapters 2100, 2200, 2300 and 2400 are not updated DHCFP provided a Policy and Procedure (P&P) Memo requiring the use of the forms noted based on the approved waiver renewals. Since the implementation of the P&P	July 2020 Completed: November 2016

HCBS Setting Regulation	NV Areas of Compliance	Remediation Required	Action Steps	Timeline
	provider for said services. Residential Group Home for TBI: The Recipients Rights (Appendix J3 pg.**229)** form has been implemented that every recipient must sign acknowledging that they have the right to choose services they receive, the supports available to them and to choose their own provider for said services.	Residential Group Home for TBI: Compliant	DHCFP Quality Assurance has been reviewing this in their case reviews to ensure it is met.	
Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Applies to all settings: NRS 449A.112(NRS 449A.112.1(a)(d)), NRS 449A.233, NRS 449A.236 24-Hour SLA and Shared Living SLA: NRS 435.333 (NRS 435.333.1(a)(b)(c))	24-Hour SLA and Shared Living SLA: Partially compliant	24-Hour SLA and Host Home: Although the NRS is not specific regarding dignity and freedom from coercion the state has developed, approved and implemented the Recipients Rights form. The information is provided to the recipients and a form of acknowledgement is signed and retained in the recipient files. The MSM chapter 2100 policies will be updated to reflect this process and be aligned with the HCBS requirements. MSM Chapters 2200, 2300, and	July 2020

HCBS Setting Regulation	NV Areas of Compliance	Remediation Required	Action Steps	Timeline
	Residential Group Home for Seniors and Assisted Living Facility: NRS 449.0302 (NRS 449.0302 7c.1), NAC449.260 (NAC 449.260.1(a)), NAC 449.268 (NAC 449.268.1(c)), NAC 449.269 (NAC 449.269.1), NAC 449.2702 (NAC 449.2702.4(b)(c), NAC 449.2702.6(b)) MSM Chapter 2200 and 2300 Residential Group Homes for TBI: 2400 Home Based Habilitation Services	Residential Group Home for Seniors and Assisted Living Facility: Compliant Residential Group Homes for TBI: Compliant	2400 will be updated with the following verbiage: Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. The state has developed, approved and implemented the Recipients Rights form. The information is provided to the recipients and a form of acknowledgement is signed and retained in the recipient files.	
Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	24-Hour SLA and Shared Living SLA: NRS 435.333 (NRS 435.333.1(a)(b)(c))	24-Hour SLA and Shared Living SLA: Silent	The MSM Chapters 2100, 2200, 2300 and 2400 will be updated with language to include: Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. 24-Hour SLA and Host Home SLA: Although we find this to be silent a conversation with ADSD will be held to review and incorporate	July 2020

HCBS Setting Regulation	NV Areas of Compliance	Remediation Required	Action Steps	Timeline
			the requirements in their Provider Certification process, if applicable.	
	Residential Group Home for Seniors and Assisted Living Facility: NAC 449.259 (NAC 449.259.1.(c)(d)(e), NAC 449.259.3(a)(b), NAC 449.260 (NAC 449.260.1.(a)(f), NAC 449.260.4(a)(b)), NAC 449.268 (449.268.1(b)(e)(f))	Residential Group Home for Seniors and Assisted Living Facility: Partially Compliant		
	Residential Group Homes for TBI:	Residential Group Homes for TBI: Silent		
Facilitates individual choice regarding services and supports, and who provides them.	Individual choices regarding services and supports are not prohibited by NRS or NAC. This regulation applies to all settings NRS 449A.312 (NRS 449A.312.1(a)(b)(c)), regarding the recipients right to select who provides the care/services. 24-Hour SLA and Shared Living SLA: Statement of Choice (Appendix J1 pg.**225** Appendix J5 pg.**232**) form has been	24-Hour SLA and Shared Living SLA:	The MSM Chapters 2100, 2200, 2300 and 2400 will be updated with language to include: Facilitates individual choice regarding services and supports, and who provides them. Although the state's MSM Chapters 2100, 2200, 2300 and 2400 are not updated DHCFP provided a Policy and Procedure (P&P) Memo requiring the use of	July 2020 Completed: November 2016

HCBS Setting Regulation	NV Areas of Compliance	Remediation Required	Action Steps	Timeline
	implemented that every recipient must sign acknowledging that they have the right to choose services they receive, the supports available to them and to choose their own provider for said services. Residential Group Home for Seniors and Assisted Living Facility: Statement of Understanding (Appendix J2 pg.**226**, Appendix J5 pg.**232**) form has been implemented that every recipient must sign acknowledging that they have the right to choose services they receive, the supports available to them and to choose their own provider for said services. Residential Group Homes for TBI: The Recipients Rights (Appendix J3 pg.**229**) form has been implemented that every recipient must sign acknowledging that they have the right to choose services they receive, the supports available to them and to choose their own provider for said services. MSM 2400 Home Based Habilitation Services section 2403.1.B.5	Compliant Residential Group Home for Seniors and Assisted Living Facility: Compliant Residential Group Homes for TBI: Compliant	the forms noted based on the approved waiver renewals. Since the implementation of the P&P DHCFP Quality Assurance has been reviewing this in their case reviews to ensure it is met.	
The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the	Applies to all residential settings: NRS 118A NRS 118A.160 (NRS 118A.160) NRS 118A.200 (NRS 118A.220.1)		The MSM Chapters 2100, 2200, 2300 and 2400 will be updated with the following verbiage: The unit or dwelling is a specific physical place that can be owned, rented, or occupied	July 2020

HCBS Setting Regulation	NV Areas of Compliance	Remediation Required	Action Steps	Timeline
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.	24-Hour SLA and Shared Living SLA: MSM 2100 Home and Community Based Waiver for Individuals with Intellectual Disabilities section 2103.5.A.2 the provider setting must be certified by ADSD. Residential Group Home for Seniors and Assisted Living Facility: MSM Chapter 2203.11.B.2p NAC 449.2702 (NAC 449.2702.4) NAC 449.2736 (exemption) NAC 449.2708 Residential Group Homes for TBI: MSM 2400 Home Based Habilitation Services section 2403.2A.2d	24-Hour SLA and Shared Living SLA: Silent Residential Group Home for Seniors and Assisted Living Facility: Conflicting Residential Group Homes for TBI: Partially compliant	under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law. 24-Hour SLA and Host Home SLA: DHCFP will meet with ADSD to request to include the lease agreement into the settings requirement as part of the provider certification requirements.	

HCBS Setting Regulation	NV Areas of Compliance	Remediation Required	Action Steps	Timeline
			Residential Group Home for Seniors and Assisted Living Facility: The regulation is conflicting. Although all residential settings have a residency agreement in place, as evidenced by the state's QA unit reviewing provider's written policy to ensure residency agreement is signed by recipient. DHCFP will meet with DPBH to propose remediation of language to ensure compliance with the lease agreement requirement. If DPBH does not support the proposal, DHCFP plans to update the policy to include the required language and will require HCBS providers to adhere to this requirement.	
Each individual has privacy in their sleeping or living unit.	24-Hour SLA and Shared Living SLA: Residential Group Home for Seniors and	24-Hour SLA and Shared Living SLA: Silent Residential	The MSM Chapters 2100, 2200, 2300 and 2400 will be updated with the following verbiage: Each individual has privacy in their sleeping or living unit. For 24-Hour SLA and Shared Living SLA - Although we find	

HCBS Setting Regulation	NV Areas of Compliance	Remediation Required	Action Steps	Timeline
	Assisted Living Facility: NRS 449.03027b(2)(3); NAC 449.218 Residential Group Homes for TBI	Group Home for Seniors and Assisted Living Facility: Compliant Residential Group Homes for TBI: Silent	this to be silent a conversation with ADSD will be held to review and incorporate the requirements in their Provider Certification process, if applicable.	
Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	24-Hour SLA and Shared Living SLA: NRS 435.333 (NRS 435.333.1(a)(b)(c)) Residential Group Home for Seniors and Assisted Living Facility: NAC 449.220	24-Hour SLA and Shared Living SLA: Silent Residential Group Home for Seniors and Assisted Living Facility: Partially compliant	The MSM Chapters 2100, 2200, 2300 and 2400 will be updated with the following verbiage: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. Providers will be educated to ensure the appropriate staff have access to the key, as well as appropriate storage of keys. Training of case managers to ensure the provider settings are compliant with the regulation during site visits. ADSD and DHCFP Quality Assurance units will include this regulation as part of their review	July 2020

HCBS Setting Regulation	NV Areas of Compliance	Remediation Required	Action Steps	Timeline
	Residential Group Homes for TBI: MSM 2400 Home Based Habilitation Services	Residential Group Homes for TBI: Silent	process to ensure STP compliance. 24-Hour SLA and Shared Living SLA: DHCFP will meet with ADSD to ensure the requirement is part of the provider certification process. Residential Group Home for Seniors and Assisted Living Facility: Meet with DPBH to propose adding verbiage: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. If DPBH does not support the proposal, DHCFP plans to update the policy to include the required language and will require HCBS providers to adhere to this requirement.	
Individuals sharing units have a choice of roommates in that setting.	Setting selection is not prohibited by NRS or NAC. 24-Hour SLA and Shared Living SLA: NRS 435.333 (NRS 435.333.1(a)(b)(c))	24-Hour SLA and Shared	The MSM Chapters 2100, 2200, 2300 and 2400 will be updated with the following verbiage: Individuals sharing units have a choice of roommates in that setting.	July 2020

HCBS Setting Regulation	NV Areas of Compliance	Remediation Required	Action Steps	Timeline
		Living SLA: Silent	24-Hour SLA and Shared Living SLA: DHCFP will meet with ADSD to ensure that their certification process meets this requirement which states: individuals to have privacy in their sleeping or living unit: Individuals sharing units have a choice of roommates in that setting.	
	Residential Group Home for Seniors and Assisted Living Facility: NRS 449.0302 (NRS 449.0302.7(b)(3))	Residential Group Home for Seniors and Assisted Living Facility: Conflicting	Residential Group Home for Seniors and Assisted Living Facility: Meet with DPBH to propose adding language that "Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement."	
	Residential Group Homes for TBI: MSM 2400 Home Based Habilitation Services	Residential Group Homes for TBI: Silent	If DPBH does not support the proposal, DHCFP plans to update the policy to include the required language. Once the verbiage has been amended the state will require each setting to amend the existing lease agreements to comply with the regulation.	

HCBS Setting Regulation	NV Areas of Compliance	Remediation Required	Action Steps	Timeline
Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.			The MSM Chapters 2100, 2200, 2300 and 2400 will be updated with the following verbiage: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	July 2020
	24-Hour SLA and Shared Living SLA: NRS 435.333 (NRS 435.333.1(a)(b)(c))	24-Hour SLA and Shared Living SLA: Silent	24-Hour SLA and Shared Living SLA: DHCFP will meet with ADSD to ensure that their certification process meets this requirement which states: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	
	Residential Group Home for Seniors and Assisted Living Facility: NAC 449.218	Residential Group Home for Seniors and Assisted Living Facility: Partially Compliant	Residential Group Home for Seniors and Assisted Living Facility: Meet with DPBH to propose adding language that "Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement." If DPBH does not support the proposal, DHCFP plans to update the policy to include the required language. Once the	

HCBS Setting Regulation	NV Areas of Compliance	Remediation Required	Action Steps	Timeline
	Residential Group Homes for TBI: MSM 2400 Home Based Habilitation Services	Residential Group Homes for TBI: Silent	verbiage has been amended the state will require each setting to amend the existing lease agreements to comply with the regulation. At the completion of the updated verbiage the state will be conducting reviews of the existing setting that are non-compliant to bring the setting into compliance. Ongoing reviews of all settings will be completed to ensure the compliance of the regulation.	

HCBS Setting Regulation	NV Areas of Compliance	Remediation Required	Action Steps	Timeline
Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	24-Hour SLA and Shared Living SLA: NRS 435.333 (NRS 435.333.1(a)(b)(c)) Residential Group Home for Seniors and Assisted Living Facility: NAC 449.259 (NAC 449.259.1(d),3(b)), NAC 449.2175 (NAC 449.2175.7), NAC 449.260 (NAC 449.260.1(a) Residential Group Homes for TBI: MSM 2400 Home Based Habilitation Services	24-Hour SLA and Shared Living SLA: Silent Residential Group Home for Seniors and Assisted Living Facility: Partially Compliant Residential Group Homes for TBI: Silent	24-Hour SLA and Shared Living SLA: DHCFP will meet with ADSD to ensure the requirement is part of the provider certification process. Residential Group Home for Seniors and Assisted Living Facility: Meet with DPBH to propose omitting language from NAC 449.259.1.e(2) which states: "The resident complies with the rules established by the administrator of the facility for leaving the facility." Additionally, language will be proposed to "allow recipients access to food at any time upon request." The MSM Chapters 2100, 2200, 2300 and 2400 will be updated with the following verbiage: Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	July 2020
Individuals are able to have visitors of their choosing at any time.	Applies to all settings: NRS 449A.106 (NRS 449A.106.9)		24-Hour SLA and Shared Living SLA: DHCFP and ADSD will discuss requiring providers to	July 2020

HCBS Setting Regulation	NV Areas of Compliance	Remediation Required	Action Steps	Timeline
	24-Hour SLA and Shared Living SLA: NRS 435.333 (NRS 435.333.1(a)(b)(c))	24-Hour SLA and Shared Living SLA: Partially Compliant	have a written policy that "Individuals are able to have visitors of their choosing at any time."	
	Residential Group Home for Seniors and Assisted Living Facility: NAC 449.258	Group Home and Assisted Living: Partially Compliant	Residential Group Home for Seniors and Assisted Living Facility**:** Meet with DPBH to propose modification to the language to state, "Individuals are able to have visitors of their choosing at any time." or	
	Residential Group Homes for TBI: MSM 2400 Home Based Habilitation Services	Residential Group Homes for TBI: Partially Compliant	"Must be flexible to allow visits after visiting hours." The MSM Chapters 2100, 2200, 2300 and 2400 will be updated with the following verbiage: Individuals are able to have visitors of their choosing at any time.	

HCBS Setting Regulation	NV Areas of Compliance	Remediation Required	Action Steps	Timeline
The setting is physically accessible to the individual.	24-Hour SLA and Shared Living SLA: NRS 435.333 (NRS 435.333.1(a)(b)(c)) Residential Group Home for Seniors and Assisted Living Facility: NAC 449.226, NAC 449.227, NAC 449.229, Residential Group Homes for TBI: 2400 Home Based Habilitation Services	24-Hour SLA and Shared Living SLA: Silent Residential Group Home for Seniors and Assisted Living Facility: Compliant Residential Group Homes for TBI: Compliant	24-Hour SLA and Shared Living SLA: DHCFP and ADSD will discuss requiring providers to have a written policy that "The setting is physically accessible to the individual.".	July 2020
Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan 1. Identify a specific and	24-Hour SLA and Shared Living SLA: NAC 427A.432, NAC 433.369 2100 Home and Community Based Waiver for Individuals with Intellectual Disabilities 2103.10A 2103.19A 2103.19B Residential Group Home for Seniors and Assisted Living Facility: NAC 427A.432	24-Hour SLA and Shared Living SLA: Compliant Residential Group Home for Seniors		July 2020

HCBS Setting Regulation	NV Areas of Compliance	Remediation Required	Action Steps	Timeline
individualized assessed need. 2. Document the positive interventions and supports used prior to any modifications to the person-centered service plan. 3. Document less intrusive methods of meeting the need that have been tried but did not work. 4. Include a clear description of the condition that is directly proportionate to the specific assessed need. 5. Include regular collection and review of data to measure the ongoing effectiveness of the modification. 6. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. 7. Include the informed consent of the individual. 8. Include an assurance that interventions and supports will cause no harm to the individual.	2200 Home and Community Based Waiver for the Frail Elderly 2203.1A 2203.4A 2300 Waiver for Persons with Physical Disabilities 2303.1A 2303.3B Residential Group Homes for TBI: 2400 Home Based Habilitation Services 2403.1B.5 2403.2A.5(b)1 **In addition to the NAC's,** each 1915 (c) waivers and 1915 (i) programs has a policy in place specific to the person-centered plan where case managers provide direct case management service which include assessed individual needs, monthly or as needed face to face contacts, such as changes to recipients' conditions, recipients request, ensure recipients health, welfare and safety are addressed. The person-centered plan is developed during the intake process with recipient/authorized representative, case manager and provider present and must be agreed to and signed by all parties.	and Assisted Living Facility: Compliant Residential Group Homes for TBI: Compliant		

HCBS Setting Regulation	NV Areas of Compliance	Remediation Required	Action Steps	Timeline
	Medicaid Service Manuals (MSM) contains the detailed requirements regarding person-centered service plans.			

Summary:

Based on the comprehensive review of current regulations, it has been determined that there are areas which are in direct conflict with the new regulations, partially compliant or silent. In many cases, existing regulations do not specifically refer to setting requirements, but, neither do they prohibit setting specific requirements.

Areas which are neither supported nor prohibited will be included in policy manuals and waiver amendments which will allow regulations to continue to be useful and not overly restrictive. For example, there are no regulations requiring that the "setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS". This language can be included in waiver amendments and policy. Additionally, the new regulations have a specific requirement for individuals to have a lease agreement which is not currently addressed in regulation but will be added to waiver amendments and policy.

During the review of State regulations, some potential conflicts arose with the requirement of "aging in place". The Regulatory Sub-Committee conducted a more in-depth review of these identified regulations. Some areas that were initially presumed to present barriers were found to be acceptable upon review. Other areas were determined to be correctible with the insertion of policy language in the relevant Medicaid Service Manuals (MSM). There are two areas currently in regulation that pose potential problems with "aging in place:" the current Fire Marshal Regulations; and certain medical conditions.

• The State has begun to implement a solution for the Fire Marshal Regulations affecting an individual's ability to age in place, if s/he is unable to self-preserve well enough to get out of the building without assistance within 4 minutes. The potential issue with aging in place due to Fire Marshall Regulations about a person's ability to self-preserve and the level of fire suppression required has been addressed by the Fire Marshall and the HCQC. A technical bulletin from HCQC was published on October 22, 2014 addressing this issue (Appendix J1).

Update: The language has been updated in NAC 477.283 as of January 16, 2015 to read as follows

NAC 477.283 Changes to codes adopted by reference: International Fire Code; International Building Code; International Wildland-Urban Interface Code; Uniform Mechanical Code. (NRS 477.030)

(g) In section 202, under "Occupancy Classification":

(1) The definition of "Institutional Group I-2" is revised by adding: "All portions of a care facility which houses patients or residents which are classified by the State Board of Health as a 'Category 2 resident' and which has an occupant load of more than 10 residents, is classified as an 'I-2' occupancy classification."

The amendment allows for the HCQC to license a residential setting (group home) with more than ten (10) category 2 clients. Category 2 is defined per NAC 449.1595 "Category 2 resident" defined. (NRS 449.0302) "Category 2 resident" means:

1. In a residential facility with not more than 10 residents, a resident who, without the assistance of any other person, is not physically or mentally capable of moving himself or herself from the room in which the resident sleeps to outside the facility in 4 minutes or less.

• 2. In a residential facility with more than 10 residents, a resident who, without the assistance of any other person, is not physically or mentally capable of moving himself or herself from the room in which the resident sleeps to the other side of a smoke or fire barrier or outside the facility, whichever is nearest, in 4 minutes or less.

• Certain medical conditions were previously identified as being problematic for continued residence. After further review and collaboration with the Division of Health Care Quality Compliance it is evident that there is no conflict with this area. NAC 449.271 states, "…except as otherwise provided in NAC 449.2736…" NAC.2736 provides a mechanism to make a written request for permission to admit or retain a resident with medical conditions as long as the needs of the resident can be provided by the facility. Based on this, residents could age in place as long as there are assurances that their needs can be met.

Settings are governed by different state agencies. For example, 24-hr SLAs, Shared Living SLAs and JDT Centers and Supported Employment Center are certified by Aging and Disability Services Division (ADSD); for settings such as Residential Group Homes for TBI and Day Treatment Facility are certified by CARF; Residential Group Homes for Seniors, Assisted Living Facility and Adult Day Care Center and Adult Day Health Care Center are licensed by HCQC. For areas that settings are compliant, the state still needs to update policies to reflect compliance with the HCBS new rules. Most areas are in need of modifications and the state plans to put together remediation steps that apply to all settings:

1) DHCFP will be forming workgroups which consist of DHCFP, ADSD and DPBH (HCQC) to discuss on how to comply with the HCBS new rules.

2) The workgroups will meet ongoing (until compliance with HCBS new rules have been met) to review regulations, policies and certification processes. If regulations cannot be changed or updated, will review other areas that can be develop/modify/change and can be enforced.

3) Update all HCBS Medicaid policies to include all HCBS requirements.

4) For detailed process on how to update Medicaid policies, click on the link below
http://dhcfpintranet/docs/Making%20Changes%20to%20the%20MSM%2003-13-19%20v2.pdf.

5) Once necessary changes/updates have been done, train case managers and providers.

6) Upon implementation, monitoring by Quality Assurance for continued compliance with HCBS new rules will be in-place. This can be done by adding HCBS requirements to the existing QA review process.

Appendix Attachments - Table of Contents

A. Assessment Surveys

A1. Provider Self Assessment Survey #1

Provider Self Assessment Survey #1

	Characteristics expected to be present in all HCBS:		Approved Modification?
1.	Was the client given a choice regarding where to live/receive services?	☐Yes ☐No	
2.	Is the client able to choose what activities to participate in outside of the home setting and apart from the housemates with whom s/he resides?	☐Yes ☐No	
3.	Is the client employed in the larger community?	☐Yes ☐No	
4.	Does the client have his or her own room?	☐Yes ☐No	
5.	If the client shares a room, was s/he given a choice of roommates?	☐Yes ☐No	
6.	Do married couples share or not share a room by choice? ☐N/A	☐Yes ☐No	
7.	Is the client able to choose his or her own schedule separate from housemate's or other residents' schedules?	☐Yes ☐No	
8.	Does the client have control over and access to his or her personal resources?	☐Yes ☐No	
9.	Can the client choose what, when, where and with whom to eat?	☐Yes ☐No	
10.	Does the client have access to food whenever s/he wants?	☐Yes ☐No	
11.	Are the client's preferences incorporated into the services and supports provided?	☐Yes ☐No	
12.	Can the client choose the provider of services and supports?	☐Yes ☐No	
13.	Does the client have access to make private telephone calls/texts/email at his or her convenience?	☐Yes ☐No	
14.	Is the client free from coercion?	☐Yes ☐No	
15.	If the client has concerns, is s/he comfortable discussing them?	☐Yes ☐No	
16.	Does the client or authorized representative have an active role in the development and updating of the client's person-centered plan?	☐Yes ☐No	
17.	Does the setting facilitate integration of clients within the broader community? (Ex. Banking, medical visits, beautician, church/spiritual affiliations, civic groups, volunteerism, gyms, classes, recreational events, etc.?	☐Yes ☐No	
18.	Is the client able to receive visitors when and where s/he wants?	☐Yes ☐No	
19.	Do clients have choice which is not limited by State laws, regulations, requirements or facility protocols or practices?	☐Yes ☐No	
20.	Does the setting support the client's comfort, independence and preferences?	☐Yes ☐No	
21.	Is the setting physically accessible?	☐Yes ☐No	
22.	Are supports or adaptations available for the clients who need them?	☐Yes ☐No	
23.	Are clients able to come and go at will?	☐Yes ☐No	
24.	Do clients have access to public transportation?	☐Yes ☐No	
25.	If public transportation is limited, are other resources provided to clients?	☐Yes ☐No	
26.	Is the client's PHI and other personal information kept private?	☐Yes ☐No	
	Characteristics expected to be present in all HCBS:		Approved Modification?
27.	Are clients who need assistance to dress given choices and respect?	☐Yes ☐No	

A. Assessment Surveys

A1. Provider Self Assessment Survey #1

28.	Does staff communicate with clients in a respectful and dignified manner?	☐Yes ☐No	
29.	If modifications of the setting requirements for a client are made, are they supported by an assessed need and justified in the person-centered plan?	☐Yes ☐No	
30.	Is there documentation of positive, less intrusive, interventions and supports used prior to any plan modifications?	☐Yes ☐No	
31.	Does the plan include a description of the condition that is proportional to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews, informed consent, and assurance that the intervention will not cause harm? ☐N/A	☐Yes ☐No	
32.	Do clients have privacy in their living and sleeping spaces and toileting facilities?	☐Yes ☐No	
33.	Is furniture arranged as the clients prefer?	☐Yes ☐No	
34.	Can bedroom and bathroom doors be locked?	☐Yes ☐No	
35.	Do staff or other residents knock before entering?	☐Yes ☐No	
36.	Do staff use a key to enter a living space only under limited circumstances previously agreed upon with the client?	☐Yes ☐No	
37.	Is resident free from video monitoring/continuous monitoring?	☐Yes ☐No	
38.	Are clients able to furnish and decorate their sleeping and/or living units as they desire?	☐Yes ☐No	
39.	Is the residence owned by someone other than the Provider or Provider's affiliate(s)?	☐Yes ☐No	
40.	Is there a lease or written residency agreement?	☐Yes ☐No	
41.	Does the client know his or her rights regarding housing and when s/he could be required to relocate?	☐Yes ☐No	
42.	Do clients know how to relocate and request new housing?	☐Yes ☐No	
43.	Does the written agreement include language that provides protections to address eviction processes and appeals comparable with those provided under the jurisdiction's landlord/tenant laws?	☐Yes ☐No	
44.	Does the facility have adequate staff to accommodate specific, spontaneous requests from residents?	☐Yes ☐No	

A. Assessment Surveys

A2. 1st Provider Survey Results

1st Provider Survey Results

	Question	Y	N	N/A	Blank
1.	Was the client given a choice regarding where to live/receive services?	139	6	0	1
2.	Is the client able to choose what activities to participate in outside of the home setting and apart from the housemates with whom s/he resides?	145		1	0
3.	Is the client employed in the larger community?	66	72	0	0
4.	Does the client have his or her own room?	132	10	0	1
5.	If the client shares a room, was s/he given a choice of roommates?	49	6	62	28
6.	Do married couples share or not share a room by choice? ☐ N/A	10	2	114	1
7.	Is the client able to choose his or her own schedule separate from housemate's or other residents' schedules?	131	2	13	0
8.	Does the client have control over and access to his or her personal resources?	87	59	0	0
9.	Can the client choose what, when, where and with whom to eat?	134	11	0	1
10.	Does the client have access to food whenever s/he wants?	128	18	0	0
11.	Are the client's preferences incorporated into the services and supports provided?	146	0	0	0
12.	Can the client choose the provider of services and supports?	135	11	0	0
13.	Does the client have access to make private telephone calls/texts/email at his or her convenience?	140	4	0	2
14.	Is the client free from coercion?	146	0	0	0
15.	If the client has concerns, is s/he comfortable discussing them?	146	0	0	0
16.	Does the client or authorized representative have an active role in the development and updating of the client's person-centered plan?	146	0	0	0
17.	Does the setting facilitate integration of clients within the broader community? (Ex. Banking, medical visits, beautician, church/spiritual affiliations, civic groups, volunteerism, gyms, classes, recreational events, etc.?	145	1	0	0
18.	Is the client able to receive visitors when and where s/he wants?	143	3	0	0
19.	Do clients have choice which is not limited by State laws, regulations, requirements or facility protocols or practices?	128	16	1	1
20.	Does the setting support the client's comfort, independence and preferences?	145	0	0	1
21.	Is the setting physically accessible?	145	1	0	0
22.	Are supports or adaptations available for the clients who need them?	144	0	0	2
23.	Are clients able to come and go at will?	77	65	0	3
24.	Do clients have access to public transportation?	127	16	0	2

A. Assessment Surveys

A2. 1st Provider Survey Results

	Question	Y	N	N/A	Blank
25.	If public transportation is limited, are other resources provided to clients?	144	0	0	2
26.	Is the client's PHI and other personal information kept private?	144	0	0	2
27.	Are clients who need assistance to dress given choices and respect?	144	0	0	2
28.	Does staff communicate with clients in a respectful and dignified manner?	144	0	0	2
29.	If modifications of the setting requirements for a client are made, are they supported by an assessed need and justified in the person-centered plan?	144	0	0	2
30.	Is there documentation of positive, less intrusive, interventions and supports used prior to any plan modifications?	143		1	2
31.	Does the plan include a description of the condition that is proportional to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews, informed consent, and assurance that the intervention will not cause harm? ☐ N/A	109		34	3
32.	Do clients have privacy in their living and sleeping spaces and toileting facilities?	144	1	0	1
33.	Is furniture arranged as the clients prefer?	138	3	0	1
34.	Can bedroom and bathroom doors be locked?	93	51	0	2
35.	Do staff or other residents knock before entering?	143	1	1	1
36.	Do staff use a key to enter a living space only under limited circumstances previously agreed upon with the client?	119	26	0	1
37.	Is resident free from video monitoring/continuous monitoring?	139	4	2	1
38.	Are clients able to furnish and decorate their sleeping and/or living units as they desire?	144	1	0	1
39.	Is the residence owned by someone other than the Provider or Provider's affiliate(s)?	102	43	0	1
40.	Is there a lease or written residency agreement?	135	6	3	1
41.	Does the client know his or her rights regarding housing and when s/he could be required to relocate?	134	11	0	1
42.	Do clients know how to relocate and request new housing?	129	15	0	2
43.	Does the written agreement include language that provides protections to address eviction processes and appeals comparable with those provided under the jurisdiction's landlord/tenant laws?	123	20	0	3
44.	Does the facility have adequate staff to accommodate specific, spontaneous requests from residents?	107	38	0	1

A. Assessment Surveys
A3. Provider Self Assessment Survey #2

Provider Self Assessment Survey #2

	Characteristics expected to be present in all HCBS:	
1.	Was the client given a choice regarding where to live/receive services? *Explanation: Was the client able to choose among available Supported Living Providers or Group Providers?*	☐Yes ☐No
2.	Is the client able to choose what activities to participate in outside of the setting and apart from the housemates with whom s/he resides? *Explanation: The recipient should be able to make choices about the activities that they want to participate in, whether the activity is within the residence or outside of the residence. This does not mean the setting must transport the client to any and all events or activities. It DOES mean that the Provider will work with the client and his or her family/support group to schedule transportation etc.*	☐Yes ☐No
3.	Is the client employed in the larger community? *Explanation: This is about choice, not capability. If the client chooses to seek employment, does the Provider support this choice?*	☐Yes ☐No
4.	Does the client have his or her own room? *Explanation: If there are single rooms available, can the client choose to have one? Medicaid funds are not paid for room and board. This is between the recipient and the provider. If the recipient wants his or her own room, this is an agreement between the recipient and provider. If the provider cannot offer a private room, maybe another provider can. This is again about choice. If the recipient chooses a specific provider and wants that provider, but they don't have a private room available, then the recipient made that choice.*	☐Yes ☐No
5.	If the client shares a room, was s/he given a choice of roommates? *Explanation: The same explanation as above. This is about choice. Does the Provider have a system in place for residents to approve – or not – the individual who will share a room?*	☐Yes ☐No
6.	Do married couples share or not share a room by choice? ☐N/A *Explanation: There are some providers who accept married couples, and if you are one of those providers - can they choose to share a bedroom?*	☐Yes ☐No
7.	Is the client able to choose his or her own schedule separate from housemate's or other residents' schedules? *Explanation: Refer to question number 2. Are all individuals living in a setting on the same schedule or do they have the right to do as they please? Note: due to cognitive or safety concerns, staff monitors so they don't wander. This question refers to what they do within the residence.*	☐Yes ☐No
8.	Does the client have control over and access to his or her personal resources? *Explanation: Think about a group setting, who has control over the client's money? It could be an authorized representative, or even the provider, with written permission. If someone else controls it, does the client have access to an allowance or money to spend on personal items?*	☐Yes ☐No

A. Assessment Surveys

A3. Provider Self Assessment Survey #2

	Characteristics expected to be present in all HCBS:	
9.	Can the client choose what, when, where and with whom to eat? *Explanation: If meal times are scheduled, can the client choose not to eat at those scheduled times, but eat at a different time. Can the client eat in his or her room if they choose? If they don't want to sit at the table with the other residents, can they sit somewhere else?*	☐Yes ☐No
10.	Does the client have access to food whenever s/he wants? *Explanation: Does the Provider allow the client to prepare his or her own meals, or have an outside support person come in to do so? Are clients allowed to choose with whom they sit to eat?* ***This section assumes that the Person Centered Plan outlines restrictions imposed on the client due to medical or behavioral issues.***	☐Yes ☐No
11.	Are the client's preferences incorporated into the services and supports provided? *Explanation: The client is the one in charge of his or her services. His or her input is required and should be obtained. Some individuals have guardians or representatives and they may be the decision makers if the client is unable to participate.*	☐Yes ☐No
12.	Can the client choose the provider of services and supports? *Explanation: This is about choice. For residential providers, the choice is the choice of living situation. Does the client have the ability to choose the provider of services, meaning the SLA or Group?*	☐Yes ☐No
13.	Does the client have access to make private telephone calls/texts/email at his or her convenience? *Explanation: Most community based settings have more than one resident, so do residents have the ability to make private phone calls, can they have a cell phone if they want? The provider should provide a land line; but is not obligated to provide a cell phone or computer. If the clients have those things, can they use them in private if they want?*	☐Yes ☐No
14.	Is the client free from coercion? *Explanation: The provider cannot talk the client into doing something they don't want to do. If they refuse a service that day, then indicate "refused" on the log. Providers are well within their scope to cue, provide reminders, or re-direct. This is different than coercion.*	☐Yes ☐No
15.	If the client has concerns, is s/he comfortable discussing them? *Explanation: The provider must have a policy in place to address client concerns. Clients must have a private place to discuss concerns and clients must know they can discuss concerns.*	☐Yes ☐No
16.	Does the client or authorized representative have an active role in the development and updating of the client's person-centered plan? *Explanation: This is referred to as the Individual Support Plan (ISP) or Plan of Care (POC). The client drives his or her own services and should be integral in planning and directing services, as well as decisions and changes.*	☐Yes ☐No
17.	Does the setting facilitate integration of clients within the broader community? (Ex. Banking, medical visits, beautician, church/spiritual affiliations, civic groups, volunteerism, gyms, classes, recreational events, etc.? *Explanation: This does not mean the setting must transport the client to any and all events or activities. It DOES mean that the Provider will work with the client and his or her family/support group to schedule transportation etc. (This is not referring to medical appointments or jobs and day training – this is social in nature).*	☐Yes ☐No

A. Assessment Surveys

A3. Provider Self Assessment Survey #2

	Characteristics expected to be present in all HCBS:	
18.	Is the client able to receive visitors when and where s/he wants? *Explanation: Are there restricted visiting hours? If, yes, please explain why on a separate sheet.*	☐Yes ☐No
20.	Does the setting support the client's comfort, independence and preferences? *Explanation: Can clients have their own furniture, paint their room, and make their living situation their own?*	☐Yes ☐No
21.	Is the setting physically accessible? *Explanation: Thinking about clients who use wheelchairs or walkers, is the home accessible to them?*	☐Yes ☐No
22.	Are supports or adaptations available for the clients who need them? *Explanation: If the client needs a ramp or grab bars, can they be installed and available for their use?*	☐Yes ☐No
23.	Are clients able to come and go at will? *Explanation: For those clients whose health and safety would be at risk, is the restriction placed on their movement documented in the Care Plan?*	☐Yes ☐No
24.	Do clients have access to public transportation? *Explanation: Providers should think about rural and urban. If urban, do clients have access to public transportation? If rural, is the client given assistance to find alternate transportation?*	☐Yes ☐No
25.	If public transportation is limited, are other resources provided to clients? *Explanation: Nevada is a rural State meaning that areas outside of the urban areas do not have public transportation. If there isn't public transportation, are there other options for clients such as friends, family, civic organizations, etc.?*	☐Yes ☐No
26.	Is the client's PHI and other personal information kept private? *Explanation: Nevada's policy is that all recipients have a file and that file is located in a locked area. This is verification that the provider keeps the client's information locked.*	☐Yes ☐No
27.	Are clients who need assistance to dress given choices and respect? *Explanation: This is about choice. If the clients are able, do they help pick out their own clothes?*	☐Yes ☐No
28.	Does staff communicate with clients in a respectful and dignified manner? *Explanation: Clients must be treated with respect and dignity. Providers should offer and provide training to caregivers in how to treat clients in this manner. In addition, there should internal policies in place for this.*	☐Yes ☐No
29.	If modifications of the setting requirements for a client are made, are they supported by an assessed need and justified in the person-centered plan? *Explanation: Landlords or home owners have the right to say no to a modification that is needed. If a recipient needs a modification, the landlord or owner must know that it is medically necessary and justified. This is found in the ISP or POC. If the landlord does say no, the client should be given the option to select another provider. This is all about the provider and the client working together to deal with supports that the client may need.*	☐Yes ☐No
30.	Is there documentation of positive, less intrusive, interventions and supports used prior to any plan modifications? *Explanation: As Stated above, landlords and owners have the right to say no, and also have the right to request other interventions, such as cuing, redirecting, or actual hands on assistance, prior to making a modification. Physical modifications would be made after these have been attempted and are unsuccessful. This would be documented in the ISP or POC. This is all about the provider and the client working together to deal with supports that the client may need.*	☐Yes ☐No
	Characteristics expected to be present in all HCBS:	

A. Assessment Surveys

A3. Provider Self Assessment Survey #2

31.	Does the plan include a description of the condition that is proportional to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews, informed consent, and assurance that the intervention will not cause harm? ☐N/A *Explanation: In Residential Facilities for Groups, restrictive intervention is against State law. In a Supported Living Arrangement, restrictive intervention must be justified and reviewed.*	☐Yes ☐No
32.	Do clients have privacy in their living and sleeping spaces and toileting facilities? *Explanation: Clients are entitled to privacy when they are in the bathroom or in their bedroom. Are clients allowed to be in the bathroom or bedroom with privacy? A bathroom may be shared if it can be locked while occupied to allow for privacy.*	☐Yes ☐No
33.	Is furniture arranged as the clients prefer? *Explanation: Sometimes clients have their own furniture and sometimes they use the furniture available. Can the clients arrange their room or their living space how they would like?*	☐Yes ☐No
34.	Can bedroom and bathroom doors be locked? *Explanation: Clients must have the option to lock bathroom and bedroom doors for privacy. Appropriate staff may have keys for safety reasons. This question is about the option, can clients lock those doors if they choose?*	☐Yes ☐No
35.	Do staff or other residents knock before entering? *Explanation: This is a continuation of privacy. If a client is in the bathroom or bedroom, whether the door is locked or not, do people knock before entering?*	☐Yes ☐No
36.	Do staff use a key to enter a living space only under limited circumstances previously agreed upon with the client? *Explanation: This is a continuation of question 34. Staff may have keys, but are staff trained in the circumstances to use those keys?*	☐Yes ☐No
37.	Is resident free from video monitoring/continuous monitoring? *Explanation: This is another privacy question. Monitoring is very similar to supervision. If someone does not need supervision, then this should not happen. If someone does need supervision, it is a person who should monitor, not a video.*	☐Yes ☐No
38.	Are clients able to furnish and decorate their sleeping and/or living units as they desire? *Explanation: This is the client's home so he or should have his or her own belongings if they so choose. The provider should allow for them to do this. They should have a closet or space for their own clothes, etc.*	☐Yes ☐No
39.	Is the residence owned by someone other than the Provider or Provider's affiliate(s)? *Explanation: This is a separation of home and business. Does the business owner also own the home? Is the enrolled Medicaid provider also the home owner?*	☐Yes ☐No
40.	Is there a lease or written residency agreement? If No to 39, please answer, if Yes to 39, please skip. ☐N/A *Explanation: For those Settings in which the Provider or Provider's affiliate owns the residence, is there a lease or written residency agreement?*	☐Yes ☐No
41.	Does the client know his or her rights regarding housing and when s/he could be required to relocate? *Explanation: Medicaid does not reimburse for room and board, so the home is required to inform clients of their rights regarding housing. Does the lease or written residency agreement clearly outline the tenant's rights?*	☐Yes ☐No
	Characteristics expected to be present in all HCBS:	
42.	Do clients know how to relocate and request new housing? *Explanation: The client may choose at any time to change providers. The lease agreement must be explained to the client. The client must have the choice to sign a*	☐Yes ☐No

	long term or month to month agreements.	
43.	Does the written agreement include language that provides protections to address eviction processes and appeals comparable with those provided under the jurisdiction's landlord/tenant laws? *Explanation: Both the landlord and the client must be protected in the rental agreement. The agreement must outline eviction processes and appeals.*	☐Yes ☐No
44.	Does the facility have adequate staff to accommodate specific, spontaneous requests from residents? *Explanation: If a client wants to spontaneously go somewhere, or has an immediate, unscheduled, need, can the staff assist? This does not mean the staff has to take the person, but can they assist in facilitating these requests?*	☐Yes ☐No

A. Assessment Surveys

A4. 2nd Provider Survey Results

2nd Provider Survey Results

	Question	Y	N	N/A	Blank
1.	Was the client given a choice regarding where to live/receive services?	71	3	1	0
2.	Is the client able to choose what activities to participate in outside of the home setting and apart from the housemates with whom s/he resides?	74	1	0	0
3.	Is the client employed in the larger community?	54	15	2	4
4.	Does the client have his or her own room?	71	2	1	1
5.	If the client shares a room, was s/he given a choice of roommates?	57	1	12	5
6.	Do married couples share or not share a room by choice? ☐ N/A	26	1	47	1
7.	Is the client able to choose his or her own schedule separate from housemate's or other residents' schedules?	7	0	1	0
8.	Does the client have control over and access to his or her personal resources?	68	4	1	2
9.	Can the client choose what, when, where and with whom to eat?	73	1	1	0
10.	Does the client have access to food whenever s/he wants?	69	5	0	1
11.	Are the client's preferences incorporated into the services and supports provided?	74	0	0	1
12.	Can the client choose the provider of services and supports?	71	3	1	0
13.	Does the client have access to make private telephone calls/texts/email at his or her convenience?	73	1	1	0
14.	Is the client free from coercion?	75	0	0	0
15.	If the client has concerns, is s/he comfortable discussing them?	75	0	0	0
16.	Does the client or authorized representative have an active role in the development and updating of the client's person-centered plan?	74	1	0	0
17.	Does the setting facilitate integration of clients within the broader community? (Ex. Banking, medical visits, beautician, church/spiritual affiliations, civic groups, volunteerism, gyms, classes, recreational events, etc.?	73	1	1	0
18.	Is the client able to receive visitors when and where s/he wants?	71	3	1	0
20.	Does the setting support the client's comfort, independence and preferences?	74	0	0	1
21.	Is the setting physically accessible?	73	2	0	0
23.	Are clients able to come and go at will?	68	5	1	1
	Question	Y	N	N/A	Blank
24.	Do clients have access to public transportation?	72	3	0	0

A. Assessment Surveys

A4. 2nd Provider Survey Results

25.	If public transportation is limited, are other resources provided to clients?	69	4	2	0
26.	Is the client's PHI and other personal information kept private?	75	0	0	0
27.	Are clients who need assistance to dress given choices and respect?	75	0	0	0
28.	Does staff communicate with clients in a respectful and dignified manner?	75	0	0	0
29.	If modifications of the setting requirements for a client are made, are they supported by an assessed need and justified in the person-centered plan?	73	0	2	0
30.	Is there documentation of positive, less intrusive, interventions and supports used prior to any plan modifications?	72	0	2	1
31.	Does the plan include a description of the condition that is proportional to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews, informed consent, and assurance that the intervention will not cause harm? ☐ N/A	52	0	20	2
32.	Do clients have privacy in their living and sleeping spaces and toileting facilities?	75	0	0	0
33.	Is furniture arranged as the clients prefer?	74	0	1	0
34.	Can bedroom and bathroom doors be locked?	55	18	1	1
35.	Do staff or other residents knock before entering?	75	0	0	0
36.	Do staff use a key to enter a living space only under limited circumstances previously agreed upon with the client?	62	9	1	1
37.	Is resident free from video monitoring/continuous monitoring?	71	3	1	0
38.	Are clients able to furnish and decorate their sleeping and/or living units as they desire?	74	0	1	0
39.	Is the residence owned by someone other than the Provider or Provider's affiliate(s)?	43	31	1	0
40.	Is there a lease or written residency agreement?	52	1	17	4
41.	Does the client know his or her rights regarding housing and when s/he could be required to relocate?	73	0	1	1
42.	Do clients know how to relocate and request new housing?	62	10	1	2
43.	Does the written agreement include language that provides protections to address eviction processes and appeals comparable with those provided under the jurisdiction's landlord/tenant laws?	67	6	1	1
44.	Does the facility have adequate staff to accommodate specific, spontaneous requests from residents?	73	0	1	1

A. Assessment Surveys

A5. Home and Community Based Assessment Form - Recipient

Home and Community Based Services (HCBS) Assessment Form - Recipient

	Characteristics expected to be present in all HCBS:	
1.	Were you given a choice regarding where to live/receive services?	☐Yes ☐No
2.	Can you choose whether or not to participate in group activities?	☐Yes ☐No
3.	Do you have your own room?	☐Yes ☐No
4.	If you share a room, were you given a choice of roommates?	☐Yes ☐No
5.	Do you have control over and access to your personal resources?	☐Yes ☐No
6.	Can you choose what, when, where and with whom to eat?	☐Yes ☐No
7.	Do you have access to make private telephone calls/texts/email at your convenience?	☐Yes ☐No
8.	Are you free from coercion?	☐Yes ☐No
9.	If you have concerns, are you comfortable discussing them?	☐Yes ☐No
10.	Are you able to receive visitors when and where you want?	☐Yes ☐No
11.	Does the setting support your comfort, independence and preferences?	☐Yes ☐No
12.	Is the setting physically accessible?	☐Yes ☐No
13.	Are you able to come and go at will?	☐Yes ☐No
14.	Do you have access to public transportation?	☐Yes ☐No
15.	If public transportation is limited, are other resources provided to you?	☐Yes ☐No
16.	If you need assistance to dress, are you given respect and a choice of what to wear?	☐Yes ☐No
17.	Does staff communicate with you in a respectful and dignified manner?	☐Yes ☐No
18.	Do you have privacy in your living and sleeping spaces and toileting facilities? Can the doors be locked?	☐Yes ☐No
19.	Do staff or other residents knock before entering?	☐Yes ☐No
20.	Do staff use a key to enter a living space only under limited circumstances previously agreed upon with you?	☐Yes ☐No
21.	Are you free from video monitoring/continuous monitoring	☐Yes ☐No
22.	Are you able to furnish and decorate your sleeping and/or living units as you desire?	☐Yes ☐No
23.	Do you know your rights regarding housing and when you could be required to relocate?	☐Yes ☐No
24.	Do you have a written agreement that includes language that provides protections to address eviction processes and appeals comparable with those provided by landlord/tenant laws?	☐Yes ☐No

Please add any comments, questions, or concerns below and on the back. Thank you.

A. Assessment Surveys

A6. Home and Community Based Assessment Form – Recipient Results

Home and Community Based Services (HCBS) Recipient Results

	Question	Yes	No	N/A	Blank
1.	Were you given a choice regarding where to live/receive services?	913	91	7	69
2.	Can you choose whether or not to participate in group activities?	939	61	10	70
3.	Do you have your own room?	895	78	37	70
4.	If you share a room, were you given a choice of roommates?	397	200	252	230
5.	Do you have control over and access to your personal resources?	888	107	14	71
6.	Can you choose what, when, where and with whom to eat?	906	77	19	78
7.	Do you have access to make private telephone calls/texts/email at your convenience?	905	70	31	74
8.	Are you free from coercion?	933	36	9	102
9.	If you have concerns, are you comfortable discussing them?	912	59	16	93
10.	Are you able to receive visitors when and where you want?	974	28	9	69
11.	Does the setting support your comfort, independence and preferences?	968	27	6	76
12.	Is the setting physically accessible?	966	30	3	81
13.	Are you able to come and go at will?	839	141	23	77
14.	Do you have access to public transportation?	850	134	19	77
15.	If public transportation is limited, are other resources provided to you?	896	79	21	84
16.	If you need assistance to dress, are you given respect and a choice of what to wear?	920	28	52	80
17.	Does staff communicate with you in a respectful and dignified manner?	954	10	18	98
18.	Do you have privacy in your living and sleeping spaces and toileting facilities? Can the doors be locked?	948	38	14	80
19.	Do staff or other residents knock before entering?	900	47	39	94
20.	Do staff use a key to enter a living space only under limited circumstances previously agreed upon with you?	658	191	105	123
21.	Are you free from video monitoring/continuous monitoring	892	57	48	83
22.	Are you able to furnish and decorate your sleeping and/or living units as you desire?	882	60	53	85
23.	Do you know your rights regarding housing and when you could be required to relocate?	778	132	70	100
24.	Do you have a written agreement that includes language that provides protections to address eviction processes and appeals comparable with those provided by landlord/tenant laws?	627	178	123	146

B. Onsite Assessment

B1. DHCFP Settings Qualities Checklist

Division of Health Care Financing and Policy
Settings Qualities Checklist for
Home and Community-Based Services Settings

Provider Name: Date:

Provider Address:

Services Provided:

Medicaid Beds: # of Private Beds:

Reviewer:

Is the setting located in building/on grounds with institutional characteristics? Yes ◯ No ◯ • Is the setting in a publicly or privately operated facility that provides inpatient institutional treatment? • Is the setting located in a building on the grounds of, or adjacent to, a public institution?
Comments:
Needs/Preferences considered when settings options offered? Yes ◯ No ◯ • Does the setting reflect the needs and preferences of each recipient? • Do recipients express satisfaction regarding the setting?
Offers a choice of non-disability specific setting and private unit? Yes ◯ No ◯ • Is the setting limited to use by people with disabilities? • Was the setting chosen from among options that included non-disability specific settings? • Are recipients offered the choice of a private room/unit where they are available for non-recipients? • If recipients choose to change providers, are they given the option of receiving services in non-disability specific settings?
Comments:
Residential options based on recipient resources for room and board? Yes ◯ No ◯ • Were the residential services offered realistic in view of the recipient resources for payment of room and board? • If residential services were limited because of resources, was the matter discussed with the recipient?

B. Onsite Assessment

B1. DHCFP Settings Qualities Checklist

Comments:

Are sleeping or living unit doors lockable by recipient? Yes ◯ No ◯

- Can the doors to the unit be locked?
- Can bathroom doors be locked?
- Do recipients have keys to their doors?

Comments:

Is availability of sleeping or living unit key limited to appropriate staff? Yes ◯ No ◯

- Is there a master key or are there copies of unit keys available for use if needed?
- Is use of the master key/unit keys limited to appropriate staff?
- Are the master key/unit keys used to enter units only in limited circumstances agreed upon with the recipient?
- Is there a policy regarding the circumstances when the master key/unit keys may be used by staff and which staff may use those keys?

Comments:

Is there a legally enforceable agreement specifying responsibilities and protections from eviction? Yes ◯ No ◯

- Does the agreement specify the responsibilities of the recipient and the provider with respect to the setting?
- Does the agreement specify the circumstances under which it can be terminated?
- Does the agreement address the steps a recipient can follow to request a review/appeal a termination of services?
- Does the recipient understand the terms of the agreement?

B. Onsite Assessment

B1. DHCFP Settings Qualities Checklist

Comments:

Does the lease/rental agreement address how recipients may furnish/decorate sleeping/living units?
Yes ◯ No ◯

- Do recipients know that they may furnish and decorate their units as they please within the terms spelled out in the agreement?
- Are recipients' personal items (e.g., pictures, books, memorabilia) evident and arranged as they wish?
- Do furniture, linens, and other household items reflect personal choices?
- Do recipients' units reflect varying interests and tastes rather than having a standardized appearance?
- Is furniture arranged as recipients wish for comfort?
- Are shared rooms configured so that privacy is protected when assistance is provided to recipients?

Do recipients have a choice of roommates if sleeping or living units are shared? Yes ◯ No ◯

- Are recipients given a choice regarding roommates?
- Do recipients speak about their roommates in a positive manner?
- Do recipients express a wish to remain in a room/unit with their roommates?
- Are couples able to choose whether to share a room?
- Do recipients know that they can (and how to) request a change in roommates?

Comments:

Provides opportunities for control of personal resources? Yes ◯ No ◯

- Do recipients have bank accounts or other means to control their money?
- Does the setting facilitate/support recipients to access accounts/funds as they choose?
- If recipients work, is it clear to them that they are not required to sign over paychecks to the provider?

Comments:

B. Onsite Assessment

B1. DHCFP Settings Qualities Checklist

Allows visitors of recipient's choosing at any time? Yes ◯ No ◯

- Are there limitations on visiting hours or the number of visitors allowed at one time?
- If visiting hours are addressed in the lease/rental agreement, is the recipient made aware of limitations before moving into the residential setting?
- Is furniture in living areas arranged to support small group conversations?

Comments:

Is food available to recipients at all times? Yes ◯ No ◯

- If a recipient misses a regularly scheduled meal, are provisions made for a nutritionally-equivalent meal to be available at a time convenient to the recipient?
- Are there appliances for safe food storage and cooking/heating in recipients' sleeping/living units or in a common area accessible by recipients?
- Are snacks available anytime?

Comments:

Is there a process for protecting recipients from coercion and restraint? Yes ◯ No ◯

- Are recipients compelled to be absent from a setting for the convenience of the provider?
- Are recipients required, against their wishes, to be present in a setting in order to benefit the provider financially?
- Do recipients feel they can discuss concerns without fearing consequences?
- Are recipients informed regarding how to file a complaint?
- Is complaint filing information posted and understandable by recipients?
- Can complaint filing be done anonymously?
- Are staff trained in the use of restrictive interventions?

Comments:

B. Onsite Assessment

B1. DHCFP Settings Qualities Checklist

Does it isolate recipients from broader community of individuals not receiving HCBS? Yes ◯ No ◯

- Does the setting provide multiple types of services/activities on-site with consequent decrease in opportunities for recipient participation in broader community?
- Does the setting isolate recipients because of its nature, e.g., disability-specific farm community, gated/secured community for people with disabilities, residential school?
- Is the setting located in the community among private residences rather than in a business area?
- Does the setting operate in a manner that congregates recipients so that they live/receive services in an area separate from non-recipients?
- Does the setting use interventions/restrictions like those that might be used in institutional settings, or are deemed unacceptable in HCBS settings, e.g., seclusion, chemical restraints, locked doors?

Comments:

Is there a process for protecting recipients' rights to privacy, dignity and respect? Yes ◯ No ◯

- Is health information kept private, e.g., schedules/information regarding meds, diet, PT/OT are not posted in openarea for all to view?
- Do staff refrain from discussing recipient health information within hearing distance of others who do not have a need to know?
- Do recipients possess or have access to telephones or other electronic devices to use for personal communication in private and at any time?
- Are communal telephones/computers located so that privacy in communication is ensured?
- Do staff/recipients knock and receive permission to enter prior to entering a sleeping/living unit or bathroom?
- Does the setting provide assistance with grooming/hygiene as needed?
- Are recipients dressed in clothes that fit, are clean, are to their liking, and are appropriate for the time of day/season/weather?
- Do staff converse with recipients while providing assistance and during the course of daily activities?
- Do staff address recipients as individuals in the manner in which they would like to be addressed as opposed to addressing them with generic terms such as "hon" or "sweetie"?
- Do staff talk about a recipient in his/her presence as though the recipient was not present or within hearing distance?
- Are there cameras monitoring the setting?

Comments:

B. Onsite Assessment

B1. DHCFP Settings Qualities Checklist

Provides opportunities and support for employment in competitive, integrated settings? Yes ◯ No ◯

- Do any recipients work in integrated community settings?
- Does the setting offer, to recipients who would like to work, information and support to ensure they are able to pursue that option?
- Does the setting support recipients that do work, e.g., planning services around the work schedule, prompting recipients when it is time to go to work, assuring transportation is available?

Comments:

Optimizes opportunities for recipients to make choices regarding the physical environment?
Yes ◯ No ◯

- Are there barriers to movement preventing entrance to or exit from certain areas in the setting?
- Are recipients limited to a specific area for activities or able to move about to various areas?
- Are recipients able to move inside and outside the setting as they choose as opposed to being "parked" in one spot for the convenience of the provider?
- Are there requirements or a curfew regarding return to the setting if a recipient leaves?
- Are recipients assisted to access amenities (e.g., pool or gym) that are used by non-recipients?
- Are recipients restricted to meeting visitors in an area designated for that purpose?

Comments:

B. Onsite Assessment

B1. DHCFP Settings Qualities Checklist

Physically accessible for each recipient? Yes ◯ No ◯ • Are there features that could limit mobility, e.g., raised doorways, narrow halls, shag carpets? • Are there physical adaptations that counter any limiting features, e.g., ramps, stair lifts, or elevators? • Are supports to facilitate mobility provided where likely to be needed, e.g., grab bars, shower seats, or hand rails? • Are appliances accessible, e.g., microwave reachable without difficulty, front-loading washer/dryer useable forthose with mobility devices? • Are tables and chairs at convention height for recipients to access comfortably? • Is furniture placed so as not to obstruct pathways for those with mobility devices? • Are there gates, locked doors, or other barriers preventing access/exit from areas in the setting?
Comments:
Is there a protocol for modification of residential setting conditions? Yes ◯ No ◯ • Does the setting have a process/policy addressing modification of residential setting requirements when needed for recipients? • Does the process/policy include the following? • Identification of a specific and individualize assessed need • Documentation of positive interventions and supports before modification • Documentation of less intrusive methods that did not work before modification • Description of the condition that resulted in the need for modification • Collection and review of data to measure effectiveness of the modification • Specification of time frames for review of the modification to determine whether it is no longer needed or should be continued or terminated • Informed consent of the recipient • Assurance modification will not cause harm to the recipient
Comments:

B. Onsite Assessment

B1. DHCFP Settings Qualities Checklist

Facilitates choice regarding services/supports and agency staff who support them? Yes ◯ No ◯

- Do recipients know how and to whom to make a request for services?
- Are recipients aware of the fact that they can choose to receive services from other providers/staff?
- Are recipients able to identify other providers who could provide the same services?
- Does the setting assist recipients to change providers or to obtain other requested services?
- Do recipients express satisfaction with the services received?
- If a recipient is dissatisfied with/would prefer not to interact with an individual staff member, is he/she supported in the choice to receive services from a different staff person?

Comments:

Provides opportunities/support for recipient initiative, autonomy, and independence, including the ability to participate in and receive services in the community? Yes ◯ No ◯

- Do recipients have opportunities to participate regularly in meaningful non-work activities in community settings of their choice and for the period of time preferred?
- Does staff ask recipients about their needs and preferences?
- Are recipients assisted in a manner that leaves them feeling empowered to make choices and decisions?
- Are the choices and decisions supported/accommodated rather than ignored or denied?
- Does the setting make clear to recipients that they are not required to adhere to a set schedule for waking, bathing, eating, exercising, or activities?
- Is there staff sufficient to allow for scheduling variations?
- Do recipients' schedules vary from others in the same setting?
- Does the setting allow for the recipient to be alone and not participate in activities?
- Do recipients have access to typical home areas such as cooking and dining areas, laundry, and living and entertainment areas?
- Does the setting provide, or assist recipients to obtain, information on activities/services in the community?
- Are recipients able to come and go at any time, e.g., for appointments, shopping, church, entertainment, dining out?
- Is the setting located near a bus stop?
- Are bus schedules posted in a convenient location?
- Are taxis or accessible vans available to transport recipients?
- Are transportation services schedules/telephone numbers posted/available?
- Does the setting facilitate/train recipients in the use of public transportation?
- Are recipients able to talk about activities occurring outside the setting, how they accessedthose activities, and who assisted in facilitating that access?

Comments:

B. Onsite Assessment

B1. DHCFP Settings Qualities Checklist

DHCFP Settings Qualities Checklist

Meets Requirements Yes ◯ No ◯

Provider Signature:

Date:

Reasons Requirements not Met, or Changes Needed to Meet Requirements:

C. Remediation

C1. Remediation Letter to Providers

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
http://dhcfp.nv.gov

DATE

«name»
«address»
«city», «state» «zip»

To whom it may concern,

As you are aware, a representative from either the Division of Health Care Financing and Policy (DHCFP), or Aging and Disability Services Division (ADSD) recently met with you while conducting a site visit. These site visits were made mandatory from the Centers for Medicaid and Medicare Services (CMS), as they relate to the final rules CMS 2249-F and CMS 2296-F that was made effective January 16, 2014.

The intent of this final rule is to ensure that individuals receiving long-term services and supports through Home and Community Based Services (HCBS) programs have full access to benefits of community living and the opportunity to receive services in the most integrated settings. Additionally, this final rule allows states to enhance the quality of the HCBS and provide protections to participants. Under this final rule, each state was afforded 5 years to remediate any concerns to ensure compliance by January 1, 2019.

Based on the findings of the site visits, many providers have areas that must be addressed to ensure compliance with the HCBS new rules. The intent of this letter is to identify the areas that your setting was found to need remediation and offer assistance to remain in compliance.

Please review the answers below and provide remediation to the questions in which you did not meet the settings requirements. Please note, these may be answered "yes" or "no". A key to understanding the results is available on our website, as well as a sample remediation plan.

- Is the setting located in building/on grounds with institutional characteristics? «Q1»
- Are the recipients needs/preferences considered when settings options offered? «Q2»
- Does the setting offer a choice of non-disability specific setting and private unit? «Q3»
- Are residential options based on recipient resources for room and board? «Q4»
- Are sleeping or living unit doors lockable by recipient? «Q5»
    - Is the key available to appropriate staff? «Q6»
- Is there a lease agreement specifying eviction responsibilities and protections? «Q7»
- Does the lease agreement address furnishing/decorating sleeping/living units? «Q8»
- Do recipients have a choice of roommates? «Q9»
- Does the setting provide control for personal resources? «Q10»
- Does the setting allow visitors of recipient's choosing at any time? «Q11»
  -Are there posted visitation hours? Are there limitations to when visitors are welcome?
- Is food available to recipients at all times? «Q12»
- Is there a process for protecting recipient's from coercion and restraint? «Q13»
- Does the setting isolate individuals from the community? «Q14»

C. Remediation

C1. Remediation Letter to Providers

- Is there a process for protecting recipient rights to privacy dignity and respect? «Q15»
- Does the setting support for recipient's to seek employment in integrated settings? «Q16»
- Does the setting optimize opportunities for recipient's choice regarding physical environment? «Q17»
- Is the setting physically accessible for each recipient? «Q18»
- Is there a protocol for modification of residential setting conditions? «Q19»
- Does the setting facilitate choice regarding services and support staff who support them? «Q20»
- Does the setting provide support for recipient initiative, autonomy and independence to participate in and receive community services? «Q21»
- Does the setting have cameras and/or baby monitors located inside the setting? «Q22»
  *(Please note, cameras and baby monitors impede on recipients privacy, remediation must address the purpose of these inside the setting, and specifics of what they are used for)

Remediation plans are due to the DHCFP office no later than June 10, 2016. Please respond either by email to HCBS@dhcfp.nv.gov, or mail to:

DHCFP
Attention: Crystal Wren – LTSS
1100 E William Street, Suite 222
Carson City, NV 89701

For more information on the final rule, please visit https://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. The DHCFP has kept our website, http://dhcfp.nv.gov/ updated with the most current information from CMS related to the final rule.

Any questions or comments can be directed to Crystal Wren at crystal.wren@dhcfp.nv.gov.

Thank you,

Crystal Wren

Crystal Wren
Social Services Program Specialist III
DHCFP – LTSS, HCBS Waiver Unit

C. Remediation

C2. Remediation Question and Answer Key for Providers

Is the setting located in building/on grounds with institutional characteristics?
This question pertains to Heightened Scrutiny. If indicated as YES, these will be submitted to CMS for further review.

Are the recipients needs/preferences considered when settings options offered?
NO – requires remediation

Does the setting offer a choice of non-disability specific setting and private unit?
NO – requires remediation

Are residential options based on recipient resources for room and board?
YES – requires remediation

Are sleeping or living unit doors lockable by recipient?
NO – requires remediation – Please note, all residential settings are required to have lockable doors on their residents sleeping and living quarters. The DHCFP understands that for some residents, it is not appropriate to have access to locking their own doors. If this is documented in their Person Centered Plan, and supported by documentation that is also included with their Person Centered Plan, the DHCFP may review this further and submit to CMS for further review.

-Is the key available to appropriate staff?
NO – requires remediation

Is there a lease agreement specifying eviction responsibilities and protections?
NO – requires remediation

Does the lease agreement address furnishing/decorating sleeping/living units?
NO – requires remediation

Do recipients have a choice of roommates?
NO – requires remediation

Does the setting provide control for personal resources?
NO – requires remediation

Does the setting allow visitors of recipient's choosing at any time?
NO – requires remediation

-Are there posted visitation hours? Are there limitations to when visitors are welcome?
Please note, many settings demonstrated limited visitation hours. According to clarification received from CMS, this is not acceptable as residents are to be allowed visitors at the time of their choosing.

Is food available to recipients at all times?
NO – requires remediation

Is there a process for protecting recipients from coercion and restraint?
NO – requires remediation

C. Remediation

C2. Remediation Question and Answer Key for Providers

Does the setting isolate individuals from the community?
YES – requires remediation

Is there a process for protecting recipient rights to privacy dignity and respect?
NO – requires remediation

Does the setting support for recipient's to seek employment in integrated settings?
NO – requires remediation

Does the setting optimize opportunities for recipient's choice regarding physical environment?
NO – requires remediation

Is the setting physically accessible for each recipient?
NO – requires remediation

Is there a protocol for modification of residential setting conditions?
NO – requires remediation

Does the setting facilitate choice regarding services and support staff who support them?
NO – requires remediation

Does the setting provide support for recipient initiative, autonomy and independence to participate in and receive community services?
NO – requires remediation

Does the setting have cameras and/or baby monitors located inside the setting?
*(Please note, cameras and baby monitors impede on recipients privacy, remediation must address the purpose of these inside the setting, and specifics of what they are used for)
YES – requires remediation

C. Remediation

C3. Remediation Example for Providers

Setting name	ABC Provider	Setting Location	123 ABC Street Las Vegas, NV 89123

		Timeframe for completion?	Remediation Plan
Remediation request	Are sleeping or living unit doors lockable by recipient?	3 months	ABC Provider will purchase door locks for each sleeping and living unit located in our setting. This includes 16 doors. These will be purchased within 1 month and installed within 1 month. Each recipient will be given a key to their sleeping and living quarters. If it is found to be inappropriate for a recipient to have a key, this will be clearly documented in thier person centered plan.
Remediation request	Is availability of sleeping or living unit key limited to appropriate staff?	3 months	Currently, each staff does not have a key for the residents rooms as they do not have locking doors. Once the locking doors are installed, ABC Provider will ensure that a key for each residents room is available to the lead staff person for that shift. These keys will be stored in our Administrative office and available on an as needed basis. During times when the majority of the residents are in their rooms, the keys will be with the lead staff for accessibility.
Remediation request	Allows visitors of recipient's choosing at any time?	1 month	ABC Provider will remove the current visiting hours which are posted throughout the facility, and amend this posting to include the folowing: Visitors Welcome. Front door is open from 8:00 am - 5:00 pm, if after hours, please ring doorbell to be let in." A copy of this is attached for your review.

C. Remediation

C4. Remediation Checklist

PROVIDER	region	RECEIVED (Y/N)	spreadsheet Complete (Y/N)	Acceptable (Y/N)	SENT TO CMS
A NEW DAY ADULT DAYCARE AND OUTPATIENT T	day				
SILVER STATE ADULT DAYCARE	day				
WASHOE CO SENIOR SERVICES DAYBREAK ADULT	day				
Angelicas Loving Home Care	north	Y	Y		
Aprils Villa LLC	north				
Bee Hive Homes Fernley	north	Y	Y		
Bee Hive Homes Of Lovelock LLC	north	Y	Y		
Carson Valley Senior Living LLC	north	Y	Y		
Cessabella Residential Suite LLC	north	Y	Y		
Corinthian Place LLC	north	Y	Y		
Diamond Residential	north	Y	Y		
Eagle Valley Care Center, LLC	north				
Evergreen Residence	north	Y	Y		
Family Home Care RHL	north	Y	Y		
Golden Manor	north	Y	Y		
Golden Valley Group Care I	north				
Golden Valley Group Care II	north				
Golden Years Castle 2	north				
Golden Years Castle Group Care	north				
Good Samaritan Adult Family Home	north	Y	Y		
Graceful Living	north	Y	Y		
Harmony Homes Of Reno LLC	north				
Healthy Lifestyle Residence	north				
Highland Village of Fallon	north				
Holy Child Residential Care	north	Y	Y		
Holy Family Home Care	north	Y	Y		
Horizon Hills Residential Group Care I	north	Y	Y		
Horizon Hills Residential Group Care III	north	Y	Y		
Kings Row Residence	north	Y	Y		
Krystons Home Care	north				
Krystons Home Care II	north				
L & N Home Care	north				
Limestoneshire LLC	north				
Little Angel Care Home	north				
Longevity Residential Care	north	Y	Y		
Love & Joy Residence	north				
Mar Von Senior Care	north	Y	Y		
Mason Valley Residence LLC	north	Y	Y		
Mothers Love & Care Center LLC	north				
Oasis Place	north				
Our Home Adult Living	north				

C. Remediation

C4. Remediation Checklist

Pleasant Care Group Home III LLC	north				
Providence Home Care	north	Y	Y		
Reeds Manor	north				
Reed's Manor I	north				
Royal Heights LLC	north				
Serenity Senior Care	north				
Sierra Manor Care Home	north	Y	Y		
Skyline Estates	north				
Spanish Springs Home For Elderly Care	north				
St Anne Group Home	north				
St Anthony Family Home Care	north				
St Paul Home Care II	north				
St Paul Home Care III	north				
Summerdale Homes @ Riata LLC	north				
Summerdale Homes @ Ribeiro LLC I	north				
The Homestead	north				
Touch Of Class Care Home	north				
Van Ness Home Care	north	Y	Y		
Van Ness Home Care II	north	Y	Y		
Vista Adult Care II	north	Y	Y		
Vista Adult Care III	north	Y	Y		
Wagoneer Group Care	north				
A & J Care Home	south				
Adult Comfort and Care Home 2	south				
Advanced Care For The Elderly, LLC	south	Y			
Alebris Home Care Inc	south	Y	Y		
Alzheimers Luxury Care	south				
Ameery Care	south	Y	N		
Angel Care Residential Home	south	Y	Y		
As Time Goes By III	south				
As Time Goes By V	south				
As Time Goes By VII	south				
Bee Hive Homes Of Paradise Valley Inc	south				
Bella Estate Care Home	south				
Carmela Homes	south	Y	Y		
Chutney Residential Home	south				
CJ Homes	south				
CNC Alzheimers Home Care	south				
Desert Inn Residential Care	south				
Diamond Retirement Living	south	Y	N		
Dignified Care Manor	south				
Dignity Care Home LLC	south				
Emeritus At Spring Valley	south				
Emeritus At the Plaza	south				
Faith Shari Adult Care II	south				

C. Remediation

C4. Remediation Checklist

Florence Senior Care Home	south				
Forget Me Not Home Care I	south				
Garden Breeze Alzheimer Villa	south				
Gentle Breeze Care Home	south				
Gentle Spring Care Home	south				
Golden Lake Care Home	south				
Golden Villa Care Home	south				
Golden Years Memory Care LLC	south				
Grace of Monaco Section 10	south	Y	Y		
Hacienda Hill Manor	south				
Happy Adult Care	south				
JCR Home Care, Inc	south				
Las Vegas Alzheimers & Memory Care I	south				
Las Vegas Alzheimers & Memory Care II	south				
Life Share Care Home Nevada	south	Y			
Meadows Care Home	south	Y	Y		
Miracle Care Home LLC	south				
Monthill Palms	south				
Morning Glory Alzheimers Home	south				
Morning Star Care Home	south				
Mothers Best Care For Elderly	south				
Mystic Haven	south				
Nazarene Senior Care Home	south	Y	Y		
Olive Grove Residential Care	south				
Paradise Crest Home Care	south				
Paradiso	south	Y	Y		
Quality Health Center	south				
Quinns Desert Home #1	south				
Quinn's Desert Home 2	south				
R & L Adult Care Home 2	south	Y	Y		
R & L Adult Care Home Inc	south				
Rainbow Connections Group Care Home	south	Y	Y		
Red Rock Residential Care Center	south				
Ross Senior Residence	south				
Royal Palace	south				
Sachele Senior Guest Home	south				
Sachele Senior Guest Home II	south				
San Vicente Home Care LLC	south				
Senior Residential Care - Centennial	south	Y	N		
Silver Sky Assisted Living	south				
Spruce Oak Residential Care Facility	south				

C. Remediation

C4. Remediation Checklist

ST Jean Senior Care	south				
Summerlin Retirement Home	south				
The Charleston Residential	south				
The Victorian Center LLC	south	Y	Y		
The Victorian Center LLC, II	south	Y	Y		
The Wentworth of Las Vegas-Senior Mgmt	south				

D. Heightened Scrutiny

D1. DHCFP HCB Heightened Scrutiny Questionnaire

Division of Health Care Financing and Policy (DHCFP)
HCB Settings Heightened Scrutiny Questionnaire

Setting: _____

Location: _____

What are the licensure requirements or regulations for the setting?

How do the licensure requirements or regulations differ from institutional requirements and regulations?

Residential housing or zoning requirements.

The proximity to and scope of interactions with community settings used by individuals not receiving Medicaid funded HCBS.

Is public transportation easily accessible? Or, if public transportation is limited, what options are provided for transportation?

Provider qualifications for staff employed in the setting. Demonstrate that staff are trained specifically for HCB support in a manner consistent with the HCB settings regulations.

What services are offered in the setting? Explain how these services support community integration and/or maximize autonomy.

What procedures are used to ensure recipients are able to participate in activities in the greater community according to their preferences and interests? How is staff trained to support individual choice?

4.1 Are there gates, Velcro strips, locked doors, fences or other barriers preventing individual's entrance to or exit from certain areas of the setting?	74.00%
4.2 Does the setting afford a variety of meaningful non work activities that are responsive to goals, interests and match the skills and needs of individuals?	65.00%
4.3 Does the setting afford opportunities for individuals to choose with whom to do activities in the setting or outside the setting or are individuals assigned only to be with a certain group of people?	64.00%
4.4 Does the setting afford the opportunity for tasks and activities matched to individual's skills, abilities and desires?	91.00%
5.1 Was the individual provided a choice regarding the services, provider and settings and the opportunity to visit/understand the options?	83.00%
5.2 Was the individual provided an opportunity to visit and understand their options?	86.00%

Nevada Developmental Services recognizes the need to address the above areas in a systemic manner in order to support the improvement of integrated employment and community based outcomes for individuals receiving jobs and day training services. The following items are current projects for which Nevada Developmental Services has initiated, or are soon to begin to initiate, to address the issues discussed in this report:

- Continued interagency collaboration with state agencies, community leaders, non-profit organizations and businesses to enhance and strengthen supported employment systems.
- Developing Memorandum of Understanding between school systems, Vocational Rehabilitation and Regional Centers, transportation and providers to outline roles, responsibilities and agreements.
- Work with all partners on the implementation of the Nevada Strategic Plan on Integrated Employment. Taskforce members were appointment by Governor Brian Sandoval (See attachment 1).
- Begin Career Development/Planning as a discreet waiver service to begin to prepare individuals for competitive jobs.
- Continue membership in the State Employment Leadership Network (monthly membership meeting, annual meeting, resources, webinars, and on-site visits. Nevada Developmental Services is currently working on Funding Strategies Study Recommendations for Nevada (See attachment 2). Membership with the National Employment First community of Practice to support the alignment of policy, practice, and funding streams toward prioritizing competitive non-residential providers.
- Develop state a workgroup which will consist of representative from the State Developmental Services and community non-residential providers to support continue systems change with

respect to the provision of day habilitation services that focus on community based activities, versus facility based activities.

- Continue to support community non-residential support providers in accessing training from the Direct Course – College of Employment Services.
- Continue to provide access to training and webinars for State Service Coordinators keeping the focus on community integration and competitive employment outcomes.
- Set and measure progress toward employment goals.
- Generate a list of who is in day training and who could be successful in integrated employment.
- Prepare budgets to support the ability to set a percent of people to move people out of day training services and into integrated employment over the next three years.
- Continue funding community provider pilot programs that expand integrated employment outcomes.
- State Developmental Services to revise and expand Supported Employment definition, requirement of providers and develop outcome data.

Home and Community Based Services Non Residential Assessment Form

Date of Assessment:	
Provider name:	
Program Service:	
Address of Site:	
Reviewer(s):	

This nonresidential setting is being assessed for compliance with the Centers for Medicaid and Medicare Services Community Settings Rule CFR 42441.301.

Characteristic	**The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.**		
#	**Question**	**Present**	**Approved Modifications**
1.	Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual?	☐Yes ☐No	
Comment:			
2.	Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?	☐Yes ☐No	
Comment:			
3.	Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting? For example, do individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS?	☐Yes ☐No	
Comment:			
4.	Is the setting in the community/building located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community?	☐Yes ☐No	
Comment:			
5.	Do employment settings provide individuals with the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Medicaid funded HCBS?	☐Yes ☐No N/A	
Comment:			

6.	Does the setting provide individuals with contact information access to and training on the use of public transportation, such as buses, taxis, etc., and are the public transportation schedules and telephone numbers available in a convenient location?	☐Yes ☐No	
Comment:			
7.	Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCBS services?	☐Yes ☐No	
Comment:			

Characteristic	**The setting is selected by the individual from among setting options including non-disability specific settings… The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, …**		
#	**Question**	**Present**	**Approved Modifications**
1.	Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual?	☐Yes ☐No	
2.	Do the setting options offered include non-disability-specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at a YMCA?	☐Yes ☐No	
Comment:			
3.	Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day/week (e.g. combine competitive employment with community habilitation)?	☐Yes ☐No	
Comment:			

Characteristic	**The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.**		
#	**Question**	**Present**	**Approved Modifications**
1.	Does the setting assure that staff interacts and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the regular course of daily activities?	☐Yes ☐No	
Comment:			
2.	Do setting requirements assure that staff do not talk to other staff about an individual(s) in the presence of other persons or in the presence of the individual as if s/he were not present?	☐Yes ☐No	
Comment:			

3.	Does the setting policy require that the individual and/or representative grant informed consent prior to the use of restraints and/or restrictive interventions and document these interventions in the person- centered plan?	☐Yes ☐No	
Comment:			
4.	Does the setting policy ensure that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting and/or restrictive to the rights of every individual receiving support within the setting?	☐Yes ☐No	
Comment:			
5.	Does the setting offer a secure place for the individual to store personal belongings?	☐Yes ☐No	
Comment:			
Characteristic	**The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.**		
#	**Question**	**Present**	**Approved Modifications**
1.	Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting?	☐Yes ☐No	
Comment:			
2.	Does the setting afford a variety of meaningful non-work activities that are responsive to goals, interests and needs of individuals? Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)?	☐Yes ☐No	
Comment:			
3.	Does the setting afford opportunities for individuals to choose with whom to do activities in the setting or outside the setting or are individuals assigned only to be with a certain group of people?	☐Yes ☐No	
Comment:			
4.	Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities and desires? Is setting staff knowledgeable about the capabilities, interests, preferences and needs of individuals?	☐Yes ☐No	
Comment:			

Characteristic	**The setting facilitates individual choice regarding services and supports, and who provided them.**		
#	**Question**	**Present**	**Approved Modifications**
1.	Was the individual provided a choice regarding the services, provider and settings?	☐Yes ☐No	
Comment:			
2.	Was the individual provided an opportunity to visit and understand the options?	☐Yes ☐No	
Comment:			

D. Heightened Scrutiny

D4. Non Residential On Site Review findings spreadsheet

Sierra Regional Center Providers					
Provider	Compliant	Remidatiated	Add. Review	Institutional	Heightened Scrutiny
Abe's Care Home	X				
Able Abilities Group	X				
Able Abilities Group	X				
Able Abilities Group		X			
AMI Health Care Services	X				
AMI Health Care Services	X				
Betal					
Betal	X				
Betal					
Chrysalis		X			
Chrysalis					
Chrysalis	X				
Chrysalis	X				
Chrysalis					
Chrysalis	X				
Chrysalis		X			
Chrysalis	X				
Confidence Health Resources		X			
Confidence Health Resources					
Confidence Health Resources	X				
Confidence Health Resources					
Confidence Health Resources		X			
CPNN	X				
CPNN		X			
Disability Resources					
Disability Resources					
Going Places	X				
Going Places	X				
Going Places					
Going Places	X				
Hand in Hand	X				
Hand in Hand	X				
Helping Hands	X				
High Sierra Industries					
Hope Health Care		X			
Hope Health Care		X			
Hope Health Care	X				
Hope Health Care		X			
Hope Health Care	X				
Hope Health Care			X		
Key Learning Concepts					
Key Learning Concepts					
Key Learning Concepts	X				
Key Learning Concepts	X				
Key Learning Concepts					
Mt. Olive	X				
Mt. Olive	X				
Mt. Olive	X				
Mt. Olive	X				
Mt. Olive		X			
Team Care Plus					
Team Care Plus	X				
Team Care Plus	X				
Trinity					
Trinity					
Trinity			X		
Trinity					
Trinity	X				
Trinity			X		
Trinity					
Trinity			X		

D. Heightened Scrutiny

D4. Non Residential On Site Review findings spreadsheet

Rural Regional Center Providers					
Provider	Compliant	Remediated	Add. Review	Institutional	Heightened Scrutiny
Chrysalis	X				
Chrysalis	X				
Chrysalis	X				
Chrysalis	X				
Chrysalis	X				
Dungarvin	X				
Dungarvin	X				
Dungarvin	X				
Femfol		X			
Going Places	X				
Going Places		X			
Going Places		X			
Going Places	X				
Going Places	X				
Going Places	X				
Going Places	X				
Holdsworth	X				
Holdsworth	X				
Holdsworth	X				
Holdsworth	X				
Holdsworth	X				
Holdsworth	X				
HHDS	X				
HHDS	X				
HHDS	X				
HHDS	X				
HHDS	X				
HHDS	X				
HHDS	X				
HHDS					
HHDS	X				
HHDS	X				
Tungland	X				
Tungland		X			
Tungland	X				
Tungland	X				

D. Heightened Scrutiny

D4. Non Residential On Site Review findings spreadsheet

Desert Regional Center Providers

Provider	Compliant	Remediated	Add. Review	Institutional	Heightened Scrutiny
Aacres		X			
Aacres					
Aacres	X				
Aacres		X			
Aacres		X			
Aacres		X			
Aacres	X				
Aacres		X			
ASI	X				
ASI					
BAI	X				
BAI	X				
BAI	X				
BAI	X				
BAI	X				
BAI	X				
BAI	X				
BAI	X				
BAI	X				
BAI	X				
BAI	X				
BAI	X				
Chrysalis	X				
Chrysalis	X				
Chrysalis	X				
Chrysalis	X				
Chrysalis	X				
Chrysalis		X			
Chrysalis	X				
Chrysalis	X				
Chrysalis	X				
Chrysalis	X				
Chrysalis	X				
Chrysalis		X			
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Chrysalis		X			
Chrysalis	X				
Chrysalis	X				
Chrysalis	X				
Chrysalis	X				
Chrysalis	X				
Chrysalis	X				
Danville	X				
Danville	X				
Danville	X				
Danville	X				
Danville	X				
Danville	X				
Danville	X				
Danville		X			
Danville	X				
Danville	X				

D. Heightened Scrutiny

D4. Non Residential On Site Review findings spreadsheet

Danville	X				
Danville	X				
Danville	X				
Danville		X			
Danville		X			
Danville		X			
Danville	X				
Danville	X				
Dungarvin	X				
Dungarvin	X				
Dungarvin	X				
Dungarvin	X				
Dungarvin	X				
Dungarvin					
Dungarvin	X				
Dungarvin	X				
Dungarvin	X				
Dungarvin	X				
Dungarvin	X				
Dungarvin		X			
Journeys	X				
Journeys	X				
KNR	X				
KNR	X				
KNR		X			
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New Vista					
New Vista	X				
New Vista	X				

D. Heightened Scrutiny

D4. Non Residential On Site Review findings spreadsheet

New Vista	X				
New Vista	X				
New Vista	X				
New Vista	X				
New Vista	X				
New Vista	X				
New Vista	X				
New Vista	X				
New Vista	X				
New Vista	X				
Pinnacle					
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REM Nevada					
REM Nevada		X			
REM Nevada	X				
REM Nevada	X				
REM Nevada	X				
REM Nevada	X				
REM Nevada	X				
REM Nevada	X				
REM Nevada	X				
REM Nevada	X				
Tungland	X				
Tungland	X				
Tungland	X				
Tungland	X				

E. Public Comment Invitations from the DHCFP

E1. Invitation for Public Comment regarding On Site Reviews 04/22/2016

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
http://dhcfp.nv.gov

April 22, 2016

As part of the process required by the Centers for Medicare and Medicaid Services (CMS) Final Rule for Home and Community Based Services (HCBS) for 42 CFR, the Division of Health Care Financing and Policy (DHCFP) requests public comment regarding the setting assessment findings as attached on the following two spreadsheets.

To be assured consideration, comments must be received by one of the methods provided below no later than 5:00 pm on May 23, 2016. You may submit comments in one of three ways (please choose only one of the ways listed):

• Electronically: You may email comments to hcbs@dhcfp.nv.gov. Write Residential Setting Assessments, or JDT/SLA Assessments in the subject line.

• Mail: You may mail written comments to the following address:
Division of Health Care Financing and Policy
1100 E William Street, Suite 222
ATTN: LTSS – Residential Setting Assessments, or JDT/SLA Assessments
Carson City, NV 89701

• Fax: You may fax comments to the following number:
(775) 687-8724
ATTN: LTSS– Residential Setting Assessments, or JDT/SLA Assessments

All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We will post all the comments received by the close of the comment period, as soon as possible after they have been received, on the following web site:
http://dhcfp.nv.gov/Home/WhatsNew/HCBS/.

There will be a link on the page for Public Comments received.

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
http://dhcfp.nv.gov

June 24, 2016

As part of the process required by the Centers for Medicare and Medicaid Services (CMS) Final Rule for Home and Community Based Services (HCBS) for 42 CFR, the Division of Health Care Financing and Policy (DHCFP) requests public comment regarding the Heightened Scrutiny Submissions as attached provided on http://dhcfp.nv.gov/Home/WhatsNew/HCBS/ under the Public Comment section.

To be assured consideration, comments must be received by one of the methods provided below no later than 5:00 pm on July 25, 2016. You may submit comments in one of three ways (please choose only one of the ways listed):

• Electronically: You may email comments to hcbs@dhcfp.nv.gov. Write Residential Setting Assessments, or JDT/SLA Assessments in the subject line.

• Mail: You may mail written comments to the following address:
Division of Health Care Financing and Policy
1100 E William Street, Suite 222
ATTN: LTSS – Residential Setting Assessments, or JDT/SLA Assessments
Carson City, NV 89701

• Fax: You may fax comments to the following number:
(775) 687-8724
ATTN: LTSS– Residential Setting Assessments, or JDT/SLA Assessments

All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We will post all the comments received by the close of the comment period, as soon as possible after they have been received, on the following web site:
http://dhcfp.nv.gov/Home/WhatsNew/HCBS/.

There is a link on the page for Public Comments received.

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
http://dhcfp.nv.gov

July 12, 2016

As part of the process required by the Centers for Medicare and Medicaid Services (CMS) Final Rule for Home and Community Based Services (HCBS) for 42 CFR, the Division of Health Care Financing and Policy (DHCFP) requests public comment regarding the State Transition Plan submission dated June 28, 2016.

To be assured consideration, comments must be received by one of the methods provided below no later than 5:00 pm on August 12, 2016. You may submit comments in one of three ways (please choose only one of the ways listed):

• Electronically: You may email comments to hcbs@dhcfp.nv.gov. Subject: State Transition Plan 6/28/16.

• Mail: You may mail written comments to the following address:
Division of Health Care Financing and Policy
1100 E William Street, Suite 222
ATTN: LTSS – State Transition Plan 6/28/16
Carson City, NV 89701

• Fax: You may fax comments to the following number:
(775) 687-8724
ATTN: LTSS– State Transition Plan 6/28/16

All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We will post all the comments received by the close of the comment period, as soon as possible after they have been received, on the following web site:
http://dhcfp.nv.gov/Home/WhatsNew/HCBS/.

There will be a link on the page for Public Comments received.

E. Public Comment Invitations from the DHCFP

E4. Health Care Quality Compliance email providing proof of Public Comment request through their list-serve, their blog and their website

Crystal Wren

From: Nathan K. Orme
Sent: Thursday, July 14, 2016 2:38 PM
To: MEDICALFACILITIES@LISTSERV.STATE.NV.US; MEDLABS@LISTSERV.STATE.NV.US; NONMEDICALFACILITIES@LISTSERV.STATE.NV.US; CHILDCARE@LISTSERV.STATE.NV.US; DIETITIANS@LISTSERV.STATE.NV.US
Subject: Give Your Feedback on Home-Based Services Plan for Medicaid

Give Your Feedback on Home-Based Services Plan for Medicaid

Public input is needed on changes affecting numerous services for recipients

State regulators are asking for public input on new federal regulations regarding such issues as door locks, visiting hours, outside activities and more for Nevadans receiving home and community-based Medicaid services.

A federal program that funds these services for Medicaid recipients has changed some rules, and the state must change its plan accordingly. Under this program, individuals must be offered opportunities to seek employment and engage in community activities in the same manner as everyone else.

The federal Centers for Medicare and Medicaid Services (CMS) requires states to solicit public input as part of the changes. To remain part of the program and receive federal funding, the Nevada Division of Health Care Financing and Policy must receive input on its Medicaid State Transition Plan by 5 p.m. on Aug. 12, 2016.

Comments must be submitted by one of three methods:

- Email to: hcbs@dhcfp.nv.gov
- Mail to: Division of Health Care Financing and Policy, 1100 E William Street, Suite 222, ATTN: LTSS – State Transition Plan 6/28/16, Carson City, NV 89701
- Fax to: (775) 687-8724, ATTN: LTSS– State Transition Plan 6/28/16

For more information on this topic, visit http://dhcfp.nv.gov/Home/WhatsNew/HCBS/.

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
http://dhcfp.nv.gov

October 1, 2016

As part of the process required by the Centers for Medicare and Medicaid Services (CMS) Final Rule for Home and Community Based Services (HCBS) for 42 CFR, the Division of Health Care Financing and Policy (DHCFP) requests public comment regarding the State Transition Plan dated October 1, 2016.

To be assured consideration, comments must be received by one of the methods provided below no later than 5:00 pm on October 31, 2016. You may submit comments in one of three ways (please choose only one of the ways listed):

- Electronically: You may email comments to:
  hcbs@dhcfp.nv.gov. Subject: State Transition Plan 10/1/16.

- Mail: You may mail written comments to the following address:
  Division of Health Care Financing and Policy
  1100 E William Street, Suite 222
  ATTN: LTSS – State Transition Plan 10/1/16
  Carson City, NV 89701

- Fax: You may fax comments to the following number:
  (775) 687-8724
  ATTN: LTSS– State Transition Plan 10/1/16

All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We will post all the comments received by the close of the comment period, as soon as possible after they have been received, on the following web site:
http://dhcfp.nv.gov/Home/WhatsNew/HCBS/.

There will be a link on the DHCFP/HCBS New Rule Information page for Public Comments received.

E. Public Comment Invitations from the DHCFP

E6. 5 E-mails to the list-served which was developed during the beginning phases of the State Transition Plan

Crystal Wren

From: Crystal Wren
Sent: Tuesday, October 04, 2016 10:05 AM
To: 'Aacres NV'; 'Accessible Space, Inc.'; 'Ako Enoh'; 'Alpha Production Technologies Inc.'; 'American Home Companion'; 'AMI Health Care Services, LLC'; 'Anita DeLeon'; 'BAI Services'; 'Barry Gold'; 'Behavioral Innovation & Guidance'; 'Best Buddies'; 'Beug Behavioral Intervention & Consulting'; 'Bob Brown'; 'C&C Enterprises'; 'Care Services of Nevada, Inc.'; 'Carolyn Wikander'; 'Carpe Diem'; 'Carrisa Tashiro'; 'Charlotte McClanahan'; 'Choices for All'; 'Chrysalis'; 'Cindy Johnson'; 'Claudette Andrews'; 'Confidence Health Resources, Inc.'; 'Connie Grubbs'; 'Connie McMullen'; 'Creative Possiblities of Northern Nevada'; 'Curt Reed'; 'D&S Services'; 'Danville Services'; 'Danville Services - Mesquite'; 'Darian, Inc.'; 'Debora McDaniel'; 'Deidre Hammon'; 'Diana Klymann'; 'Disability Resources, Inc.'; 'Don Parker'; 'Eagles Nest Group Home'; 'Easter Seals Southern Nevada'; 'Ed Guthrie'; 'Faith Ramos'; 'Femfol Group'; 'Gil Folk'; 'Giovanni F. Margaroli'; 'Going Places'; 'Grady Tarbutton'; 'Hand in Hand Health Care Services'
Subject: State Transition Plan, 10-1-16 revision
Attachments: Public_Comment_Invitation_State_Transition_Plan_10-1-16.pdf

Good morning,

The DHCFP has revised the Nevada State Transition Plan and has posted this to our DHCFP website for public comment. I encourage all to review the changes noted on the first 2 pages of the document and review the Plan. Please provide any comments regarding the State Transition Plan by October 31, 2016. The methods of public comment delivery are explained in the attachment titled Public Comment Invitation State Transition Plan 10-1-16.

Thank you,

Crystal Wren

SSPS III - HCBS Waiver Unit | Long Term Services and Supports | DHCFP |
1100 E. William St. Ste. 215 | Carson City, NV | 89701
Ph: (775) 684-3758 | Fx: (775) 684-8724 | crystal.wren@dhcfp.nv.gov

E. Public Comment Invitations from the DHCFP

E6. 5 E-mails to the list-served which was developed during the beginning phases of the State Transition Plan

Crystal Wren

From: Crystal Wren
Sent: Tuesday, October 04, 2016 10:05 AM
To: 'Haugen and Keck'; 'Heidi Unger'; 'Helga Jerome'; 'Helping Hands Assisted Living'; 'High Sierra Industries'; 'Hope Health Care Services'; 'Humboldt Human Development Services'; 'Jason Schwartz'; 'Jay Jeffers'; 'Jeffrey Klein'; 'Jim and Debra LaRocca'; 'Joan Anglin'; 'Joe Tinio'; 'Karen Reynolds'; 'Kathy Avampato'; 'Kelly Grim'; 'Kim Pezonella'; 'KNR Services'; 'Lilia Sioson'; 'Linda Hower'; 'Linda Jones'; 'Lisa Companaro'; 'M & M Angel Enterprises, Inc.'; 'Maria Antonio'; 'Mark Inouye'; 'Mark Olson'; 'Merila Tinio'; 'Miki Ton'; 'Mt. Olive Care'; 'New Vista Community'; 'Noble Horizon of Nevada'; 'Ormsby Association of Carson City'; 'Paciencia Otis'; 'PATH - UNR'; 'Philip Albeza'; 'Pinnacle Community Services, Ltd.'; 'Portals (REM)'; 'Progressive Choices'; 'R House Community Treatment Home'; 'REM'; 'Rey Antonio'; 'Robert Colbert'; 'Robert St. Jean'; 'Romeo & Vivian Balgan'; 'Ruby Mountain Resource Center'; 'Rural Center for Independent Living'; 'Shelle Alsip'; 'Sierra Nevada Quality Care'; 'Sierra Star Ranch'; 'Specialized Alternatives for Families & Youth of Nevada'; 'Stepahanie K'; 'Stephanie Pohl-Burfield'; 'Stephanie Schoen'; 'Tammy Randolph'; 'Tannerwood Home LLC'; 'Team Care Plus'; 'The Tungland Corporation'; 'Tiffany Huner'; 'Transition Services'; 'United Cerebral Palsy'; 'Unlimited Choices'; 'Virginia Lasam'; 'Wanda Rosenlund'
Subject: State Transition Plan, 10-1-16 revision
Attachments: Public_Comment_Invitation_State_Transition_Plan_10-1-16.pdf

Good morning,

The DHCFP has revised the Nevada State Transition Plan and has posted this to our DHCFP website for public comment. I encourage all to review the changes noted on the first 2 pages of the document and review the Plan. Please provide any comments regarding the State Transition Plan by October 31, 2016. The methods of public comment delivery are explained in the attachment titled Public Comment Invitation State Transition Plan 10-1-16.

Thank you,

Crystal Wren

SSPS III - HCBS Waiver Unit | Long Term Services and Supports | DHCFP |
1100 E. William St. Ste. 215 | Carson City, NV | 89701
Ph: (775) 684-3758 | Fx: (775) 684-8724 | crystal.wren@dhcfp.nv.gov

E. Public Comment Invitations from the DHCFP

E6. 5 E-mails to the list-served which was developed during the beginning phases of the State Transition Plan

Crystal Wren

From: Crystal Wren
Sent: Tuesday, October 04, 2016 10:05 AM
To: 'Haugen and Keck'; 'Heidi Unger'; 'Helga Jerome'; 'Helping Hands Assisted Living'; 'High Sierra Industries'; 'Hope Health Care Services'; 'Humboldt Human Development Services'; 'Jason Schwartz'; 'Jay Jeffers'; 'Jeffrey Klein'; 'Jim and Debra LaRocca'; 'Joan Anglin'; 'Joe Tinio'; 'Karen Reynolds'; 'Kathy Avampato'; 'Kelly Grim'; 'Kim Pezonella'; 'KNR Services'; 'Lilia Sioson'; 'Linda Hower'; 'Linda Jones'; 'Lisa Companaro'; 'M & M Angel Enterprises, Inc.'; 'Maria Antonio'; 'Mark Inouye'; 'Mark Olson'; 'Merila Tinio'; 'Miki Ton'; 'Mt. Olive Care'; 'New Vista Community'; 'Noble Horizon of Nevada'; 'Ormsby Association of Carson City'; 'Paciencia Otis'; 'PATH - UNR'; 'Philip Albeza'; 'Pinnacle Community Services, Ltd.'; 'Portals (REM)'; 'Progressive Choices'; 'R House Community Treatment Home'; 'REM'; 'Rey Antonio'; 'Robert Colbert'; 'Robert St. Jean'; 'Romeo & Vivian Balgan'; 'Ruby Mountain Resource Center'; 'Rural Center for Independent Living'; 'Shelle Alsip'; 'Sierra Nevada Quality Care'; 'Sierra Star Ranch'; 'Specialized Alternatives for Families & Youth of Nevada'; 'Stepahanie K'; 'Stephanie Pohl-Burfield'; 'Stephanie Schoen'; 'Tammy Randolph'; 'Tannerwood Home LLC'; 'Team Care Plus'; 'The Tungland Corporation'; 'Tiffany Huner'; 'Transition Services'; 'United Cerebral Palsy'; 'Unlimited Choices'; 'Virginia Lasam'; 'Wanda Rosenlund'
Subject: State Transition Plan, 10-1-16 revision
Attachments: Public_Comment_Invitation_State_Transition_Plan_10-1-16.pdf

Good morning,

The DHCFP has revised the Nevada State Transition Plan and has posted this to our DHCFP website for public comment. I encourage all to review the changes noted on the first 2 pages of the document and review the Plan. Please provide any comments regarding the State Transition Plan by October 31, 2016. The methods of public comment delivery are explained in the attachment titled Public Comment Invitation State Transition Plan 10-1-16.

Thank you,

Crystal Wren

SSPS III - HCBS Waiver Unit | Long Term Services and Supports | DHCFP |
1100 E. William St. Ste. 215 | Carson City, NV | 89701
Ph: (775) 684-3758 | Fx: (775) 684-8724 | crystal.wren@dhcfp.nv.gov

E. Public Comment Invitations from the DHCFP

E6. 5 E-mails to the list-served which was developed during the beginning phases of the State Transition Plan

Crystal Wren

From: Crystal Wren
Sent: Tuesday, October 04, 2016 10:05 AM
To: 'Lyn Sharman'; 'Our Home Adult Living'; 'Paradiso'; 'Pleasant Care Group Home'; 'Providence Home Care'; 'Quinns Desert Home #1'; 'R&L Adult Care Home 2'; 'R&L Adult Care Home Inc'; 'Rainbow Connections Group Care Home'; 'Reed's Manor'; 'Reno Valley Assisted Living & Retirement'; 'Ross Senior Residence'; 'Sachele Senior Guest Home'; 'Senior Residental Care'; 'Sierra Heights Group Home, LLC'; 'Silver Sky Assisted Living'; 'Silver Sky at Deer Springs Assisted Living'; 'Spanish Springs Home for Elderly Care'; 'St. Jude Home Care'; 'St. Paul Home Care II'; 'St. Paul Home Care III'; 'Summerdale Homes at Ribeiro LLC'; 'Summerlin Retirement Home'; 'The Homestead'; 'The Royal Place Inc.'; 'The Victorian Center LLC'; 'Van Ness Home Care'; 'Vista Adult Care'
Subject: State Transition Plan, 10-1-16 revision
Attachments: Public_Comment_Invitation_State_Transition_Plan_10-1-16.pdf

Good morning,

The DHCFP has revised the Nevada State Transition Plan and has posted this to our DHCFP website for public comment. I encourage all to review the changes noted on the first 2 pages of the document and review the Plan. Please provide any comments regarding the State Transition Plan by October 31, 2016. The methods of public comment delivery are explained in the attachment titled Public Comment Invitation State Transition Plan 10-1-16.

Thank you,

Crystal Wren

SSPS III - HCBS Waiver Unit | Long Term Services and Supports | DHCFP |
1100 E. William St. Ste. 215 | Carson City, NV | 89701
Ph: (775) 684-3758 | Fx: (775) 684-8724 | crystal.wren@dhcfp.nv.gov

E. Public Comment Invitations from the DHCFP

E6. 5 E-mails to the list-served which was developed during the beginning phases of the State Transition Plan

Crystal Wren

From: Crystal Wren
Sent: Tuesday, October 04, 2016 10:05 AM
To: 'Disability Resources - David Shearer'; 'Disability Resources - Vivian Ruiz'; 'Eloisa Ortega - AHONN'; 'Jhoanna Manalo - AHONN'; 'Jose Castillo - AHONN'; 'Judith Koller'; 'Leo Molino - AHONN'; 'Mar Von Senior Care LLC'; 'Rainbow Meadows LLC - Tammy Randolph'; 'St. Anne's Group Home'; 'The Continuum - Diane Ross'; 'Touch of Class'; 'Verdel Planas - AHONN'
Subject: State Transition Plan, 10-1-16 revision
Attachments: Public_Comment_Invitation_State_Transition_Plan_10-1-16.pdf

Good morning,

The DHCFP has revised the Nevada State Transition Plan and has posted this to our DHCFP website for public comment. I encourage all to review the changes noted on the first 2 pages of the document and review the Plan. Please provide any comments regarding the State Transition Plan by October 31, 2016. The methods of public comment delivery are explained in the attachment titled Public Comment Invitation State Transition Plan 10-1-16.

Thank you,

Crystal Wren

SSPS III - HCBS Waiver Unit | Long Term Services and Supports | DHCFP |
1100 E. William St. Ste. 215 | Carson City, NV | 89701
Ph: (775) 684-3758 | Fx: (775) 684-8724 | crystal.wren@dhcfp.nv.gov

E. Public Comment Invitations from the DHCFP

E7. E-mail response to an individual requesting an electronic copy of the State Transition Plan

Crystal Wren

From: Crystal Wren
Sent: Tuesday, October 04, 2016 2:21 PM
To: 'Lisa Camps around'
Subject: RE: State Transition Plan, 10-1-16 revision

http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Home/WhatsNew/NV_State_Transition_Plan_10-1-16.pdf

Your welcome

Crystal Wren

SSPS III - HCBS Waiver Unit | Long Term Services and Supports | DHCFP |
1100 E. William St. Ste. 215 | Carson City, NV | 89701
Ph: (775) 684-3758 | Fx: (775) 684-8724 | crystal.wren@dhcfp.nv.gov

From: Lisa Camps around [mailto:naduahs@yahoo.com]
Sent: Tuesday, October 04, 2016 2:13 PM
To: Crystal Wren
Subject: Re: State Transition Plan, 10-1-16 revision

Hi Crystal,
Do you have a link that would take me to the actual transition plan?
Thank you,
Lisa Campanaro

Sent from my iPhone

On Oct 4, 2016, at 10:04 AM, Crystal Wren <crystal.wren@dhcfp.nv.gov> wrote:

> Good morning,
>
> The DHCFP has revised the Nevada State Transition Plan and has posted this to our DHCFP website for public comment. I encourage all to review the changes noted on the first 2 pages of the document and review the Plan. Please provide any comments regarding the State Transition Plan by October 31, 2016. The methods of public comment delivery are explained in the attachment titled Public Comment Invitation State Transition Plan 10-1-16.
>
> Thank you,
>
> *Crystal Wren*
>
> SSPS III - HCBS Waiver Unit | Long Term Services and Supports | DHCFP |
> 1100 E. William St. Ste. 215 | Carson City, NV | 89701
> Ph: (775) 684-3758 | Fx: (775) 684-8724 | crystal.wren@dhcfp.nv.gov
>
> <Public_Comment_Invitation_State_Transition_Plan_10-1-16.pdf>

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
http://dhcfp.nv.gov

April 13, 2017

As part of the process required by the Centers for Medicare and Medicaid Services (CMS) Final Rule for Home and Community Based Services (HCBS) for 42 CFR, the Division of Health Care Financing and Policy (DHCFP) requests public comment regarding the setting assessment findings as attached on the following two spreadsheets.

To be assured consideration, comments must be received by one of the methods provided below no later than 5:00 pm on May 19, 2016. You may submit comments in one of three ways (please choose only one of the ways listed):

• Electronically: You may email comments to hcbs@dhcfp.nv.gov. Write: *April 2017 State Transition Plan* in the subject line.

• Mail: You may mail written comments to the following address:
Division of Health Care Financing and Policy
1100 E William Street, Suite 222
ATTN: LTSS – *April 2017 State Transition Plan*
Carson City, NV 89701

• Fax: You may fax comments to the following number:
(775) 687-8724
ATTN: LTSS– *April 2017 State Transition Plan*

All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We will post all the comments received by the close of the comment period, as soon as possible after they have been received, on the following web site:
http://dhcfp.nv.gov/Home/WhatsNew/HCBS/.

There will be a link on the page for Public Comments received.

BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

MICHAEL J. WILLDEN
Director

LAURIE SQUARTSOFF
Administrator

NOTICE OF PUBLIC WORKSHOP

Home and Community Based Services (HCBS) Rule Changes

Date of Publication:	**May 21, 2014**
Date and Time of Meeting:	**June 6, 2014 at 10:00AM**
Name of Organization:	**The State of Nevada, Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP)**
Place of Meeting:	**Health Division 4150 Technology Way room 303 Carson City, Nevada 89701**
Place of Video-Conference:	**The State of Nevada Medicaid District Office 1210 S. Valley View Blvd. Suite 104 Las Vegas, Nevada 89102**

Agenda

1. **Presentation and Public Comment regarding new regulations for the HCBS Waivers published by the Centers for Medicare and Medicaid Services (CMS).**
   a. **The purpose of this workshop is to introduce and explain the changes in the final rule and how they will affect Nevada's HCBS waiver providers.**
   b. **Public Comment Regarding Subject Matter**
2. **Other Public Comment**
3. **Adjournment**

Items may be taken out of order. Two or more agenda items may be combined for consideration. Items may be removed from the agenda or discussion of items may be delayed at any time.

Notice of this public workshop meeting and draft copies of the changes will be available on or after the date of this notice at the DHCFP Web site (dhcfp.nv.us); Carson City Central office and Las Vegas DHCFP. The agenda posting of this meeting can be viewed at the follow locations: Nevada State Library; Carson City Library; Churchill County Library; Las Vegas Library; Douglas County Library; Elko County Library; Lincoln County Library; Lyon County Library; Mineral County Library; Tonopah Public Library; Pershing County Library; Goldfield Public Library; Eureka Branch Library; Humboldt County Library; Lander County Library; Storey County Library; Washoe County Library; and White Pine County Library and may be reviewed during normal business hours.

If requested, a copy of the proposal will be mailed to you. Requests and/or written comments on the proposed changes may be sent by email to Rita Mackie at rmackie@dhcfp.nv.gov or mailed to the Division of Health Care Financing and Policy, 1100 E. William Street, Suite 101, Carson City, NV 89701.

All persons that have requested in writing to receive the Public Workshop Agenda have been duly notified by mail or e-mail.

Note: We are pleased to make reasonable accommodations for members of the public who are physically challenged and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Division of Health Care Financing and Policy, in writing, at 1100 East William Street, Suite 101, Carson City, or call Rita Mackie at (775) 684-3681, as soon as possible, or e-mail at rmackie@dhcfp.nv.gov

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COMMENTS FROM PUBLIC WORKSHOP
6/6/14

HEATHER KORBULIC – STATE OMBUDSMAN:

- For those facilities not considered Home and Community Based Settings (HCBS), could we ask the Centers for Medicare and Medicaid Services (CMS) to grandfather them in?
- Lease Agreement Subcommittee to create a uniform agreement
- Consumer Bill of Rights
- Person-centered care planning

PHILLIP – RAINBOW CONNECT:

- Concerned about:
  - Alzheimer's recipients and Fire Regulations
  - Alzheimer's recipients and choice of roommates, menus, when and where to eat

BARRY GOLD – AARP:

- How is PACE program affected?
- Concerned lack of choices in rural regions would be interpreted as silos of service
- Recommends working with Commission on Aging and Disability and Alzheimer's Task Force

LEONE BROOKS – HIGH SIERRA:

- Suggested consideration of external vendor for project management

ROBERT ST. JAMES:

- Private Room
- Waiting for Waiver

GRADY TARBUTTON – WASHOE COUNTY:

- Appreciate flexibility in interpretation regarding institutions on campuses, etc.
- Concerned about electron Level of Care (LOC) and concerned that recipients and families do not understand the choices available to them between HCBS and Institutional Care

JEFF KLINE – COMMISSION ON AGING:

- Concerned about the "Unintended Consequences of our Best Efforts"
- Do not create more silos of care
- Already hard to access care
- Co-location of services

CONNIE MCMULLEN – COMMISSION ON AGING:

- Concerned that individuals who truly need Nursing Facility placement will be placed in community settings

FAITH CHERE – GROUP HOME PROVIDER:

- Concerns:
  - Scheduled Times for Visits
  - Category 1 and Category 2 differences
  - Staffing Issues

MICHELLE – RENO VALLEY RETIREMENT COMMUNITY:

- Staffing
- What happens to someone who has such low income we cannot take them?

ED GUTHRIE- OPPORTUNITY VILLAGE:

- Will CMS identify "wiggle room" areas for interpretation or is everything steadfast?
- Has CMS given feedback on waiver applications?

BETSY AIELLO:

- Florida got 1115 waiver for HCBS with new regulations

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ROMAINE GILLILAND
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Administrator

NOTICE OF PUBLIC WORKSHOP

Home and Community Based Services (HCBS) Rule Changes

Date of Publication:	**August 4, 2014**
Date and Time of Meeting:	**August 19, 2014 at 9:00AM**
Name of Organization:	**The State of Nevada, Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP)**
Place of Meeting:	**State of Nevada Legislative Building 401 So. Carson Street Room 2134 Carson City, Nevada 89701**
Place of Video-Conference:	**Grant Sawyer Office Building 555 E. Washington Avenue Suite 4412 Las Vegas, Nevada 89101**

Agenda

1. **Presentation and Public Comment on the Steering Committee's comments regarding the new regulations for the HCBS Waivers published by the Centers for Medicare and Medicaid Services (CMS).**
   a. **The purpose of this workshop is to explain the changes in the final rule and how they will affect Nevada's HCBS waiver providers.**
   b. **Public Comment Regarding subject matter**
2. **Presentation and Public Comment Regarding the Draft Transition Plan**
   a. **The purpose of this workshop is to review and explain the draft transition Plan.**
   b. **Public Comment**
3. **Public Comment Regarding any Other DHCFP Issue**
4. **Adjournment**

Items may be taken out of order. Two or more agenda items may be combined for consideration. Items may be removed from the agenda or discussion of items may be delayed at any time.

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Mineral County Library; Tonopah Public Library; Pershing County Library; Goldfield Public Library; Eureka Branch Library; Humboldt County Library; Lander County Library; Storey County Library; Washoe County Library; and White Pine County Library and may be reviewed during normal business hours.

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JENNIFER FRISCHMANN: If someone has no capacity to make good choices, the question then becomes, "how are they integrated into a community?" The Team that develops the Person Centered Plan becomes the responsible party.

BETSY AIELLO: A point to remember is that everyone does not have to participate in every activity at every time. The Care Plan must have more breadth; it should not be merely bathing and dressing, but must include other aspects of living a life.

ROSIE MELARKEY: Service Coordinators and Providers need training not only in the philosophy of Person Centered Planning, but also how to incorporate this philosophy into processes and routines.

ERIC DEWITT-SMITH (Sierra Regional Center):
We have developed a training program for Person Centered Planning. Starting with the basics, what does the physical plant look like? In the Individuals with Intellectual Disabilities (IID) community we have been moving recipients from Intermediate Care Facilities (ICF), which are institutional settings, into group homes for example. Just because a setting is smaller does not mean it does not have institutional characteristics. We want to make sure we are not just breaking up large institutions into smaller institutions. We work with the recipient's Care Team (family members, providers, advocates, spiritual advisors, etc.) to determine how services will be delivered using the 3 'P's: Priorities, Perspectives, Preferences. Some individuals will have restrictions that are necessary for their health, safety and welfare. But, within those restrictions, the attitude of service delivery should be focused on how best to support the wishes of the recipient.

JOE TINIO: Given that understanding, we can comply with those regulations.

BETSY AIELLO: Flexibility is required of State staff also.

BARRY GOLD (AARP):
Given that the CMS Regulations are the Regulations, it is my understanding that the State has the ability to interpret the New Rule for Disability Dominant settings and programs.

JENNIFER FRISCHMANN: Yes, but we need to know where the potential deficiencies are. That is why we sent out the Self-Assessment tool to providers in May.

SARINA ROSS (Humboldt Human Development Services):
I attended the Person Centered Planning Eric referred to. It was very helpful. I still did not understand the Self-Assessment form and I received calls from other Providers asking how to complete it. I would appreciate an opportunity to complete a revised assessment with more explanation of the contents and the purpose.

KATE MCCLOSKEY (Sierra Regional Center [SRC]/ADSD):
Person Centered Planning changes how we think about providing services.

BETSY AIELLO: There are a lot of facilities this will not affect, but there are some that are large and look institutional.

ROSIE MELARKEY: This is a 5 Year Transition Plan. If we start working now, we can determine if a setting does not meet the New Rule and why. How can it be changed? Whether by regulation changes or the business plan of the facility.

TAMMY RITTER (ADSD):
We are working toward meeting the regulations.

CHARLOTTE MCCLANAHAN (Dungarvin):
Bringing in family members and/or guardians can be problematic because they have pre-conceived ideas of what an individual is able to choose and expectations about what the facility will be able to do. For example, I recently encountered an individual whose guardian stated not to take the recipient on van rides even though he pointed to the picture of the van and then towards the door on numerous occasions. Education for the family regarding Person Centered Planning and individual choice is just as important as education for the recipients, providers and State staff.

WENDY SIMMONS (Nevada Health Care Association [NVHCA]):
Regarding residential care facilities, the language used may not be consistent across types of recipients and/or settings. Is the State looking for demonstration projects?

JENNIFER FRISCHMANN: The State is not formally applying to CMS to do a demonstration project. But an 'informal' project to find out what can be done with large facilities would help determine what waiver amendments could be written to help these facilities come into compliance with the New Rule.

WENDY SIMMONS: To re-state what you said, licensed residential facilities can set up their own demonstration projects.

JENNIFER FRISCHMANN: Yes. Contact us for help.

BETSY AIELLO: We can include a section in the Transition Plan that states Residential Providers will be working with the State as technical support to create plans for meeting the New Rule.

WENDY SIMMONS: Regarding Alzheimer's patients, we want to work on creating processes and programs that prevent people from being placed out of state, and even to facilitate bringing them back to Nevada.

BETSY AIELLO: Different things either calm or agitate a person. You cannot say that 'x' is the remedy for an Alzheimer's patient; 'x' may be the remedy for a given individual Alzheimer's patient, but the same treatment would agitate another patient.

WENDY SIMMONS: Regulations have become so over-protective and rigid that it has affected the Provider mindset.

ED GUTHRIE: What is the Preliminary Transition Plan date?

JENNIFER FRISCHMANN: I would like to have the Preliminary Transition Plan posted online by September 30. There is a 30-day public comment period required.

LESTER GIBBS (CFO, Nevada Senior Services):
How is the State going to help group homes and individuals finance this?

BETSY AIELLO: The State has to implement the Person Centered Care Planning; Providers are expected to be involved. The Care Plan will be created by State staff. The Provider is not required to provide the alternative services, but must allow them to be made available. Rates for services are set by the Legislature, so, any changes in reimbursement would have to go through the legislative process.

LESTER GIBBS: But, if one resident does not want to eat at the set dinner time, the Provider has to pay the cook to stay around and be available.

BETSY AIELLO: No, CMS does not require that specifically. If a resident wants a full, cooked meal, then s/he eats when it is served. If an alternate eating schedule is part of the Care Plan, the Provider must make a shelf in the refrigerator available, for example. The Provider does not have to purchase the extra food or prepare it. The resident's support team – family and friends – must be allowed to assist if that is necessary.

HEATHER KORBULIC (State Long Term Care Ombudsman):
First, I notice that there do not seem to be representatives from the Bureau of Health Care Quality and Compliance (HCQC) in attendance.

JENNIFER FRISCHMANN: We cannot mandate attendance, but there are HCQC representatives on the Steering Committee.

HEATHER KORBULIC: Training for all segments of the Industry is really important: State staff, Providers, Recipients, etc.

DENYSE LIZAK (HHDS):
As a rural provider, community means different things in different locations. It is also more expensive to provide services in rural areas.

SARINA ROSS: Can there be more access to these meetings for rural providers? I am here today because I had other commitments in the Reno/Sparks area, but I would normally not be able to afford to come to Carson City. Is it possible to videoconference to a site in Winnemucca or Elko?

MELANY DENNY (Organizational Development and Services Officer, High Sierra Industries):
To participate in the Person Centered Planning, we sent staff to 104 quarterly meetings. That is staff time that is not paid for. Looking at reimbursement for that time is important.

BETSY AIELLO: One aspect of the New Rule we have not discussed today is the requirement for Recipients to have Lease Agreements that afford them the same rights and responsibilities any other individual would have in the State of Nevada.
The items of particular concern that I heard in this meeting are:
Training with family and guardians about Recipient's Rights
Training for Providers and State staff
Regulations and Licensing
Rates

ROSIE MELARKEY: The revision and clarification of the Self-Assessment document.

BRIAN SANDOVAL
Governor

STATE OF NEVADA
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1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

ROMAINE GILLILAND
Director

LAURIE SQUARTSOFF
Administrator

NOTICE OF PUBLIC WORKSHOP

Home and Community Based Services (HCBS) Rule Changes

Date of Publication:	**October 24, 2014**
Date and Time of Meeting:	**November 10, 2014 at 9:00AM**
Name of Organization:	**The State of Nevada, Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP)**
Place of Meeting:	**Health Division 4150 Technology Way Room 303 Carson City, Nevada 89706**
Place of Video-Conference: (DHCFP)	**The Division of Health Care Financing and Policy 1210 S Valley View Blvd Suite 104 Las Vegas, Nevada 89102**
(DHCFP)	**The Division of Health Care Financing and Policy 1010 Ruby Vista Drive Suite 103 Elko, Nevada 89801**

Agenda

1. **Presentation and Public Comment Regarding Home and Community Based Services Draft Transition Plan**
   a. **The purpose of this workshop is to gather Public Comment regarding the Transition Plan the State of Nevada must submit to the Center for Medicare and Medicaid (CMS) by March 15, 2015.**
   b. **Public Comment Regarding Subject Matter**
2. **Public Comment Regarding any Other Issue**
3. **Adjournment**

10/14

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HCBS Final Rule – Public Workshop

Minutes

Draft Transition Plan
November 10, 2014
9:00 – 11:00 am

Health Division, 4150 Technology Way, Room 303
Carson City, NV

Video-Conference Locations:
DHCFP Las Vegas District Office
1210 S Valley View Blvd., Room 104
Las Vegas, NV

DHCFP Elko District Office
1010 Ruby Vista Dr., Room 103
Elko, NV

Teleconference Access via 877-873-8018, Password 3362244

LESLIE BITTLESTON, [Division of Health Care Financing and Policy (DHCFP)]: Welcome to the Public Workshop on Home and Community Based Services (HCBS) Rule Changes. This is the third Public Workshop the State has held for this purpose.

The Centers for Medicare and Medicaid Services (CMS) has published this new rule establishing requirements for home and community based settings in Medicaid HCBS programs operated under the 1915(c) and 1915(i) which allows for reimbursement for services under the Medicaid program.

In essence, the rule creates a more outcome oriented home and community integrations, rather than a setting based solely on location and physical characteristics. The goal of this rule is to provide individuals who receive services under HCBS programs have access to community living and receive services in the most integrated setting which provides alternatives to institutions.

The final rule includes a provision requiring states offering HBCS services to develop a transition plan to ensure HCBS settings will meet the new requirements. For currently approved 1915(c) waivers and 1915(i) state plans, states must evaluate the settings currently available and determine if there are settings that do not meet the new rule and work with Providers and CMS to develop a plan to bring them into compliance.

Nevada has until March 17, 2015 to submit the transition plan to CMS for approval. CMS expects the transition to full compliance to be as brief as possible and that substantial progress is demonstrated during the transition period. However, States have a maximum of five years from the date the rule was published to achieve compliance. This final deadline is *Month 2019*.

The draft Transition Plan was posted to the DHCFP website on October 15th for a 30 day public comment period. This draft Plan is the result of work done by State Staff and various stakeholders. The work included:

- The communication of the new rule to stakeholders at various public meetings such as the Tribal Consultation Meeting, the Medicaid Advisory Council Meeting and the Nevada Commission on Aging.
- The creation of a Steering Committee to oversee the steps needed to develop the Transition Plan.
- The creation of a Regulatory Sub-Committee which reviewed various Nevada Revised Statutes (NRS) and Nevada Administrative Codes (NAC) for any conflicts between current regulations and the new rule.
- The development and distribution of two Provider self-assessment surveys.

Are there any comments or questions about the Draft Transition Plan as presented?

ROSEMARY MELARKEY, [Aging and Disability Services Division (ADSD)]: The Aging and Disability Services Division has submitted updated NAC language for Supported Living Arrangements (SLA). It has been approved and is in the final editorial process. We do not anticipate there will be any conflicts between the new NAC and CMS' New Rule. The Jobs and Day Training (JDT) regulations were changed in the NRS four years ago; the NAC for these organizations are currently being revised. The information on page 10 of the Draft Transition Plan regarding JDT is not the revised language. CMS has not created a tool for evaluating non-Residential settings such as JDT and Adult Day Health Care (ADHC), but has stated these settings must also be in compliance. Page 11 of the Draft Transition Plan states that there is potential conflict between State regulations and the concept of "aging in place," yet indicates that changes in Medicaid Service Manual (MSM) language will be used

to correct these conflicts. Some NAC changes will also be required and this statement should be added to that section.

GRADY TARBUTTON, [Washoe County Senior Services]: Regarding those individuals with cognitive issues who are not incompetent but who remain at risk for safety or exploitation, these factors should be taken into account.

BETSY AIELLO, [DHCFP]: There has been a work group on Person Centered Planning (PCP) and training has been developed by the Regional Centers and has begun to be implemented. Training for PCP should be a part of the Implementation section of the Transition Plan.

LESLIE BITTLESTON: Training for PCP has been taken out of the Transition Plan because CMS expects States to be doing this already. Training has been scheduled for State staff, and will continue to be done using a "Train the Trainers" model so that as many people can be trained as quickly as possible, but this will not be a part of the formal Transition Plan submitted to CMS.

DANIEL MATHIS, [Nevada Health Care Association (NVHCA)]: I support the overall matrix of medical regulations on pages 11 and 12, but would stress that some changes to NRS may need to be made.

ED GUTHRIE, [Opportunity Village (OV)]: Page 3 identifies ADHC as a potential problem area if individuals receiving HCBS are isolated from the larger community even though the setting itself may not be isolated.

ROSIE MELARKEY: Many work centers meet the New Rule. We can re-word this section and we will review the Providers on an individual basis if there is any apprehension that the setting will not be in compliance. I have concerns about both ADHC and JDT and the risks to individuals who utilize these services.

ED GUTHRIE: We are considering creating a space that will combine ADHC services on one side with JDT on the other side and in between shared space for dance studios and other activities. Do you think this would meet the criteria? Or does this violate the requirement on page 7 that "a facility must not be operated in combination with any other medical facility or facility for the dependent unless it is licensed separately?"

BETSY AIELLO: We would like to have the specific scenario in writing so we can ask CMS. It has been my experience that CMS will not answer hypothetical questions, but will often make decisions about specific proposals. My first thought is that it is not a viable proposal unless the shared space was also available to the general populace. But, it also might be perfectly acceptable.

JEFFREY KLEIN, [Nevada Senior Services (NSS)]: I would like to echo Ed Guthrie regarding ADHC. I would also like to emphasize that timeliness is important. Between 2008 and now, 50 licenses were granted for ADHC sites; there are only 18 currently operating. ADHC licenses are pending. Before granting licenses, you should ensure they will meet the New Rule requirements. There is a disconnect between the New Rule and the Affordable Care Act (ACA) which encourages co-location.

BETSY AIELLO: Please write up scenarios as quickly as possible so we may present them to CMS. Also, licensure is not the same as Medicaid enrollment. Some Providers obtain licenses and have no desire to enroll in Medicaid.

ROSIE MELARKEY: We are working with several national organizations, both Providers and Advocates, to address many of these issues with CMS.

LESLIE BITTLESTON: The next section is titled the Transition Plan for Compliance. It includes 4 Phases: Phase I (March 2014 – October 2014) includes stakeholder communication, a comprehensive assessment of all residential and non-residential settings that fall under 1915(c) and 1915(i) services. This phase includes a review

and analysis of existing State regulations and policies, as well as industry practices, to determine areas that are in direct conflict with the new rules.

ROSIE MELARKEY: We should move the non-residential setting assessments to Phase II.

BETSY AIELLO: We should also include a review of every facility in Phase II. We need to create a single tool that can be used to evaluate the various types of settings.

MARK OLSON

Thank you for the opportunity to provide public comment on the HCBS Transition Plan for the State of Nevada.

I am here today in several capacities:

- Most importantly I am the only parent and legal guardian of my 19yo daughter Lindsay who has autism and likely will not be able to live completely. *(sic)* She is currently a client of the Desert Regional Center.
- I am President & CEO of LTO Ventures, a 501(c)(3) Nevada nonprofit corporation that develops live/work/play residential communities for adults with autism.
- I also am an advocate at state and federal levels on matters related to housing options for adults with autism, and co-founder of the Coalition for Community Choice, a national grassroots collaboration of persons with disabilities, families, providers, professionals, educators and legislators.

I want to first state that I believe that adults with disabilities have the human and civil right to live, work, play, socialize, recreate, learn, love, and worship in the setting and manner of their own choosing, and with the support of their parents, families, friends and caregivers.

I have been actively involved with the last 3 rounds of 1915 rule-making by CMS and authored a white paper on what the *Olmstead* decision meant for housing choice for persons with disabilities.

Five times over six years up to March 2014, CMS has engaged in rule-making efforts that have provided useful clarifications of certain issues encountered by the individuals served by the 1915 regulations, but each time also have included attempts by CMS to overreach the letter and spirit of the ADA and *Olmstead* and insert language that unnecessarily segregates specific types of residential settings from Medicaid eligibility. Five times through the public review process these attempts have been rejected by the very individuals served by these regulations and their families and caregivers.

The Final Rule, also known as CMS-2249-F and CMS-2296-F, issued on March 17, 2014, was as significant for what it did not include as for what it *(sic)* changes it did include. What the Final Rule did not include was specific settings types that would not be allowed. What it did include was an emphasis on outcomes and experiences. It also specifically identified the Person-Centered Plan as the single most important document guiding individual choice. For individuals served by these regulations and their families and caregivers this was a reasonable opportunity to educate and inform CMS and state agencies about how the waiver program should be implemented going forward.

That relief lasted 3 days. On March 20, 2014, Centers for Medicare & Medicaid Services (CMS) issued an Informational Bulletin (Bulletin) entitled "Home and Community-Based Service (HCBS) 1915(c) Waiver and 1915(i) State Plan Amendment (SPA) Settings' Requirements Compliance Toolkit". In this Bulletin,there is a two-page section entitled "Guidance on Settings That Have the Effect of Isolating Individuals Receiving HCBS from the Broader Community."

In the Bulletin, CMS clearly seeks to continue litigating specific language rejected through the public review process.

I have four points I want to make about the Transition Plan draft proposed today.

Non-compliance with US Administrative Procedures Act

The Coalition for Community Choice believes CMS has exceeded the scope of its authority with the Guidance,

and key elements of the Guideline exceed the scope of the Final Rule, and therefore are non- compliant with the US Administrative Procedures Act of 1946 and a violation of federal law and the Medicare Act.

To the extent that the State of Nevada develops and implements its HCBS Waiver Transition Plan and codifies waiver changes based on specific language in the Guidance that is not expressly contained in the Final Rule, the State may find any such policy and language subject to legal challenge. I propose here that the State adhere strictly to the language of the Final Rule and ignore the Informational Bulletin and Guidance to avoid any delays or complications with its waiver programs now or in the future.

State Must Seek Out and Include Input from its Most Important Stakeholders - Recipients

I am deeply concerned, as the only parent and legal guardian of an adult Nevada resident with disabilities who presently is a client of services through the regional center and may one day require supports and services paid for through this waiver, that the State seems to have forgotten who its most important customer is.

On. p. 1 of the Transition Plan document, DHCFP states that it held "two public workshops in which all members of the public were invited to learn about the new regulations and provide comments." On p. 13, it states "the turnout was excellent and comprised a mix of providers, recipients, regulators, advocates, and state staff." A review of the sign in sheets from both those meetings tells a different story. It shows 106 total attendees with considerable duplication of attendees between the two workshops. All the attendees, with one or two possible exceptions (it is not clear from the sign in sheets) are state agency and provider representatives.

The fact that this is the third workshop on this issue and DHCFP still has virtually no recipient input from waiver funding recipients and/or their parents and family members is unacceptable. Moreover, it fails to fulfill CMS' directive that "States will describe their process for receiving public input and ensure that it is sufficient to provide meaningful opportunities for input from individuals served or who are eligible to be served, based on the scope of the proposed changes."

While DHCFP may feel it has fulfilled its statutory obligation to provide notice to the public under Nevada Open Meeting law, I find it entirely unacceptable to hide behind that pathetic public notice practice for input on programs concerning the funding safety net for thousands of Nevadans with disabilities. A three- business-day advance notice posted in 19 libraries and two government buildings that would require persons to travel to those locations every day to check bulletin boards is an unacceptable burden.

Further, the DHCFP website where the agenda and plan draft was posted requires a greater than average knowledge of website navigation to find them, and again places the burden on recipients and their families to check this website daily for notices that provide only 3 business day advance notification.

Even in the Transition Plan draft 2 we are commenting on today, the State and DHCFP fail to provide for sufficient recipient and prospective recipient input. On p. 17, the Action Item "Recipient Education and Notification" is completely inadequate. The Plan states "recipients are crucial in providing information on the services they receive, so a random sample of recipients will be selected..."

The Plan should provide a process for nothing less than outreach to 100% of current and eligible recipients of waiver-funded services and DHCFP and the State should set a goal of 100% feedback as it did with the provider Self Assessment Surveys.

Therefore, I propose that DHCFP and the State do the following:

1. DHCFP take no action on the Transition Plan until it can demonstrate that it has reached 100% of Nevadans presently served by the waivers, and 100% of Nevadans currently eligible to be served by the waivers, with information in plain language that:
    a. Informs them through which waiver they receive funding or are eligible to receive funding
    b. Describes what changes are being evaluated because of the Final Rule
    c. Explains what the Final Rule is
    d. Explains what the changes could mean to them
    e. Invites them to provide public input including what actions they should take if they want to provide public input and exactly how they can do it

f. Informs them how to be put on a list to get all future notices in a way that does not require them to go to a library or government building

2. Deliver the notices via US Mail and through their case managers
3. Deliver the notices to all current Regional Center clients 18+ because they may become eligible for waiver-funded services in the next five years and these proposed changes

Must Emphasize the Central Role of Person-Centered Planning

CMS states in the Q&A about the Final Rule: "The expectations set forth in this final rule emphasize that individuals are most knowledgeable about their services needs and the optimal manner in which services are delivered."

Nothing in the Nevada Transition Plan or the changes Nevada proposes to its waivers should interfere with the person-centered plan of any recipient taking precedent over all other considerations, and must make it a matter of policy to honor those person-centered plans without unduly influencing recipients to a particular conclusion

Moreover, DHCFP must make it a priority to:

- Inform and educate current and future recipients and their parents and families about exactly what a person-centered plan is and how to create one
- Explain the basis in CMS regulations for person-centered plans and their authority in the waiver-funded services process
- Provide resources about how to create an optimal person-centered plan and a list of private vendors who can help these individuals prepare proper person-centered plans

Definition Must be as Broad as Possible and Reflect the Progressive and Independent Nature of Nevada

CMS states "We expect states electing to provide benefits under section 1915(k), 1915(i), and/or 1915(c) to include a definition of home and community-based setting..."

In the Olmstead decision, the court used the terms "home" seven times and "community" 80 times, but never defined those terms. The Supreme Court did not define those terms because it intended individuals served by those terms to decide for themselves what home and community mean to them.

Sally Burton-Hoyle, one the nation's most respected authorities on person-centered planning says "community is defined by the individual."

We know that the setting is not the issue. It is the design and management of those settings that is the key. Individual experiences and outcomes can be just as successful in large, well-designed settings as they can in individual homes and apartments, and conversely we know that outcomes and experiences can be just as undesirable in individual homes and apartments as in larger settings. In fact, this is supported by data from research documented in the National Core Indicators that indicates that individuals in congregate settings report feeling lonely less than those in other settings.

Therefore, I encourage the State of Nevada to adhere to the specific language of the Final Rule and avoid including any specific setting types in any definitions or Plan language and to adhere strictly to the language in the Final Rule.

ED GUTHRIE: On page 18, in the sections regarding NAC and MSM revisions, will there be provisions for Public Comment?

LESLIE BITTLESTON: Yes, all changes to MSM require Public Hearings.

BETSY AIELLO: There are Public Hearings scheduled every month throughout the year, and 30-day notice of agenda items are required.

MARK OLSON: My daughter has a case manager who makes monthly contacts. This could be a way to communicate with recipients.

COLLEEN LARKS [United Cerebral Palsy of Nevada (UCPNV)]: May I have a copy of Mark Olson's statement?

LESLIE BITTLESTON: We will post all Public Comments to the website.

BARRY GOLD [American Association of Retired Persons Nevada (AARPNV)]:
My name is Barry Gold and I am the Director of Government Relations for AARP Nevada. AARP Nevada is a nonprofit, nonpartisan organization, with a membership of more than 300,000 in the state, working to help Nevadans 50+ live life to the fullest and ensure that all Nevadans have independence and choice as they age.

AARP appreciates the opportunity to review and comment on Nevada's Draft HCBS Transition Plan and we recognize the efforts of the Division of Health Care Financing and Policy in putting this plan together in such a short timeframe. The new HCBS rules hold great promise for improving the Medicaid HCBS system in Nevada and giving consumers and their families more choice and control over the services that enable them to live in their homes and communities. Nevada's transition plan puts forward a solid outline of how Nevada plans to come into compliance with the new HCBS rule, but there are a number of areas where we believe the state can further strengthen the plan or add more detail so that the plan can function as intended and protect consumers of HCBS.

Overall, the plan seems to rely primarily on self-assessment from the providers in determining compliance. Information from providers is crucial, but consumer input should be a stronger influence here. Although there is mention of a recipient survey (p.17), it's not clear how the results will inform the determinations of compliance. Underscoring the need for additional consumer input is the provider self-assessment survey itself (Appendix A), in which providers are surveyed about certain things that are really only answerable by the clients. For example:

- Is the client free from coercion? (Question 14)
- If the client has concerns, is she comfortable discussing them? (Question 15)
- Do clients know how to relocate and request new housing? (Question 42)

These are important questions, but a provider's response is only one side of the story. The state should pull in all of the tools and sources of information it can to make these determinations. We note that Iowa's proposed transition plan, for example, plans to use provider-submitted data, consumer survey data from the Iowa Participant Experience Survey, and information gathered by state case managers and the Department of Inspections and Appeals. Although taking a more comprehensive approach in determining compliance is not an easy task, it better capitalizes on this opportunity to review and improve Nevada's HCBS system.

In addition, there are a number of areas in the plan that were unclear in our review, or that we believe would benefit from additional detail:

- We understand that half of the 1915(c) self-assessment surveys were not completed and returned, so the state is re-sending them with additional explanations and hoping for a better response rate. Will the state release the results and analysis once additional responses are received?
- The plan identifies certain problem areas based on survey responses and in-person assessments. For example, the plan notes that sheltered workshops or work centers and provider owned and/or controlled day settings as currently operated, are presumed to be settings that isolate individuals receiving HCBS from the broader community. Does the state plan on working with these providers to bring them into compliance, or instead contesting this issue with CMS and trying to overcome this presumption of non-compliance?

- Will on-site assessments (p.17) be conducted for all providers or just those that did not complete a self-assessment survey? We note the state's intent to visit 50% of all providers by June 2015, but when will the others get visited?
- The provider compliance monitoring (p. 19) seems to focus primarily on the initial task of getting providers into compliance but does not address ongoing enforcement. We believe the plan should better describe the state's capacity and plan to evaluate compliance on an ongoing basis, even for those providers initially determined compliant.
- The description of plans and protections for individuals who must be transitioned to settings that meet HCBS requirements (p.20) needs more detail. The state should more fully describe the proper notice and due process, the choices offered to the individual, the content of the person-centered planning process, and the protections to ensure that there is no break in services.

Thank you for this opportunity to comment on the state's Draft HCBS Transition Plan. We look forward to working with the state to ensure that these rules are implemented and monitored in a way that continues to shape our HCBS system for the better.

JEFFREY KLEIN: Better connections with consumers and the public can be achieved. Some examples are:

- Using the ADSD Resource Center listservs
- Nevada Lifespan Respite Centers
- Engagement through Bureau of Health Care Quality and Compliance (HCQC) Advisory Councils
- ADSD grantees who are Community Partners could host public meetings at their facilities to get recipient participation

BETSY AIELLO: Would a newsletter or flyer mailed to recipients be a good tool?

JEFFREY KLEIN: I think the best answer is "all of the above." Do everything you can think of to reach recipients and families. A newsletter could work if it is simple and direct.

SARINA GUSKY [Humboldt Human Development Services (HHDS)]: The Rurals have not been included. Families, guardians and recipients do not understand either PCP or the New Rules. Education about what PCP is and does is necessary for all participants.

BETSY AIELLO: We agree that we need to be working on PCP – and we are. But CMS has told us not to include it in the Transition Plan.

MARK OLSON: The second section on page 17 outlines Recipient Education and Notification. You must know where your recipients are to send them letters and surveys. Newsletters are not a good vehicle. My daughter's case manager is not very effective, but she does contact her on a regular basis. The Coalition for Community Choice has been working with Ralph Lawlor at CMS. We are being told that CMS is pushing the decision making regarding the New Rule to the States.

ED GUTHRIE: We have Public Meeting Facilities. We would be happy to coordinate and/or host a meeting. Of the population we serve, 50% are on HCBS Waivers; the rest are either private pay or general fund paid. All potential recipients should be notified, not just those currently receiving Medicaid funded services. The Clark County School District has approximately 400 children who may need HCBS graduating every year. They and their families should be notified of the potential impact.

BETSY AIELLO: It is not that services to recipients will be disallowed, but that certain Providers may not meet requirements and may not be able to receive Medicaid payments. Regarding CMS stating that it is not up to them to make the decisions, the Transition Plan and the decisions the State makes must be approved by CMS.

MARK OLSON: Some of the Transition Plan is general.

BETSY AIELLO: The Plan is a work in progress.

ED GUTHRIE: As I understand it, the purpose of the New Rule is that those receiving HCBS have the same access to services and the community as other individuals. If that is true, then by default, Medicaid recipients at day programs meet that definition since they only make up about 15% of that population.

BETSY AIELLO: I am not as concerned with ADHC. CMS has stated they will allow senior living environments. I am considered about sheltered workshop settings and adult disability communities.

JEFFERY KLEIN: What about PACE? If any program is at risk they are.

BETSY AIELLO: PACE is a managed care plan for the elderly CMS has approved. The funding for all of their services is under the Managed Care authority and not through HCBS.

LESLIE BITTLESTON: The document as posted on the internet and made available here at this meeting is a Draft. We are requesting your input and specific language to make it more understandable as well as to better meet the needs of Providers and Recipients in Nevada. Please email any further questions or comments to HCBS@dhcfp.nv.gov.

AARP Real Possibilities in Nevada

DHCFP Workshop – November 10, 2014

Home and Community Based Services Rule Changes

My name is Barry Gold and I am the Director of Government Relations for AARP Nevada. AARP Nevada is a nonprofit, nonpartisan organization, with a membership of more than 300,000 in the State, working to help Nevadans 50+ live life to the fullest and ensure that all Nevadans have independence and choice as they age.

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LTO
VENTURES

DHCFP Workshop – November 10, 2014

Thank you for the opportunity to provide public comment on the HCBS Transition Plan for the State of Nevada. My name is Mark Olson. I am here today in several capacities:

- Most importantly I am the only parent and legal guardian of my 19yo daughter Lindsay who has autism and likely will not be able to live completely. *(sic)* She is currently a client of the Desert Regional Center.
- I am President & CEO of LTO Ventures, a 501(c)(3) Nevada nonprofit corporation that develops live/work/play residential communities for adults with autism.
- I also am an advocate at State and federal levels on matters related to housing options for adults with autism, and co-founder of the Coalition for Community Choice, a national grassroots collaboration of persons with disabilities, families, providers, professionals, educators and legislators.

I want to first State that I believe that adults with disabilities have the human and civil right to live, work, play, socialize, recreate, learn, love, and worship in the setting and manner of their own choosing, and with the support of their parents, families, friends and caregivers.

I have been actively involved with the last 3 rounds of 1915 rule-making by CMS and authored a white paper on what the *Olmstead* decision meant for housing choice for persons with disabilities.

Five times over six years up to March 2014, CMS has engaged in rule-making efforts that have provided useful clarifications of certain issues encountered by the individuals served by the 1915 regulations, but each time also have included attempts by CMS to overreach the letter and spirit of the ADA and *Olmstead* and insert language that unnecessarily segregates specific types of residential settings from Medicaid eligibility. Five times through the public review process these attempts have been rejected by the very individuals served by these regulations and their families and caregivers.

The Final Rule, also known as CMS-2249-F and CMS-2296-F, issued on March 17, 2014, was as significant for what it did not include as for what it *(sic)* changes it did include. What the Final Rule did not include was specific settings types that would not be allowed. What it did include was an emphasis on outcomes and experiences. It also specifically identified the Person-Centered Plan as the single most important document guiding individual choice. For individuals served by these regulations and their families and caregivers this was a reasonable opportunity to educate and inform CMS and State agencies about how the waiver program should be implemented going forward.

That relief lasted 3 days. On March 20, 2014, Centers for Medicare & Medicaid Services (CMS) issued an Informational Bulletin (Bulletin) entitled "Home and Community-Based Service (HCBS) 1915(c) Waiver and 1915(i) State Plan Amendment (SPA) Settings' Requirements Compliance Toolkit". In this Bulletin, there is a two-page section entitled "Guidance on Settings That Have the Effect of Isolating Individuals Receiving HCBS from the Broader Community."

In the Bulletin, CMS clearly seeks to continue litigating specific language rejected through the public review process.

I have four points I want to make about the Transition Plan draft proposed today.

Non-compliance with US Administrative Procedures Act

The Coalition for Community Choice believes CMS has exceeded the scope of its authority with the Guidance, and key elements of the Guideline exceed the scope of the Final Rule, and therefore are non-compliant with the US Administrative Procedures Act of 1946 and a violation of federal law and the Medicare Act.

To the extent that the State of Nevada develops and implements its HCBS Waiver Transition Plan and codifies waiver changes based on specific language in the Guidance that is not expressly contained in the Final Rule, the

State may find any such policy and language subject to legal challenge. I propose here that the State adhere strictly to the language of the Final Rule and ignore the Informational Bulletin and Guidance to avoid any delays or complications with its waiver programs now or in the future.

State Must Seek Out and Include Input from its Most Important Stakeholders – Recipients

I am deeply concerned, as the only parent and legal guardian of an adult Nevada resident with disabilities who presently is a client of services through the regional center and may one day require supports and services paid for through this waiver, that the State seems to have forgotten who its most important customer is.

On p. 1 of the Transition Plan document, DHCFP States that it held "two public workshops in which all members of the public were invited to learn about the new regulations and provide comments." On p. 13, it States "the turnout was excellent and comprised a mix of providers, recipients, regulators, advocates, and State staff." A review of the sign in sheets from both those meetings tells a different story. It shows 106 total attendees with considerable duplication of attendees between the two workshops. All the attendees, with one or two possible exceptions (it is not clear from the sign in sheets) are State agency and provider representatives.

The fact that this is the third workshop on this issue and DHCFP still has virtually no recipient input from waiver funding recipients and/or their parents and family members is unacceptable. Moreover, it fails to fulfill CMS' directive that "States will describe their process for receiving public input and ensure that it is sufficient to provide meaningful opportunities for input from individuals served or who are eligible to be served, based on the scope of the proposed changes."

While DHCFP may feel it has fulfilled its statutory obligation to provide notice to the public under Nevada Open Meeting law, I find it entirely unacceptable to hide behind that pathetic public notice practice for input on programs concerning the funding safety net for thousands of Nevadans with disabilities. A three-business-day advance notice posted in 19 libraries and two government buildings that would require persons to travel to those locations every day to check bulletin boards is an unacceptable burden.

Further, the DHCFP website where the agenda and plan draft was posted requires a greater than average knowledge of website navigation to find them, and again places the burden on recipients and their families to check this website daily for notices that provide only 3 business day advance notification.

Even in the Transition Plan draft 2 we are commenting on today, the State and DHCFP fail to provide for sufficient recipient and prospective recipient input. On p. 17, the Action Item "Recipient Education and Notification" is completely inadequate. The Plan States "recipients are crucial in providing information on the services they receive, so a random sample of recipients will be selected…"

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Accessible Space, Inc. (ASI)
Casa Norte
February 11, 2015

Accessible Space, Inc. (ASI) is a nonprofit organization incorporated in 1978 with a mission to provide accessible, affordable, assisted, supportive and independent living opportunities for persons with physical disabilities and brain injuries as well as seniors. Our mission is accomplished through the development and cost-effective management of accessible, affordable housing, assisted/supportive/independent living and rehabilitative services. We believe our "housing with care" allows individuals with various disabilities to achieve their greatest levels of independence within the community while providing a cost effective alternative to institutionalization. ASI has developed 156 buildings (3,954 units) and currently owns and manages more than 2,500 units of accessible, affordable housing throughout the nation with a variety of supportive services offered in three (3) States.

ASI opened the Nevada Community Enrichment Center (NCEP) in 1992 to provide outpatient rehabilitative services to individuals with brain injuries. In 1999, we were asked by Nevada Medicaid and the Office of Community Based Services (now Aging and Disability Services) to create long-term housing options for Nevadans with brain injuries. AS a result, ASI opened two (2) accessible, affordable shared homes with supportive services located in Las Vegas, Nevada. In addition, ASI has developed 445 units in 17 accessible, affordable apartment buildings located in Las Vegas, Carson City, Reno and Henderson, Nevada for adults with physical disabilities and/or brain injuries as well as seniors. ASI currently provides 24/7/365 supportive services at three (3) apartment buildings and two (2) shared homes in Nevada.

One of the shared homes ASI developed as a result of the request of Nevada Medicaid and the Office of Community Based Services for long-term options for individuals with brain injuries is Case Norte, a 9-bedroom home now licensed as a Residential Facility for Groups located on the Northwest side of the Las Vegas Valley. There are currently seven (7) private rooms and one (1) shared room housing nine (9) residents with brain injuries - but we are seeking funding to create nine (9) private rooms by the end of 2015.

Casa Norte provides affordable and ADA accessible housing which includes ramp entrances, widened doorways, accessible bathrooms and showers, etc., with individual modifications (such as handrails) accommodated as needed. In addition, ASI provides 24/7/365 supportive services by staff trained on the special needs of individuals who have brain injuries or neurological disabilities which may include memory loss, cognitive impairments, safety risks, seizures, language and speech impairments, behavioral impairments, and physical or mobility impairments. With access to accessible, affordable housing and 24-hour supervision and supportive service by specially trained staff, residents are successfully supported in their choice to live in an integrated setting within the community as an alternative to institutionalization.

ASI encourages each resident at Casa Norte to reach their highest level of independence and respects their rights as a tenant as well as a recipient of supportive services. Residents and their representative(s) are informed of the terms of a residential agreement prior to moving in which includes the resident and landlord rights and responsibilities, information about rent, housing guidelines and issues that may cause termination of residency. Residents are informed of the process to communicate a grievance or complaint to have issues addressed. Residents are also advised of the process to request assistance with relocation to a different setting if they choose.

ASI encourages residents to exercise meaningful choice in their lives. While some choice may be limited due to regulatory requirements, or if the individual is not their own legal guardian, residents regularly exercise choice in their daily activities. Examples of personal choice include the ability to furnish and decorate their living spaces to their personal tastes, choose meals and meal times, have visitors and private phone calls, have access to personal funds, and the ability to maintain privacy. All bedrooms have doors for privacy (and will have locks in the near future) and staff request permission before entering the units. There is no video monitoring within the house.

As a licensed Residential Facility for Groups with provision of Personal Care Service, all direct care staff receive mandated training in accordance to regulations prior to working with the residents. Training also

includes use of effective and positive communication skills, respect for choice, resident rights and service delivery with dignity and respect. Staff are trained in techniques for positive behavior management and modification focusing on developing relationships and supporting the person and not the behavior. Staff performs a variety of supportive services including:

- Personal Care Assistance such as bathing, grooming, dressing, etc.
- Activities of Daily Living (ADL) including assistance and supervision for homemaker services such as cooking, cleaning and laundry
- Instrumental activities of daily living (IADL) services such as banking, budgeting and bill paying
- Case Management service to insure that individuals have adequate access to necessary services and to remain qualified for appropriate benefits including Medicaid, Medicare, Private Health Insurance, etc.
- Support for medical needs such as scheduling medical appointments and transportation, support during medical appointments, arranging and ensuring follow up after appointments, ordering medications, providing supervision with safe medication administration, etc.
- Social and recreational planning, transportation and supervision to ensure safety in the community
- 24-hour awake staff supervision to ensure safety of individuals who have challenges with memory loss, cognitive, physical and medical conditions or impairments.
- Behavioral support to assist individuals who have diagnosis-related behavioral challenges

A person-centered plan is developed with input from the resident and all individuals involved. The resident meets with their support team as needed or at least annually to review their needs, goals and accomplishments and update the support plan.

Staff works directly with the residents to plan group activities that the residents can do inside and outside of their home but residents may also plan their own individual activities with friends, family members, community members or staff. Examples of scheduled activities include movies, concerts, college basketball and football games, professional basketball and baseball games, WWE Wrestling events, NASCAR Events, dining at casual and formal restaurants, local casino activities, hiking at the national and State parks, fishing, camping, playing pool, bowling, etc. Residents are also supported in participating in faith activities of their choice, volunteering within the community, exercise and athletic activities, voting, and visiting with family and friends. Residents may request alternative activities which are supported when staffing patterns permit. Residents who desire to work in the community are supported by staff to do so.

Residents have access to their personal funds and determine how their funds are managed. Some individuals maintain their money on their person while others choose to have their funds safely locked up with access as desired. Some individuals have designated ASI to be their Representative Payee.
The licensure for Casa Norte requires that schedules and menus for meals and snacks are posted in advance. However, residents have the option to eat at the time of their choosing and may choose the prepared menu, an alternative menu or their own personal food items. Healthy menus are planned with consideration towards resident recommendations.

Public transportation is available to residents but the nearest bus stop is located more than one (1) mile away from the property and Para Transit services to not provide door-to-door access at this address. Because of the difficulty in using public transportation, Casa Norte provides and assists with access to transportation for all residents. The residents at Casa Norte, due to their vulnerability and needs related to their brain injury, are required to have some level of supervision at all times. While individuals are able to be in their rooms and on the property without "line of site" monitoring, they are not able to come and go at will unless accompanied by a responsible party capable of providing appropriate supervision and support.

Residents may have visitors and private phone calls. There is a phone line established specifically for the residents' use and there are no restrictions regarding resident communication. Individuals can take calls in the community space or privately in their rooms. Several of the residents have their own personal cellular devices for personal communication but it is not required.

ASI is committed to providing quality housing and service to the residents at Casa Norte. ASI fully supports community integration for all individuals with disabilities and encourages each individual to reach their highest level of independence possible. ASI is committed to accommodating any and all requirements established by the Centers for Medicare and Medicaid (CMS) final rule for Home and Community-Based Service (HCBS) settings.

POSITION STATEMENT FROM MEMBERS OF ASSOCIATION OF HOME CARE OWNERS OF NORTHERN NEVADA (AHONN) IN COLLABORATION WITH RESIDENTIAL CARE HOME ASSOCIATION NEVADA (RCHAN SOUTHERN NV.)

In reference to the Final Rule from Medicaid for: *The Home and Community - Based Setting Requirements for Provider Owned or Controlled Residential Settings.*

We recognize that the central philosophy behind the rules is the culture change from institutionalized setting to a Person Centered Care. Person-centered care offers a humanistic and holistic approach to caring for someone. It incorporates not only physical considerations but also the person's psychosocial and spiritual well-being. Person-centered care (PCC) is a philosophical approach to care that honors and respects the voice of clients and those working closest with them. It involves a continuing process of listening, trying new things, seeing how they work, and changing things in an effort to individualize care based on the person's physical, mental, psychological and cognitive abilities.
In person-centered care the individual has the right to: Make decisions; Have an individual plan of care; Be included on the care planning team with the provider; Have their hopes, dreams and goals be central to their plan.
As a group of home care providers, we strongly support Person Centered Care through a person centered planning process and following a person-centered service plan. However, we find irony and contradiction to some of the requirements and expectations/goals, because they are not specific to the frail elderly with chronic physical and mental/cognitive deficits whom we serve. Our residents require supervised settings otherwise; they would have returned to their homes or placed in Independent Living facilities. They require assistance and protective supervision 24/7 in a family care setting. The nature of their illness is usually chronic and progressive. Our goal is to maximize their independence and function in a supported home- like environment given their advanced age, physical and cognitive limitations. We honor their privacy, dignity, individuality and choice to the extent possible.

We feel that some of the requirements; for example, lockable doors with keys may pose fire hazard and evacuation within 4 minutes maybe in jeopardy as required by the State Fire Marshal . Can you imagine scrambling for 6 individual keys to open the doors in case of fire? Another requirement we find posing health and safety risks is access to food at anytime. While we provide 3 meals and snacks in between meals and as needed, most of our residents are high risk for falls when accessing the refrigerator, pantry and kitchen cabinets by themselves. Health concerns also for residents on a special diet as well as sanitation and infection control issues. Visitors at anytime will normally be not reasonable because we have to allow them time for personal care, rest and sleep. We can accommodate generous visiting hours and special visiting arrangements within reason.

In conclusion, we feel that the HCBS requirements and rules should be tailored to the population served in order to truly individualize the plans and reflect realistic expectations and goals according to assessment of needs, physical and cognitive abilities of the person. We feel that the "one size fits all" concept does not support Person-centered nor individualized planning in a group home care settings.

We realize that the financial concerns that the Residential Care facilities are facing today are a separate issue than the topic at hand. However, our ability to continue with our business will depend on our ability to pay for our caregivers 24/7, expenses and making a living. Please refer to 2 samples of actual financial analysis for a 5 and 10 bed facility. Theoretically, if we accommodate only Medicaid recipients **(Rates: Level 1= $20 / day; Level 2= $45 / day; Level 3= $60 / day)**, we will not be able to meet our operational costs at the current NV Medicaid rates of reimbursements which had not been changed since 2002. Our aim is to provide a highest quality care and services for this frail elderly people that worked hard who needs dignity, respect, and deserved a decent happy life on their remaining time. We wish that we as a homecare provider be involved in all decision making in taking care our elderly.
Thank you very much.

G. Other Public Comments Received

G2. Position Statement from Members of AHONN in Collaboration with Residential Care Home Associate Nevada (RCHAN Southern NV)

5 Beds Homecare Yearly /Monthly Income Expenses

Scenario 3 Under New Rule

INCOME	Yearly	Monthly
Bed 1	30,000.00	2,500.00
Bed 2	30,000.00	2,500.00
Bed 3	30,000.00	2,500.00
Bed 4	30,000.00	2,500.00
Bed 5	30,000.00	2,500.00
(Note: Average of $2,500 / resident granting the facility is full every month)		0.00
		0.00
Total INCOME	150,000.00	12,500.00

EXPENSES	Yearly	Monthly
Mortgage Payment	32,000.00	2,666.67
NV Energy	2,872.00	239.33
TMWA	467.00	38.92
Cable	2,387.00	198.92
Cellphone	3,247.00	270.58
Landline Telephone	755.00	62.92
Computer	1,500.00	125.00
Office Supplies	1,800.00	150.00
Repairs/Maintenance	4,000.00	333.33
Payroll Expenses	1,800.00	150.00
	0.00	0.00
	0.00	0.00
[Food & Supplies ($20/day x 5 Pts) x 30 days]	36,000.00	3,000.00
Laundry expenses	3,600.00	300.00
Book Keeper / Accountant	4,800.00	400.00
Tax Preparer	750.00	62.50
	0.00	0.00
Salary 2 Caregivers Shift 1 (7 daysxBhrsx$8.25)	44,352.00	3,696.00
Salary 2 Caregivers Shift 2 (7 daysxBhrsx$8.25)	44,352.00	3,696.00
Salary 2 Caregivers Shift 3 (7 daysxBhrsx$8.25)	44,352.00	3,696.00
	0.00	0.00
Total EXPENSES	229,034.00	19,086.17

Quarterly Expenses	Paid Quarterly	Monthly
Property Tax	1,800.00	450.00
Sewer	352.00	88.00
Waste Management	329.00	82.25
Employment Security Division	399.00	99.75
Fire Alarm Monitoring Exp	96.00	24.00
Total Quarterly Expenses	2,976.00	744.00

Yearly Expenses	Yearly	Monthly
City Business License Renewal	215.00	17.92
Workmens Comp Insurance	6,164.00	513.67
General Liability Insurance	8,559.00	713.25
State Business License Renewal	350.00	29.17
BHCQC Facility License Renewal	1,693.00	141.08
Surety Bond	100.00	8.33
Fire Extinguisher Maintenance	36.00	3.00
Fire Alarm /Wet Sprinkler Yearly Inspection	375.00	31.25
Total Yearly Expenses	17,492.00	1,457.67

TRANSPORTATION	Paid Annually	Monthly
Vehicle 1	2,880.00	240.00
Vehicle 2	2,880.00	240.00
Maintenance/Registration Renewal	1,440.00	120.00
		0.00
		0.00
Total TRANSPORTATION	7,200.00	600.00

BUDGET SUMMARY

	Yearly	Monthly
Total Income	150,000.00	12,500.00
Total Expenses	271,877.00	22,656.42
NET	(121,877.00)	(10,156.42)

MISC. EXPENSES	Yearly	Monthly
Charitable Contributio	1,500.00	$125.00
Uniform (2 caregivers)	150.00	$12.50
Postage and Delivery	395.00	$32.92
Printing Expenses	320.00	$26.67
Advertisement	450.00	$37.50
Subscriptions / Newsp	360.00	$30.00
		$0.00
		$0.00
		$0.00
		$0.00
		$0.00
		$0.00
		$0.00
		$0.00
		$0.00
		$0.00
Total MISC. EXPENSES	3,175.00	264.58

	Yearly	Monthly
?Salary of the Owner	6,000.00	500.00
?Salary of the Administra	6,000.00	500.00
Total	12,000.00	1,000.00

Computation for Salary of Caregivers under New Rule

7 days x 8 hours a day = 56 x $ 8.25 = $462 weekly

times 4 weeks = $ 1,848 x 2 caregivers at a time = $ 3,696 monthly

There are 3 shifts

G. Other Public Comments Received

G2. Position Statement from Members of AHONN in Collaboration with Residential Care Home Associate Nevada (RCHAN Southern NV)

10 beds Homecare Yearly /Monthly Income Expenses

Scenario 4 Under New Rule

Income		
Bed 1	24,000.00	2,000.00
Bed 2	24,000.00	2,000.00
Bed 3	24,000.00	2,000.00
Bed 4	24,000.00	2,000.00
Bed 5	24,000.00	2,000.00
Bed 6	24,000.00	2,000.00
Bed 7	24,000.00	2,000.00
Bed 8	24,000.00	2,000.00
Bed 9	24,000.00	2,000.00
Bed 10	24,000.00	2,000.00
(Note: Average of $2,000 / resident granting the facility is full every month)		
Total INCOME	240,000.00	20,000.00

EXPENSES	Yearly	Monthly
Mortgage Payment	32,000.00	2,666.67
NV Energy	2,872.00	239.33
TMWA	467.00	38.92
Cable	2,387.00	198.92
Cellphone	3,247.00	270.58
Landline Telephone	755.00	62.92
Computer	1,500.00	125.00
Office Supplies	1,800.00	150.00
Repairs/Maintenance	4,000.00	333.33
Payroll Expenses	1,800.00	150.00
	0.00	0.00
	0.00	0.00
/Food & Supplies ($20/day x 10 Res) x 30 days	72,000.00	6,000.00
Laundry Expenses	3,600.00	300.00
Book Keeper / Accountant	4,800.00	400.00
Tax Preparer	750.00	62.50
	0.00	0.00
Salary 2 Caregivers Shift 1 (7 daysx8hrsx$8.25)	44,352.00	3,696.00
Salary 2 Caregivers Shift 2 (7 daysx8hrsx$8.25)	44,352.00	3,696.00
Salary 2 Caregivers Shift 3 (7 daysx8hrsx$8.25)	44,352.00	3,696.00
	0.00	0.00
Total EXPENSES	265,034.00	22,086.17

Quarterly Expenses	Paid Quarterly	Monthly
Property Tax	1,800.00	450.00
Sewer	352.00	88.00
Waste Management	329.00	82.25
Employment Security Division	399.00	99.75
Fire Alarm Monitoring Exp	96.00	24.00
Total Quarterly Expenses	2,976.00	744.00

Yearly Expenses	Yearly	Monthly
City Business License Renewal	215.00	17.92
Workmens Comp Insurance	6,164.00	513.67
General Liability Insurance	8,559.00	713.25
State Business License Renewal	350.00	29.17
EHCQC Facility License Renewal	1,693.00	141.08
Safety Bond	100.00	8.33
Fire Extinguisher Maintenance	36.00	3.00
Fire Alarm /Wet Sprinkler Yearly Inspection	375.00	31.25
Total Yearly Expenses	17,492.00	1,457.67

TRANSPORTATION	Paid Annualy	Monthly
Vehicle 1	2,880.00	240.00
Vehicle 2	2,880.00	240.00
Maintenance/Registration Renewal	1,440.00	120.00
		0.00
		0.00
Total TRANSPORTATION	7,200.00	600.00

BUDGET SUMMARY

	Yearly	Monthly
Total Income	240,000.00	20,000.00
Total Expenses	307,853.00	25,654.42
NET	(67,853.00)	(5,654.42)

MISC. EXPENSES	Yearly	Monthly
Charitable Contributions	1,500.00	$125.00
Uniform (2 caregivers)	150.00	$12.50
Postage and Delivery	395.00	$32.92
Printing Expenses	320.00	$26.67
Advertisement	450.00	$37.50
Subscriptions / Newspaper	336.00	$28.00
		$0.00
		$0.00
		$0.00
		$0.00
		$0.00
		$0.00
		$0.00
		$0.00
		$0.00
		$0.00
Total MISC. EXPENSES	3,151.00	262.58

	Yearly	Monthly
/Salary of the Owner	6,000.00	500.00
/Salary of the Administrator	6,000.00	500.00
Total	12,000.00	1,000.00

Computation for Salary of Caregivers under New Rule
7 days x 8 hours a day = 56 x $ 8.25 = $462 weekly
times 4 weeks =$ 1,848 x 2 caregivers at a time =$ 3,696 monthly
There are 3 shifts

ASSOCIATION OF HOUSING AREA OWNERS OF NORTHERN NEVADA, INC.

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Website: www.ahonn.org

April 22, 2016

Crystal Wren
SSPS III
HCBS Waiver
Long Term Services and Supports
DHCFP

Dear Ms. Wren:

Here is our position paper / some questions that would more accurately define the types of patients in our facilities and their needs.

We believe that Olmstead (a ruling that requires states to eliminate unnecessary segregation of persons with disabilities and to ensure that persons with disabilities receive services in the most integrated setting appropriate to their needs) was looking at this group of people, the group with disabilities who are in an institution and might move to a less monitored but still very monitored safe home and community based care setting safety and cost effectively.

We also believe that instead of privacy and locked doors residents who need protective supervision and Long Teml Care need companionship, and open doors so staff can get in easily in a case of emergency. These people want companionship and want to avoid isolation in a private room when they lack social skills to come out and interact with other people. We believe they need assistance with medications and need 24-hr staff at some level so they can get a PRN medication when needed. If they can hold their own medication and can be trusted to take them we would argue they are less Long Tenn Care residents. If they are monitored by a pill count on a daily visit is that adequate monitoring to ensure a mentally ill person is putting that pill in their mouth even if it is not in the box the next morning? For all the choice questions while that sounds good in fact congregate care and living is about cost effective care to allow the 24 hour protective supervision they need. If money was unlimited then we all can choose our own home, feed, roommates but this is about cost effective care and choices that offer needed safety, protection and care. Already Residential Facilities for Group principles of care are patient centered from their creation of home like, non-medical care, that offers dignity, respect, independence, function, and safety in the least restrictive way. All of that with the required monitoring and safety and enforcement to ensure the Long Tenn Care residents needs are met. If they did not need monitoring and supervision they would not be Long Tenn Care residents. People don't go to Skilled Nursing Facility if they don't have to and what we are looking for is cost effective, home and community based care

for those who need Skilled Nursing Facilities or high level of care for chronic illnesses that are unlikely to improve, have already plateaued with treatment.

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Instead of asking about job potential and privacy we need to ask about.

Answer all with do any of the residents meet this criteria? y n Then how many out of the total are Long Tenn Care residents instead of independent / transitional living residents. For example, 8 10 if you have 10 beds.

-Do you have residents over age 60 who are less likely to seek work.? If so how many out of the total number of residents, you have?

-What is the average age of your resident ?

-What is the average ADL level of your residents? Total independent, need some help, need a lot of help.

-Do they wear briefs or depends y/n

-Number that use a walker or adaptive device or don't walk at all?

-Do any of the residents have chronic mental, cognitive or other physical illness that limit their practically ever living alone or getting a job?

-Would getting a job or living on their own without 24-hour supervision put the safety of that resident at risk?

-List some of the diagnosis that your population suffers from that limit their ability to work, live alone?

-How many of your residents have already received therapy for their illness and still can't live alone or seek employment ?

-Would locking the door to the room put your residents at risk in case of a fire or in case their mood changed quickly and needed assistance by the supervising person?
-Would taking your resident out in the community potentially agitate them and stress them cognitively or physically?
-Would leaving your resident alone in a room or at home without some level of monitoring put them at risk of bad events?
-Is there any scenario you can envision medically where your residents will with treatment medical or behavioral be able to live alone, work or live without protective supervision?
-If you had to average or guess would you describe your residents as independent living / transitional living or tending more toward Long tenn care residents who are closer to needing a nursing home than living on their own even with assistance, training and

improvement in their health condition?

-What type of irreversible illnesses do your resident typically have?

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-Given the age and expected progression of needs for your residents is it likely any will improve enough to where they can be independent even with community supportive services?

-Would you agree that your residents might not get the needed supervision, protective supervision, and care they need if they get care in an independent living / transitional living setting where they have less than 24 hour care and a place that can give pm medications 24 hours a day when needed?

-Does your care setting offer coordination of medications?

-Does your staff ensure the residents take their medication? If so do they do it on an ongoing basis or through a one visit a day pill count? If it is by a pill count once a day how do you ensure the resident took the pills?

-If the doctor called in a medication change does the resident process that including drop the prescription off and pick it up from the phannacy and record it?

-If not do you have staff to do this for the resident?

As discussed, we believe that this infonnation will help us get the data we need to open up the discussion with CMS so that we can protect the Long Tenn Care residents we serve some of whom may be mislabel as transitional living / independent living and exposed to care setting with less monitoring and supervision than they need.

While it is a good idea to consider lumping all residents into one group in fact doing so by definition means one groups needs' will not be addressed. The more independent who need privacy, jobs, and job training are very different from those needing long tenn care, many of whom have chronic mental, cognitive or combinations of mental and physical disabilities that need companion ship more than privacy, supervision for safety and care more than independence and who can be upset by false hope of working again when that is not practical. We need to comply with CMS or better yet to help educate CMS with our data and response to these questions to help protect the disabled and to build / improve upon programs like the Residential Facilities for Group industry in Nevada that is a national leader in Olmstead compliant, community based, safe, monitored, cost effective care.

With the data and responses from Residential Facilities for Group (big and small) to a fair set of questions like the ones above we think we can apply for a grant to expand and build upon our national leading regulations that protect and empower seniors who have Long tenn care needs to help them SAFELY remain in the residential communities where they are used to live in spite of their disabilities and to help keep them out of

institutions. Indeed, we believe Residential Facilities for Group in Nevada are already

ASSOCIATION OF HOMES FOR THE ELDERLY OF NEVADA

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Olmstead compliant in this effort and already offer patient centered care, safety, but with monitoring and enforcement that is needed to ensure these disabled people get the care they need when they are unable to protect themselves.

We are hopeful that we can work with you and the strategic plan at expanding and modifying the next question list including building in a purpose for those questions to support our state plan and response to CMS. As you know lumping people into one group as CMS is requesting is coming under a Jot of concern. Indeed, we can envision reaching out to other groups, senior research groups in Nevada to help as well to add credibility and help fund the next questionnaire. If we are working together with AHONN in the North, RCHCAN / ECHO in the South and NvAlc it is likely we can get a very high response rate to the next questionnaire.

We can be the leaders in suggesting cost effective changes that allow and promote those who need and benefit from it and building in a real cost effective, home and community based care option for those who are Long Tenn Care residents. We have many ideas on ways to have cost effective care that can grow that also promotes individual self-detennination and responsibility. The good news is Nevada is already a leader in cost effective, Olmstead compliant, home and community based care in Residential Facilities for Groups under NRS 449.

We would like to work with you to help build the two systems to help the two very different groups of people independent living / transitional living and Long Tenn Care residents which we believe are the target group Olmstead is looking at. So far the questions and plan missed to see the safe, cost-effective care that the state can hope to fund as the number and demand for Long Tenn Care service increases. Paying 6K / resident / month for low acuity independent / transitional living residents is not cost effective but we believe there are many very safe, cost effective plan possible.

The regulations we are expected to follow right now from the BHCQC is mostly opposite of what CMS is asking the group homes to do. First and foremost, we would humbly suggest that the Department of Health and Human Services align these regulations with the requirements of BHCQC so that everyone is on the same page. It should be very clear that our recipients do not fall in the category CMS is talking about. Plain and simple, our residents are all Jong tenn care.

We hope we can work with you and the department concern to explore ways the state can offer choices in care, promote patient / family self-detennination, and build in monitoring that helps reduce cost while allowing choice.

Sincerely,

AHON N Executive Board

c.c:

Marta Jensen - Acting Administrator, Department of Health and Services
Jane Gruner – Administrator, Aging and Disability Services Division

ECHO
RCHCAN

LTO

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LTO Ventures is a 501(c)(3) non-profit company that develops live / work / play intentional communities for adults with Autism Spectrum Disorder

August 12, 2016

State of Nevada
Division of Health Care Financing and Policy
Attn: LTSS – State Transition Plan 6/28/16
1100 E. William Street, Suite 222
Carson City, NV 89701

Dear Acting Administrator:

Thank you for the opportunity to comment on the Nevada State Transition Plan (STP) 6/28/16. We appreciate the considerable effort and amount of work that has gone into the NV STP in the time period allotted by CMS. Our specific concerns are as follows:

Public Comment Process
We have documented our concerns about the public comment process employed by DHCFP for the development of the STP beginning with our public comment on Nov. 10, 2014 (Attachment G2 to the "STP 6/28/16"). Those concerns continue with the "STP 6/28/16."

Example #1: On June 24, 2016, DHCFP posted a request for public comment regarding Heightened Scrutiny Submissions, with a 30-day deadline to receive comments no later than July 25, 2016. This was a very significant part of the STP process because it was the list of settings that DHCFP proposed to submit to CMS for Heightened Scrutiny review, a process that could result in settings being denied eligibility to use HCBS waiver funding, as well as be significantly burdensome to providers in staff time and expense that they otherwise might not have had to endure.

To our knowledge, none of the 56 settings included in the proposed submission to CMS received the notice of public comment directly via email, fax or US Mail. To our knowledge, none of the residents of the 56 settings and/or their families or legal guardians received the notice. The STP Advisory Council did not receive a notice, nor did the A-Team, the largest organization of adults with intellectual and developmental disabilities in the state, nor did the State of Nevada Association of Providers (SNAP). As a result, the public comment period expired without a single comment.

It should be noted that CMS has made it clear to states that the public input on settings the state has flagged for heightened scrutiny is essential to the STP process.

- CMS issued a Q&A document on June 26, 2015 entitled Home and Community-Based Settings Requirements which contained this statement under A7:
  - *"In addition, states are expected to solicit public input on settings the state has flagged for heightened scrutiny, as part of the Statewide Transition Plan."*

- CMS held a SOTA webinar on Nov. 4, 2015 entitled Home and Community-Based Settings, Excluded Settings, and the Heightened Scrutiny Process in which it stated the following:
  - *Public notice associated with settings for which the state is requesting heightened scrutiny should:*
    - *Be included in the Statewide Transition Plan or addressed in the waiver or state plan submission to CMS*
    - *List the affected settings by name and location and identify the number of individuals served in each setting*
    - *Be widely disseminated*
    - *Include all justifications as to why the setting is home and community-based*
    - *Provide sufficient detail such that the public has an opportunity to support or rebut the state's information*
    - *State that the public has an opportunity to comment on the state's evidence*
  - *CMS expects that states will provide responses to those public comments in the Statewide Transition Plan or submission to CMS*

Example #2: On July 12,2016, DHCFP posted a request for public comment on the "STP 6/28/16" itself, with a 30-day deadline to receive comments no later than August 12, 2016. In fact, DHCFP had already submitted the "STP 6/28/16" to CMS on June 30, 2016, two weeks prior to the publication of the notice seeking public comment. As stated in Example #1, no key stakeholders or stakeholder organizations, formal or informal, appear to have received the notice of public comment. Our organization discovered the notice serendipitously while researching another issue on the DHCFP website, and we believe this letter herein will be the only public comment received in this period. We believe that is not CMS' expectation of the public input process.

Heightened Scrutiny Assessment Tool

We are deeply concerned about assessment tool developed and used by DHCFP for determining most of the settings submitted to CMS for heightened scrutiny review.

One of the most important statements in the Final Rule CMS-2249-F/CMS-2296-F issued in January 2014 was contained in the preamble: *"These final regulations establish a more outcome-oriented definition of HCB settings, rather than one based solely on a setting's location, geography, or physical characteristics."*

We strongly support this position by CMS and worked hard through multiple Notices of Proposed Rulemaking by CMS to argue for it.

In "STP 6/28/16", Appendix 02. Provider On Site reviews/Heightened Scrutiny Questionnaire (referenced on the DHCFP website as "HCBS Residential Settings Assessments"), is a table based on the tool used by DCHFP to make its assessments and containing the findings of the on-site settings reviews using that tool. We have the following concerns:

- The tool itself was not made available for public comment or review prior to its use.
- The very first criterion is "More than 10 beds" which has no relation to the Final Rule. There is no reference anywhere in the Final Rule to specific number of beds as a criterion for heightened scrutiny, nor in any of the guidance from CMS pursuant to the Final Rule.

- DHCFP offers no explanation about how it determined that "more than 10 beds" would be a major criterion of the tool, nor does DHCFP present any evidence supporting its relevance to the Final Rule or STP.
- No other place in the "STP 6/28/16" is there even a mention of "More than 10 beds."

Action Requested

1. We request DHCFP recall from CMS the version of the "STP 6/28/16" submitted June 30, 2016 until such time as the required stakeholder involvement and public comment can be obtained and properly included.
2. . We request DHCFP re-schedule and re-open the public comment periods for settings DHCFP seeks Heightened Scrutiny review and for the "STP 6/28/16." As part of this new comment period, we request DHCFP conduct meetings in Clark County, Washoe County and rural Nevada to explain the STP and seek direct input from stakeholders.
3. We request that DHCFP actively and deliberately notify directly all affected and interested parties about the new public comment periods.
4. We request that DHCFP remove the "More than 10 beds" criterion from the heightened scrutiny assessment tool and not include any criterion related to number of beds or number of residents.
5. We request that DHCFP evaluate and implement email and text notification systems so all parties interested in being part of the public comment process for this process and others that require stakeholder involvement can be notified in a timely fashion.
6. We request that DHCFP publish notices and explanatory information about the Final Rule, Nevada STP and the Heightened Scrutiny process in plain language and in at least English and Spanish.
7. We request that DHCFP publish all correspondence from CMS and to CMS about the Nevada STP on the DHCFP website and label it in a way that it is easy to identify what each document is and when it was received or sent.

Thank you again for the opportunity to provide this public comment. We look forward to working with DHCFP to effectively and fairly implement the Nevada State Transition Plan.

Sincerely,

Mark L. Olson
President & CEO

Crystal Wren

From: Kyndra Williams
Sent: Thursday, August 11, 2016 9:22 AM
To: Amber LaFollette; Crystal Wren
Subject: FW: Feedback regarding Medicaid State Transition Plan

From: girlie antonio [mailto:girlieantonio@yahoo.com]
Sent: Thursday, August 11, 2016 9:14 AM
To: HCBS DHCFP
Subject: Feedback regarding Medicaid State Transition Plan

Here is my feedback regarding the Home-Based Services Plan for Medicaid:

I support the Medicaid State Transition Plan. The person centered care will allow the residents to maintain their independence by making decisions for themselves. My only concern is, how the new plan applies to residents that are unable to express themselves or make decisions independently. I would like to suggest more trainings for this particular subset to provide the best quality of care.

Thank you,
Maria Antonio
Administrator
The Victorian Center, LLC I & II

OPPORTUNITY VILLAGE

Betty's Village

The world has changed. Throughout history, people with intellectual disabilities have lived very short lives. Today, medical and social advances have enabled those with disabilities to live longer, healthier and more productive lives. Now, we must tackle the consequence of this good news. Where will people with disabilities live?

Opportunity Village is developing Betty's Village to assist in meeting the ever increasing need for choice in housing options for people with intellectual disabilities. Based on the live, work, play, learn and create philosophy, Betty's Village is a place where everyone knows each other, people can follow their dreams and are encouraged and supported to become the best they possibly can be. Betty's Village will be the first of its kind in Nevada. As referenced in the Nevada State HCBS Transition Plan, the Olmstead Act emphasizes community as something that is defined by the individual, specifically, what is the definition of community to one person? Definitions will vary from person to person, but it is about individual choice.

Currently, in Southern Nevada, the home and community-based housing options for individuals with intellectual disabilities are primarily the Intensive Supported Living Arrangement (ISLA) and the Intermittent SLA. These options, while physically integrated in Southern Nevada neighborhoods do not foster social interaction within the communities. ISLAs are small group homes where 3 to 4 individuals with intellectual and developmental disabilities live and these houses usually have 24-hour (awake) staffing. These homes are physically distant from other ISLAs and cannot support the number of staff necessary for community integration activities because the staff spends all their time addressing activities of daily living (e.g. cooking, cleaning, personal grooming, etc.). ISLAs have therefore physically integrated into the community, but socially isolated their residents. Betty's Village will provide individuals another residential choice to the current residential options including non-disability specific settings being provided. Opportunity Village believes that each person should make "their choice" of "their home."

Betty's Village will be built on approximately 6.5 acres and will promote an active life that is close to work options, community resources, peers, family, and friends. The Village is centrally located with easy access to public transportation, freeways and major cross streets. Betty's Village will be integrated in and support full access of individuals receiving Medicaid Home and Community-Based Services (HCBS) to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

Opportunity Village is about progress and supporting people with intellectual disabilities to reach their maximum potential and enhance their lives. The current Supported Living system does not always take into account where the person has lived for the majority of their life, only the circumstances for the placement. Individuals who have lived at home with their parents or other family members are usually not ready to move into a home that is in a different neighborhood, with other housemates that they do not know, and staff who may not know their needs and that

change regularly. Individuals moving directly from the family home generally take a lot of time to adjust before feeling comfortable in their new environment.

Opportunity Village will provide an "Enlightened Living" model that is informed, open minded, progressive, and independent. The model will have three levels of supports that individuals can choose from depending on their skills and the required level of supports. The three levels of residential supports are: a home that provides a 24/7 level of care including awake overnight supervision, an intermediate home that provides a 24/7 level of care with overnight staff availability and allows the individual to have some approved alone time, and semi-independent living with intermittent supports in their own apartment. A live-in "Resident Advocate" will support individuals in the intermediate home model who have a goal of moving into semi-independent living. The advocate will be a friend, sidekick, and developer to increase the individual's personal, community, home and work skills to progress to the next living arrangement. A person living at home for the majority of their life would most likely start at a 24/7 level of care but after they have accomplished required living skills may choose to move to the next living model. Once an individual has accomplished independent living skills the person may choose to move into semi-independent living at the village apartments with intermittent supports. Opportunity Village would also support an individual that has the skills and chooses to move out of the village into a home or apartment. Opportunity Village will also support an individual that chooses not to move into the next level of living despite being eligible to make the next step. Opportunity Village recognizes that individuals may move from an intermittent support living situation to a higher level of supervision depending on their health needs or current issues. Opportunity Village will provide for each individual to "age in place" for as long as possible in the village.

Betty's Village will be comprised of apartments and homes to make up a community for approximately 100 residents. The studio and one-bedroom apartments will be combined in a building that will include spaces for work training opportunities and areas for activities and socialization. The homes will be clustered together similar to a custom home cul-de-sac and share common visiting areas and outdoor spaces. The apartments and homes will be directed by a Qualified Intellectual Disability Professional (QIDP) who will assist the individual to develop and coordinate the person-centered plan and services. A live-in house parent/manager will manage day to day operations of the program and supervise direct staff who will provide the hands on daily support and training. Other professional staff will include nursing staff to support with health care needs, an activity/volunteer coordinator that will organize activities and develop new partnerships with the community for volunteer participation and community activity opportunities, resident finances to ensure proper spending of funds and maintenance of benefits, and maintenance staff to ensure proper operation of equipment, landscaping, and timely repairs.

A community center will provide individuals with daily opportunities to socialize, make new friends and participate with others through playing video games, classes (exercise, dance etc.), and just "hang out." The general public will be welcomed at the village to interact and participate in activities with individuals, and make friendships.

Betty's Village will be built with a traditional Tuscan design and accommodate the individual needs of each resident through a continuum of care provided in the various living models. Each

residence will be "home" for its residents. Meals will be prepared in each home, meet all requirements for nutrition and special diets and served family style. Staff will eat with the individuals and promote conversation and appropriate table manners. All homes will have an open floor plan with common living and dining areas that are tastefully decorated. Areas for visiting with family and friends will be available in each home. Every resident will have a private bedroom with in-suite bath that can be decorated according to their own style. Outdoor living areas will include comfortable covered patios with outdoor seating for visiting with family and friends, areas for exercise, sports, water play, hobbies, and BBQs. The Village will have advanced security and technology features that will create a safe not locked environment to enhance safety and independence.

Opportunity Village demands that each individual be treated with dignity and respect and be free from coercion and restraint and protected from abuse, neglect and exploitation at all times. Staff will be trained in non-violent physical crisis intervention using the Crisis Prevention Institute training. Staff will use positive behavior supports to de-escalate individuals engaging in inappropriate behavior by following written behavior programs that use a progressive prompting sequence to de-escalate inappropriate behavior. Staff will use positive reinforcement to reward appropriate behavior and use positive behavior supports for instances of inappropriate behavior. All behavior programming will include a teaching component and redirection. Staff will only use restraint procedures if the individual is a danger to him/herself or others and follow the person-centered plan approved emergency crisis procedure. All medication used to assist with behavior management will be monitored closely by the prescribing physician. Any use of medications or any restrictive component in a behavior plan will be approved by the Human Rights/Behavior Intervention Committee annually.

Every individual will be assessed and evaluated for health concerns initially and annually. Individuals will receive coordinated medical services from a primary physician of their choice. Nursing staff will provide nursing supports and follow up services. A medical management system will ensure that all medical needs are met. OV staff will be trained on the health care support needs of each individual and continuously monitor individuals for signs and symptoms of health issues. OV staff will support individuals to schedule and attend all medical appointments. Staff will ensure that all information from the appointment is documented and filed. Communication following each appointment will take place with family members, guardians and all appropriate individuals. Individuals taking routine medication will be evaluated on their ability to self-medicate. Individuals that are unable to self-medicate will have their medications administered by staff that is certified through a State of Nevada Division of Aging and Disability Services approved medication administration training curriculum. Opportunity Village will ensure that all protected health information is safeguarded.

Each individual's human rights will be upheld and respected by ensuring that staff is trained, and knowledgeable about individual rights, educating individuals about their rights, and providing opportunities to exercise their rights and make choices responsibly. Each month staff will document a "right" that was trained and discussed with the individuals. Individuals may have some rights restricted depending on their abilities and guardian instruction. All rights restrictions will be approved by the guardian and ISP team and documented in the annual person centered plan. If a right is restricted without due process a Denial of Rights form will be completed and

submitted. All individual rights and restrictions will be reviewed annually by a Human Rights and Behavior Intervention Committee.

The Village will be staffed according to the individual's needs and supports as identified through the admission process, person-centered plan, and on-going evaluation. Through careful screening and hiring practices, continuing education, initial and on-going staff training, Opportunity Village will ensure that each staff member is well qualified, meets the requirements of the job, and is competent to implement the person-centered plan (PCP) and to support the resident's needs, routines and schedules. All staff will be very knowledgeable about each resident's likes, dislikes, and health and warning signs to identify signs of possible concern before they become a major issue.

The person-centered plan (PCP) is the blueprint for programming for each individual. The PCP process will address each person's array of home and community needs based on personal goals, preferences, community and family supports, financial resources, staff evaluation, and other areas important to the person. The PCP will facilitate individual choice regarding services and supports and who provides them. The PCP optimizes individual initiative, autonomy, and independence in making life choices. The individual receiving services will direct the PCP team and process to the maximum extent possible. The person may designate an advocate to assist them with the development of the plan. The PCP will provide services to be delivered in a manner that promotes/supports community integration to the extent of the individuals' preferences and desired outcomes. The PCP will assist each person with constructing and articulating a vision for the future, while considering various paths, engaging in decision making and problem solving, monitoring progress, and making needed adjustments to goals in a timely manner. The team will assist to identify a unique mix of paid and natural community supports that will help the person to meet progress toward accomplishing their goals. The PCP process will conduct frequent, ongoing assessment of the individual's needs and identify the individual's strengths, goals, preferences, needs (medical, daily living skills and home/community), and desired outcomes. Monthly data on programs, goals, and objectives will be taken, reviewed and summarized. The PCP will be updated on an annual basis however; the person may request a meeting to update the PCP at any time.

Opportunity Village will ensure full community integration and enjoyment of community life through planned activities in the community, intentional neighbors, and use of volunteer groups, family members and friends. Opportunity Village recognizes the importance of family in each resident's life and will make routine family involvement and interactions an expectation and priority. The Activity/Volunteer coordinator will create a monthly calendar of events that individuals can participate in during the month. Activities will be held in and outside of the village and the number of participants will vary according to the activity. Individuals may add individual activities to the calendar and participate in unplanned spontaneous outings of their choice. Some activities may include but not be limited to: shopping, special community events, concerts, plays, dining out, sporting events, church, and volunteer projects. During all activities, each resident will have opportunities to spend their money and learn money management skills in the process. Residents will be interacting with members of the community on all activities and at community businesses that they frequent. Other community participation may come through programs like Best Buddies that will provide one on one activity. Staff will engage the

individuals in hobbies of interest, interactive activities and community gatherings to celebrate holidays, birthdays and special events. Opportunity Village will promote personal choice for each person to choose their daily routines including times they want to eat and when to have visitors. Opportunity Village respects the individual's right to refuse to participate, however, staff will continue to provide opportunities and encouragement to the individual to participate. Individuals will access the community through public transportation, parents, family members, and company vans. Opportunity Village will provide vacation opportunities for residents to places of interest following the individual's desires and documented in the person centered plans.

Betty's Village will be culturally-responsive and inclusive. Opportunity Village will support the culture and beliefs of the individual to attend or not attend religious services, observing specific food preferences or dietary restrictions related to culture or ethnicity, and celebration of holidays and special events.

Betty's Village will be flexible and nimble in its service system to move and react quickly and address emerging needs of each individual and their family. Opportunity Village desires each individual, their family members and interested parties to be satisfied with their support services. OV residential staff will regularly discuss services and satisfaction with individuals and family members. If a problem exists, individuals and their families have the ability to meet at any time with OV administrative staff to discuss issues. Families can complete a satisfaction survey annually and may communicate at the annual person-centered planning meeting.

Opportunity Village will maintain and develop a wide range of community stakeholders to offer support networks to the individuals. Visitors and volunteers to Betty's Village will spend "meaningful time" interacting and socializing with the individuals. Service clubs such as Rotary, Lions club and Boy Scouts will be invited to volunteer and spend a night with individuals watching movies, playing games and other community based activities. Opportunity Village supports four (4) Miracle League Baseball teams that provide one non-disable player to each disabled player. Opportunity Village will invite groups and clubs to speak to the individuals about their organization with the possibility that the individual can become a member of their organization. Opportunity Village will reach out to faith based communities so individuals have a chance to participate in their activities. The Opportunity Village grandparent program will match active seniors and individuals to develop friendships and participate in community activities such as art, theatre and dance. The Activity/Volunteer coordinator will perform community outreach to develop new corporate volunteer groups that will support the individuals in enrichment classes such as cooking, art, crafts, exercise, yoga and community activities. Individuals will have opportunities to participate in community volunteer projects to benefit other community organizations.

Opportunity Village is committed to enhancing the lives of people with intellectual disabilities and their families. Through respect, fiscal responsibility, team building and professional, high quality services residents will fulfil their dreams and live a high quality of life.

H. Proposals to the DHCFP

H1. Betty's Village Proposal

Floor Plan - Residential Building - Update

OPPORTUNITY VILLAGE
LAS VEGAS' FAVORITE CHARITY

BETTY'S VILLAGE CONCEPT PROGRESS : July 23rd, 2015

1

KGA ARCHITECTURE

Enlarged Floor Plan - Residential Building

Central Area

OPPORTUNITY VILLAGE
LAS VEGAS' FAVORITE CHARITY

BETTY'S VILLAGE CONCEPT PROGRESS : July 23rd, 2015

2

KGA ARCHITECTURE


Enlarged Floor Plan - Residential Building
Pod 1
4 Rooms
BATH
BEDROOM
BATH
BEDROOM
BEDROOM
BATH
BEDROOM
KITCHENETTE
BATH
OPPORTUNITY VILLAGE
LAS VEGAS' FAVORITE CHARITY
BETTY'S VILLAGE CONCEPT PROGRESS : July 28rd 2015
3
KGA ARCHITECTURE

H. Proposals to the DHCFP

H1. Betty's Village Proposal

Enlarged Floor Plan - Residential Building

Pod 3
4 Rooms

OPPORTUNITY VILLAGE
LAS VEGAS' FAVORITE CHARITY

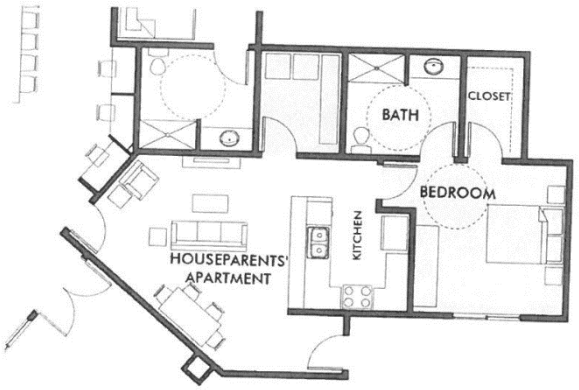
BETTY'S VILLAGE CONCEPT PROGRESS : July 23rd, 2015

5

KGA ARCHITECTURE

Enlarged Floor Plan - Residential Building

Houseparents' Apartment



OPPORTUNITY VILLAGE
LAS VEGAS' FAVORITE CHARITY

BETTY'S VILLAGE CONCEPT PROGRESS : July 22nd, 2015

6

KGA ARCHITECTURE

Floor Plan - Main Building

First Floor

FIRST FLOOR:	**21,968 SF**
TOTAL:	**41,142 SF**

- 17 One-Bedroom Apartments
- 14 Studio Apartments

OPPORTUNITY VILLAGE
LAS VEGAS' FAVORITE CHARITY

BETTY'S VILLAGE CONCEPT PROGRESS : July 23rd, 2015

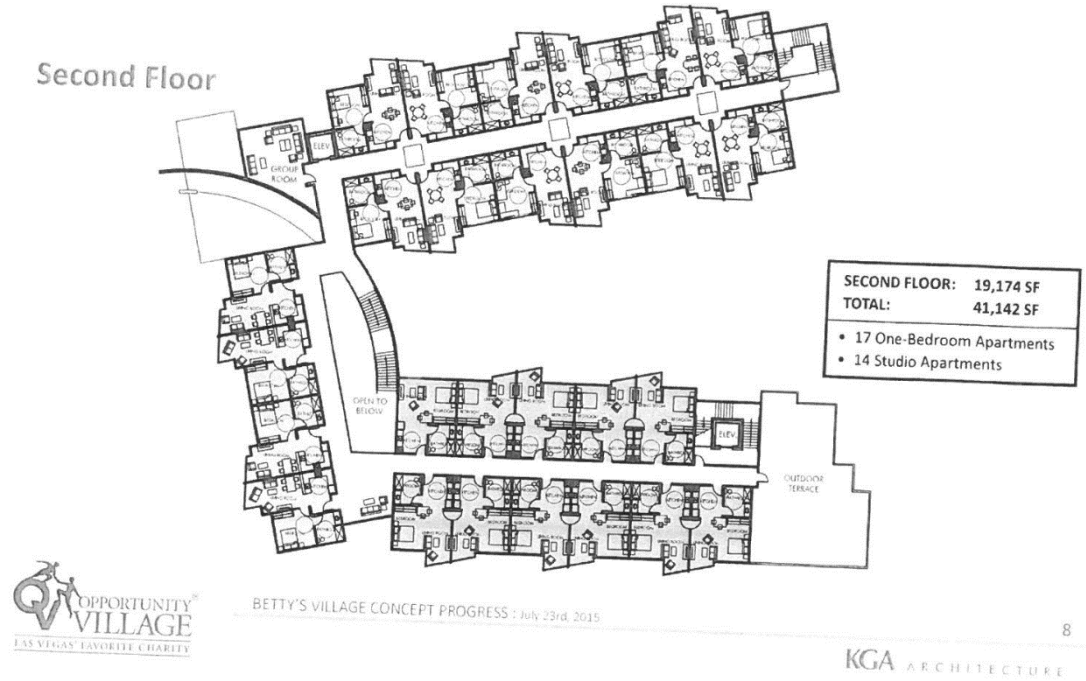
7

KGA ARCHITECTURE

H. Proposals to the DHCFP

H1. Betty's Village Proposal

Floor Plan - Main Building



OPPORTUNITY VILLAGE
LAS VEGAS' FAVORITE CHARITY

BETTY'S VILLAGE CONCEPT PROGRESS : July 23rd, 2015

8

KGA ARCHITECTURE

H. Proposals to the DHCFP

H1. Betty's Village Proposal

Enlarged Floor Plan - Main Building - Second Floor

North Wing

OPPORTUNITY VILLAGE
LAS VEGAS' FAVORITE CHARITY

BETTY'S VILLAGE CONCEPT PROGRESS : July 23rd, 2015

9

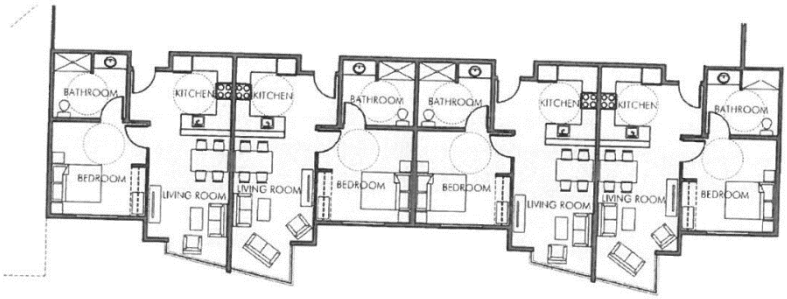
KGA ARCHITECTURE

H. Proposals to the DHCFP

H1. Betty's Village Proposal

Enlarged Floor Plan - Main Building - Second Floor

West Wing



OPPORTUNITY VILLAGE
LAS VEGAS' FAVORITE CHARITY

BETTY'S VILLAGE CONCEPT PROGRESS : July 23rd, 2015

10

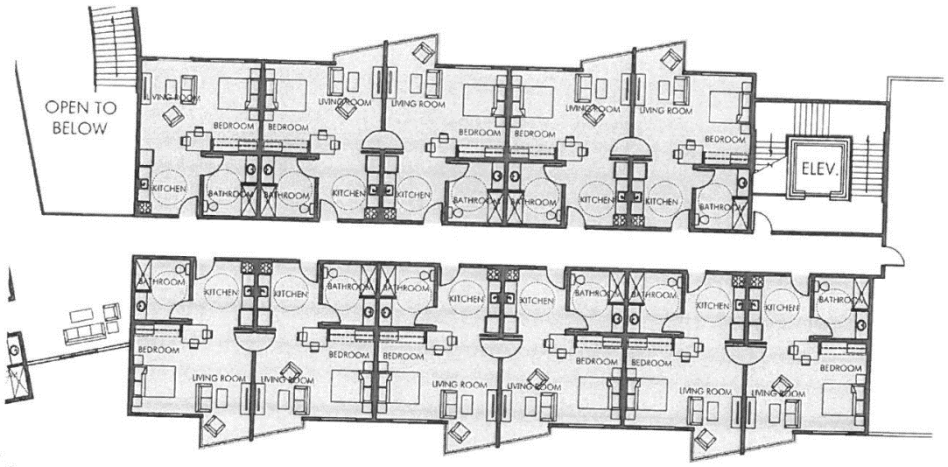
KGA ARCHITECTURE

H. Proposals to the DHCFP

H1. Betty's Village Proposal

Enlarged Floor Plan - Main Building - Second Floor

South Wing



OPPORTUNITY VILLAGE
LAS VEGAS' FAVORITE CHARITY

BETTY'S VILLAGE CONCEPT PROGRESS : July 23rd, 2015

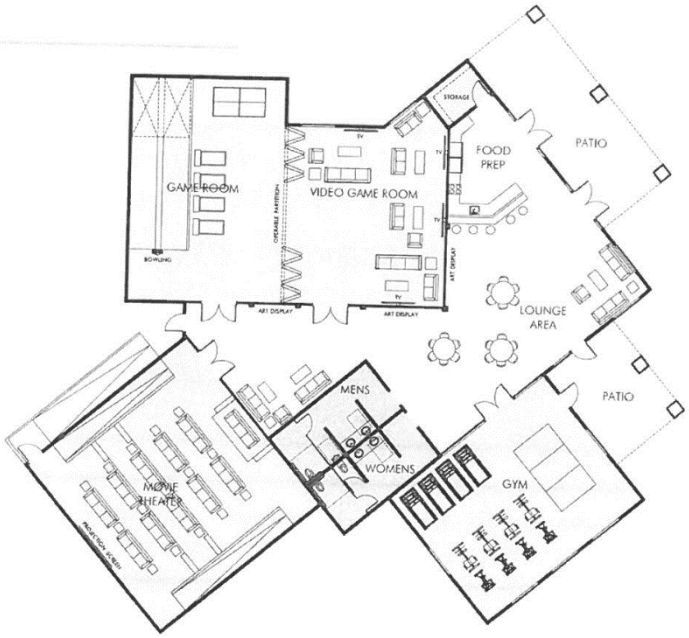
11

KGA ARCHITECTURE

H. Proposals to the DHCFP

H1. Betty's Village Proposal

Floor Plan - Clubhouse



OPPORTUNITY VILLAGE
LAS VEGAS' FAVORITE CHARITY

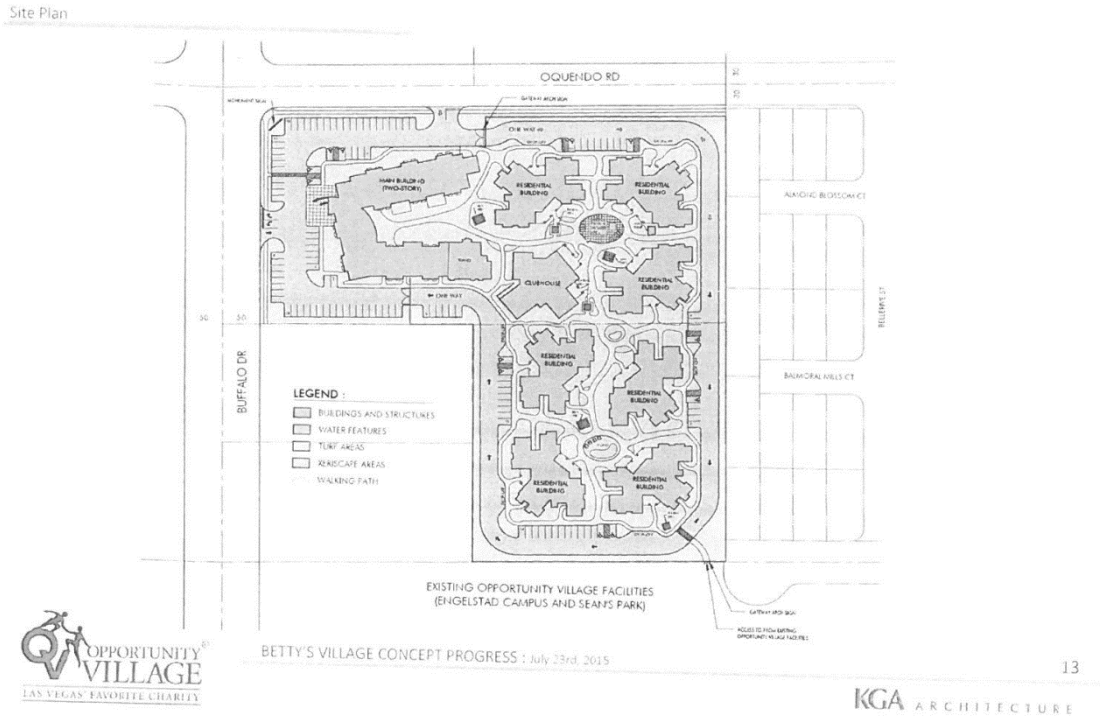
BETTY'S VILLAGE CONCEPT PROGRESS : July 23rd, 2015

12

KGA ARCHITECTURE

H. Proposals to the DHCFP

H1. Betty's Village Proposal



H. Proposals to the DHCFP

H1. Betty's Village Proposal

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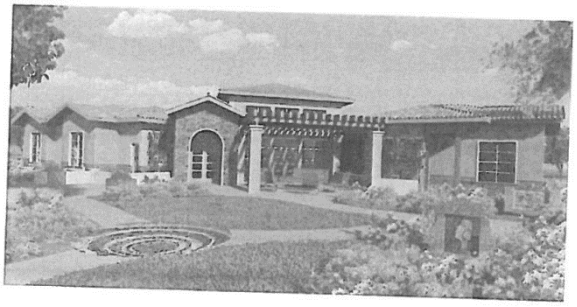
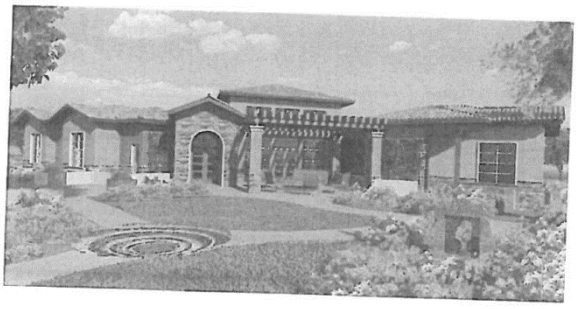


H. Proposals to the DHCFP

H1. Betty's Village Proposal



H. Proposals to the DHCFP

H1. Betty's Village Proposal

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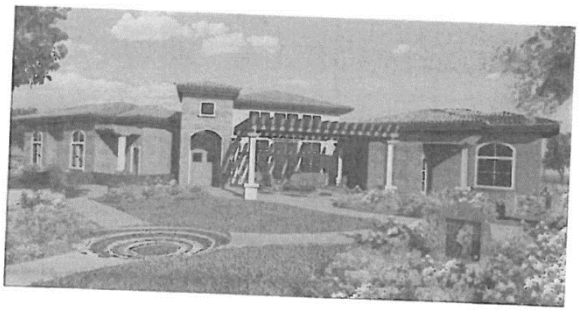

H. Proposals to the DHCFP

H1. Betty's Village Proposal

BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

RICHARD WHITLEY
Director

MARTA JENSEN
Acting Administrator

The Final Rule for Home and Community Based Services (HCBS) states that the service setting for HCBS must meet specific community based requirements in order to receive Medicaid funding. CMS has developed a process of Heightened Scrutiny that can be used for a setting that appears to be institutional or isolating but other setting attributes make this assumption appear incorrect. There are multiple steps in this process, and the inclusion of public comment is an important element.

As part of the process required by the Centers for Medicare and Medicaid Services (CMS) Final Rule for Home and Community Based Services (HCBS) for 42 CFR, the Division of Health Care Financing and Policy (DHCFP) requests public comment about the following proposal by Opportunity Village. Opportunity Village has developed plans for a community living site for individuals with intellectual disabilities called Betty's Village. Although the proposed community will be disability-specific, thus creating the presumption the residents would be isolated and therefore the setting would not meet the requirements of the HCBS final rule, the placement of the setting within a larger community context and the planned involvement of the residents with outside activities overcomes much of the supposed isolation of the disability-specific setting.

To be assured consideration, comments must be received by one of the methods provided below no later than 5:00 pm on October 2, 2015. You may submit comments in one of three ways (please choose only one of the ways listed):

- Electronically. You may email comments to hcbs@dhcfp.nv.gov. Write Betty's Village in the subject line.
- Mail. You may mail written comments to the following address:
  Division of Health Care Financing and Policy
  1100 E William Street, Suite 222
  ATTN: Long Term Support Services – Betty's Village
  Carson City, NV 89701
- Fax. You may fax comments to the following number:
  (775) 687-8724
  ATTN: Long Term Support Services – Betty's Village

All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We will post all the comments received by the close of the comment period, as soon as possible after they have been received, on the following web site: http://dhcfp.nv.gov/Home/WhatsNew/HCBS/.

There will be a link on the page for Public Comments received.

DHCFP received a total of 74 comments regarding Betty's Village: 56 in support; 18 in opposition.

Of the 56 in support, 39 of them self-identified as employees, Board Members, clients or parents of clients of Opportunity Village. Two organizations besides Opportunity Village expressed support: LTO Ventures and Nevada HAND.

Of the 18 in opposition, 4 self-identified as parents of children with disabilities, 4 self-identified as people with disabilities, and 9 were submitted on behalf of the following organizations:

- NDALC – Nevada Disability Advocacy & Law Center
- NGCDD – Nevada Governor's Council on Development Disabilities
- AAPD - American Association of People with Disabilities
- ASAN – Autistic Self-Advocacy Network
- NNCIL – Northern Nevada Center for Independent Living
- Boston CIL – Boston Center for Independent Living
- TASH
- United Spinal Association
- National Council on Independent Living

The comments in opposition included references to CFRs, sections of CMS' New Rule and the Supreme Court decision Olmstead v. L.C.

42 C.F.R. § 441.301(c)(4)(vi)

42 C.F.R. § 441.530(a)(1)(vi)
42 C.F.R. § 441.530(a)(2)

42 C.F.R. § 441.710 (a) (1) (i)
42 C.F.R. § 441.710 (a) (1) (iii)
42 C.F.R. § 441.710 (a) (1) (v)
42 C.F.R. § 441.710(a)(1)(vi)
42 C.F.R. § 441.710 (a) (1) (vi) (A)
42 C.F.R. § 441.710(a)(1)(vi)(B)
42 C.F.R. § 441.710(a)(1) (vi)(C)
42 C.F.R. 441.710 (a) (1) (vi) (D)

The following language was used in many of the submissions. If a comment did not state the individual was a board member, former board member, employee, client or parent of a client, but used the following language, I counted it as coming from an Opportunity Village source.

To Whom It May Concern:
I have reviewed the proposed Opportunity Village development and am more than pleased to offer my support of Betty's Village as a community based residential setting for people with disabilities. The residents of Betty's Village will engage in an active life, be integrated in society, have support of individual choice, and be encouraged to foster independence to the highest degree possible.
Based on the live, work, play, learn and create philosophy, Betty's Village is a place where everyone knows each other, people can follow their dreams and are encouraged and supported to become the best they possibly can be. Betty's Village will promote an active life that is close to work options, community resources, peers, family, and friends. The Village is centrally located with easy access to public transportation, freeways and major cross streets.
Betty's Village will be integrated in and support full access of individuals receiving Medicaid Home and Community-Based Services (HCBS) to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. Encouraging interaction, independence and self-determination is the key to a full and fulfilling life. Betty's Village includes the many components needed to encourage greater independence and self-direction while ensuring the appropriate supports are available. I am in full support of the project.

To Whom It May Concern:
I have reviewed the proposed Opportunity Village development and am pleased to offer my support of Betty's Village as a community based residential setting for people with disabilities. The residents of Betty's Village will engage in an active life, be integrated in society, have support of individual choice, and be encouraged to foster independence to the highest degree possible.

Encouraging interaction, independence and self-determination is the key to a full and fulfilling life. Betty's Village includes the many components needed to encourage greater independence and self-direction while ensuring the appropriate supports are available. I am in support of the project.
Sincerely,
Name

BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
3416 Goni Road, D-132
Carson City, Nevada 89706
(775) 687-4210 • Fax (775) 687-0574
adsd@adsd.nv.gov

Richard Whitley
Director

JANE GRUNER
Administrator

March 15, 2016

Opportunity Village
Attention: Bob Brown
6050 S. Buffalo Drive
Las Vegas, NV 89113
(702) 259-3707

Regarding: Betty's Village – CMS Final Rule

Dear Mr. Brown,

The Division of Health Care Finance and Policy (DHCFP) and Aging and Disability Services Division (ADSD) has considered your request for approval for Betty's Village in regards to the Centers for Medicare and Medicaid Services (CMS) Final Rule for Home and Community Based Services (HCBS). After careful consideration, DHCFP and ADSD concluded that Betty's Village does not meet the settings requirements as required by CMS at this time.

The proposal for Betty's Village demonstrates that this will be a campus environment that is disability specific where Betty's Village employees will provide the services including 24 hour supervision, meal preparation, social activities, activity planning, financial management and nursing services. The DHCFP and ADSD find that the proposal for Betty's Village would be in direct conflict with the regulations set forth by CMS. CMS Final Rule regulations are listed as follows:

42 CFR 441.530 (a)(1) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

42 CFR 441.530(a)(v) Facilitates individual choice regarding services and supports, and who provides them.

42 CFR 441.530(2)(v) Any other locations that have qualities of an institutional setting, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS will be presumed to be a setting that has the qualities of an institution unless the Secretary determines through

Las Vegas Regional Office
1860 E Sahara Ave.
Las Vegas, Nevada 89104
(702) 486-3545
(702) 486-3572 Fax

Reno Regional Office
445 Apple St., Ste. 104
Reno, Nevada 89502
(775) 688-2964
(775) 688-2969 Fax

Elko Regional Office
1010 Ruby Vista Dr., Ste. 104
Elko, Nevada 89801
(775) 738-1966
(775) 753-8543 Fax

heightened scrutiny, based on information presented by the State or other parties, that the setting does not have the qualities of an institution and that the setting does have the qualities of home and community-based settings.

Residents in provider-owned residential settings must have a lease or other legally enforceable agreement to protect from eviction, lockable doors, choice of roommates, control of their schedule, access to food or visitors at any time, and be physically accessible. 42 C.F.R. 441.301(c)(4)(vi), 42 C.F.R. 441.530(a)(1)(vi), 42 C.F.R. 441.710(a)(1)(vi). Physically accessibility may not be modified in the person-centered planning process. 42 C.F.R. 441.301(c)(4)(vi)(F)

The Final Rule bars HCBS funding from going to settings that isolate people with disabilities. The current proposal isolates individuals from the broader community, is disability specific and does not appear at this time to provide individual choice of activities as may be desired by consumers. This does not prohibit Opportunity Village from providing residential services as outlined in the Betty's village proposal however; HCBS funding would not be available to fund the service. Additional information regarding this aspect of the final rule may be located in the Center for Medicare and Medicaid Services, Guidance on Settings that Have the Effect of Isolating Individuals Receiving HCBS from the Broader Community.

The information listed above is specific to the provision of Home and Community Based Services. Although Betty's Village does not appear to qualify for HCBS funding as the regulations are currently written, Opportunity Village may select to review other types of Medicaid funding that are not reliant on the settings rule. Medicaid programs that are not under the community based setting rule include Programs of All-inclusive Care for the Elderly (PACE), intermediate care or nursing facilities.

If you are interested in exploring other options for Medicaid funding, please let me know and I will arrange for you to meet with knowable staff that could support your efforts. If there is a change in the regulations or additional information regarding Betty's Village that you feel would support qualification as a community based program, we are happy to once again review the program.

Should you have any additional questions, or my office may be of further assistance, please do not hesitate to contact me at (775)-687-0515 or jgruner@adsd.nv.gov.

Respectfully,

Jane Gruner

Administrator,
Aging and Disability Services Division

Clarifications from CMS

Clarification required from CMS:

1. Group and assisted living settings can be home and community based, and meets all requirements of the HCBS settings requirements, with exception of population segregation and size. Many of these providers are population specific of 65 years of age or greater, and may be larger than four recipients. There are two questions: 1) the segregation of individuals, who are aged 65 and older, and 2) the size of the facilities?

2. Nevada is largely a rural State and there is access to care issues in rural Nevada. Group facilities that are found in rural areas are utilized to the maximum. Nevada has a few group facilities located in rural areas that are either on the campus of a nursing facility or within the same building as a nursing facility. If these facilities are not accepted as home and community based, it would displace many individual receiving waiver services with no other qualified providers available. The question is: are there exceptions to what is considered home and community based for rural areas that have access to care issues?

3. Another concern is settings that have 24 hour supportive services. All of these settings are located within the community, and are comprised of two to four people, but staffing is usually one to four, or two to four, meaning there is not enough staff to accommodate those spontaneous activities that recipients may want to do. In addition, transportation is not part of this service, so recipients must rely on family, friends, or public transportation.

4. Nevada does not have a Traumatic Brain Injury (TBI) Waiver, nor does it have adequate resources for individuals with TBI. There is one provider in Nevada who provides out-patient habilitation services for individuals with TBI who reside in their own homes. However, some individuals with TBI are unable to live in the community without 24-hour supervision, assistance with basic needs, and management of medications. These individuals require a group setting which provides these services. Nevada currently has one setting that houses nine individuals with TBI. All of these individuals are male, and the home in located with an urban setting. The provider is currently building another facility within an urban setting that will have individual apartments and will be open to both males and females. The question is: the segregation of individuals with TBI?

J. Documents

J1. Statement of Choice – 1915c ID Waiver

STATEMENT OF CHOICE

I have actively participated in identifying my supports and preferred outcomes for the next year. I have been able to choose the provider of my support services. I am aware that I can ask for a change of state service coordinator or provider agency if I am not satisfied with the help I am getting. If I am eligible for Medicaid, I understand that I may select any available Medicaid provider. I understand I may request changes in services and service provider at any time.

Person/Legal Representative _____ **Date** _____

FOR WAIVER SERVICES COMPLETE THE FOLLOWING:

CHOICE OF SERVICE

I have been advised that I may choose either Home and Community-Based Waiver services or an Intermediate Care Facility for Person's with Intellectual and Developmental Disabilities (ICF/IDD). I have been informed of alternatives available under the Waiver and I choose:

☐ Home and Community-Based Waiver Services ☐ ICF/IDD Services

Person/Legal Representative _____ **Date** _____

☐ I have received and been advised of my responsibilities as a recipient of Home and Community Based Waiver Services.

Person/Legal Representative _____ **Date** _____

FAIR HEARINGS

I have been informed of the right to a fair hearing if I have not been able to choose Home and Community-Based Services instead of placement in an ICF/IDD or Medicaid Home and Community-Based Services are denied, reduced, suspended, or terminated. I understand I must submit a written request for a fair hearing which must be sent to the Medicaid Central Office at 1100 E. William Street, Suite 101, Carson City, NV within 90 days of the date of the decision. If I have any questions regarding this decision, I may call (702) 486-3000, ext. 43602 in the Las Vegas area or I may call 1-800-992-0900, ext. 43602 or (775) 684-3602 in the Carson City area.

In the event I have a complaint about the duration, scope, delivery, or quality of service (including the service provider), I understand I may file a grievance with my Service Coordinator from the Aging and Disability Services Division.

I understand I may be represented by legal counsel, a friend, relative, other person, or I may represent myself.

Person/Legal Representative _____ **Date** _____

Division of Health Care Financing and Policy (DHCFP)
Aging and Disabilities Services Division (ADSD)
Comprehensive
Statement of Understanding

Recipient Name: _____

As an alternative to placement in an institutional setting (i.e. a long term care facility or medical facility), I have the option to choose a less restrictive environment remain in a home and community-based setting (i.e. my own home or assisted living). To assist me with this, I may be eligible for transition services to return to the community or may be eligible for a Home and Community-Based Services (HCBS) Waiver program, which will provide me with additional needed services in a community-based setting.

Please choose one:

☐ I choose a home and community-based setting.
☐ I choose an institutional setting.

If my choice includes a home and community-based setting, then: (Select all three)

☐ I choose to participate in the HCBS Waiver. I understand that my participation is conditional based on my initial and ongoing eligibility for Medicaid and waiver services. _____ (Initial)

☐ I verify that I have been given a list of qualified HCBS Waiver providers. _____ (Initial)

☐ I verify that I participated in the identification of my service needs that will be used to develop my HCBS Waiver Plan of Care. I will actively participate in the development of all future Plans of Care. _____ (Initial)

☐ I understand that my services are developed using person centered planning. _____ (Initial)

I would like to communicate with my case manager in these ways (pick all that apply):
☐ Phone ☐ Email ☐ Text Messaging ☐ In-person

I live in: ☐ My Own Home ☐ An Apartment ☐ A Residential Group Home/Assisted Living
☐ With Family ☐ Other: _____

I know that I can change case managers if I am not happy. ☐ Yes ☐ No

My Responsibilities for Participation in a HCBS Waiver:

I understand I, or legal or designated representative, have/has the responsibility to:

- Notify my provider(s) and case manager of a change in my Medicaid eligibility.
- Notify my provider(s) of my current insurance information, including the name of other insurance coverage, such as Medicare.

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Division of Health Care Financing and Policy (DHCFP)
Aging and Disabilities Services Division (ADSD)
Comprehensive
Statement of Understanding

- Notify my provider(s) and case manager of changes in my medical status, service needs, address, and location, or of changes of status of my legal or designated representative.
- Treat all staff and providers appropriately.
- Sign my provider's daily log to verify services were provided.
- Notify my provider when scheduled visits cannot be kept or services are no longer required.
- Notify my provider agency of missed visits by provider agency staff.
- Notify my provider agency of unusual occurrences, complaints regarding delivery of services, specific staff, or to request a change in caregiver.
- Furnish my provider agency with a copy of my Advance Directive, if applicable.
- Establish a back-up plan in case my waiver attendant is unable to work at the scheduled time.
- Understand a provider may not perform services or work more hours than authorized in my service plan.
- Understand a provider may not work or clean for my family, household members or others.
- Contact my case manager to request a change of provider agency.
- Sign all required forms.

I further understand:

- I may be responsible for payment of a portion of the Home and Community-Based Services cost (called patient liability) based on financial eligibility. If patient liability is established, failure to pay may result in the loss of Home and Community-Based Services.
- I may request a hearing from the Division of Health Care Financing and Policy (DHCFP) if I have not been given a choice of Home and Community-Based Services as an alternative to a long-term-care facility placement, if I am denied this service, or if services are reduced, suspended or terminated. A written request for a hearing must be sent to: DHCFP, 1100 E. William Street, Suite 102, Carson City, NV 89701, within 90 calendar days from the Notice of Decision date.
- I may obtain representation by legal counsel, or a friend, relative or other person, or I may represent myself.

Division of Health Care Financing and Policy (DHCFP)
Aging and Disabilities Services Division (ADSD)
Comprehensive
Statement of Understanding

☐ *I, or my legal or designated representative, have read the Statement of Understanding and understand it.*

OR

☐ *The Statement of Understanding was read to me.*

AND

☐ *I will establish the frequency of ongoing contacts with my case manager, but understand that the contacts must be sufficient to address my individual health and safety needs. Contacts may be made by any form of communication available to both the case manager and to me or my legal or designated representative.*

Recipient Signature Date

Printed Name of Legal Guardian/Legally Responsible Individual/Designated Representative

Reason for Legal/Designated Representation

Legal Guardian/Legally Responsible Individual/Designated Representative Signature Date

Case Manager Signature Date

NMO-3580 (11/16)

STATE OF NEVADA
DIVISION OF HEALTH CARE FINANCING AND POLICY
1915(i): Long Term Support Services (LTSS)
Home and Community Based Services (HCBS)

STATEMENT OF UNDERSTANDING

The Home and Community Based Services (HCBS/ 1915(i) are optional Nevada Medicaid services. These services are offered to you in safe places to help you stay healthy, get better, keep your level of performance high. Our goal is to not lose your level of performance because you become sick or get older. The case manager and provider team will work with you and your representative to make your personal service plan. The case manager and provider team will look at your needs with you and help you choose the services you want and need in the community so you can continue to live at home.

I choose to take part in the Home and Community Based Services program. I prefer to live at home and receive services in my community. I agree to help make decisions about my services and care. I understand that I have to be eligible for Medicaid to remain in this program. I have a choice of who will attend my care and service planning. I have a choice of where the planning of care and services take place.

This form was read to the recipient and/or their legal representative and their choice is indicated below.

Recipient Signature	Date
Authorized or Legal Representative Signature (if applicable)	Date
Case Manager	Date
HCSB Provider and Title	Date

NMO-3580 (11/16)

DIVISION OF HEALTH CARE FINANCING AND POLICY and
AGING AND DISABILTY SERVICES DIVISION
RECIPIENT RIGHTS

Program Origin: ☐ WIN ☐ CHIP ☐ AL ☐ MFP ☐ PAS ☐ OTHER

GENERAL:

You have the right to:

- Individualized services without regard to race, color, religion, national origin, gender identity, sexual orientation, age, or disability.
- Be treated with consideration and full recognition of your dignity and individuality.
- Have your home environment and possessions be respected.
- Inquire and receive prompt response to any questions pertaining to any aspect of your service.
- Receive a written explanation of the hearing process.

FREEDOM FROM ABUSE AND NEGLECT: (Nevada Revised Statute 200.5092)

You have the right:

- Not to be physically, sexually, or otherwise abused.
- Not to be neglected.
- Not to be exploited.
- Not to be isolated.

If you feel you have been abused, neglected, exploited or isolated you should report it right away to law enforcement (9-1-1) or the State of Nevada's Elder Rights Unit or Child Protective Services.

For individuals 18 years of age and younger:
Clark County Hotline number is (702) 399-0081
Statewide Crisis Call Hotline ((800) 992-5757 for Northern and Rural Nevada
Washoe County Crisis Call Hotline (775) 784-8090

For individuals Age 60 years and older:
State of Nevada Aging and Disability Services Division Elder Rights Unit
Las Vegas/Clark County – (702) 486-6930
Statewide/All other Areas – (888) 729-0571

For individuals between 19 and 59 years of age: DIAL 9-1-1

See Reverse Side

PLAN OF CARE DEVELOPMENT:

You have the right to:

- Participate in the development of the Plan of Care and receive an explanation of services proposed.
- Receive a copy of the Plan of Care and a list of alternative resources.
- Receive the names and phone numbers of your assigned Case Manager and their Supervisor.
- Know that all communications and records will be treated confidentially.
- Receive information upon request on Nevada's Medicaid Policies and Procedures, including information on charges, reimbursements and Plan of Care development.
- Participate in the plan when requesting to discontinue services.
- Receive in writing the name and contact number of an official of Nevada Medicaid and the state Advocate's telephone number.
- Contact your Case Manager for issues relating to your care provider or to change your provider agency.

CONTACT INFORMATION:

You may contact your case manager or their supervisor for any issues that you feel need a resolution.

Case Manager Name: _____ Phone Number: _____

Supervisor Name: _____ Phone Number: _____

Date Given to Recipient: _____

See Reverse Side

Developmental Services Regional Center's

PERSONAL RIGHTS & RESPONSIBILITIES BOOKLET

The rights of every individual are protected by the Constitution of the United States, the Bill of Rights, and the Universal Declaration of Human Rights. Individuals with intellectual disabilities retain all of their rights, benefits, and privileges guaranteed by law, regardless of their disabilities. It is the policy of Developmental Services (DS) Regional Centers that each service recipient will be viewed as the decision maker in the exercise of his/her rights and the support staff will provide assistance, guidance, and education toward that end.

Rights of service recipients are restricted only for reasons of, or concerns for, the health and welfare of the service recipient and/or others for whom their actions may pose a risk, or as a result of legal action.

Rights of individuals served by DS Regional Centers are not restricted or denied without "Due Process" which includes:
Individual Support Planning (ISP) team approval;
Signed written consent from the individual/guardian;
Implementation of a plan to teach skills in order to restore the right;
Review and approval of oversight committees (Human Rights and Behavior Intervention Committee)

All rights restrictions shall be considered temporary unless the restriction is a result of legal action e.g. conditions of probation, court order, etc.

Those restrictions implemented for health and welfare reasons prior to completion of "Due Process" will be recognized and reviewed through submission of a Denial of Rights form to the DS Regional Center Quality Assurance Department.

RIGHTS EXIST!!!

Individuals should demonstrate respect for the rights of others as they assert and exercise their own rights.

Individuals choose the rights they wish to exercise by showing interest, making choices, and indicating preferences. Rights "not important" to individuals should be acknowledged annually by the Individual Support Planning (ISP) Team, and are not considered restrictions.

Barriers to the exercising of rights include: low expectation; limited opportunity; limited exposure; and lack of support.

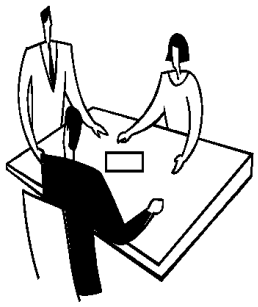
Exercising rights is based on exercising responsibility.

Each right includes a series of responsibilities.

Responsibilities are discussed with service recipients on a regular basis.

PERSONAL RIGHTS AS A SERVICE RECIPIENT

YOU HAVE THE RIGHT to make decisions about your personal goals.



YOU HAVE THE RIGHT to be fully informed verbally and in writing of your rights and responsibilities.

YOU HAVE THE RIGHT to be fully informed and give consent before support and treatment begins.

YOUR PERSONAL RIGHTS

YOU HAVE THE RIGHT to have assistance from your guardian if you need it. (See page 16 for types of guardianships.)

- Guardianship typically does not exclude all rights.
- Guardians assist people to exercise their rights.
- Guardianship is not a life-long proposition.
- People have the right to have their guardianship rigorously reviewed.

YOU HAVE THE RIGHT to prompt, appropriate support and treatment in a manner consistent with current standard of practice and healthcare guidelines.

Before support or treatment begins, you have the right to informed consent. Informed consent consists of being aware of:

1. Nature and consequences of the procedure/treatment
2. Reasonable risks, benefits, and purpose of the procedure/treatment
3. Alternative procedures/treatment as available
4. The understanding that consent may be withdrawn at any time
5. Reasonable access to an interpreter

YOU HAVE THE RIGHT to have representation and/or advocacy. Your representative could be your parent/guardian, an advocate, a friend, an attorney, or anyone you trust and are comfortable with. Your advocate or representative could assist you with defending your rights or stating your concerns. This includes whenever you are being questioned by any legal authority. You may have an attorney present during any investigation procedure.

My advocate(s) are: _____

_____

_____

YOUR PERSONAL RIGHTS

YOU HAVE THE RIGHT to appeal decisions as they relate to your plan. If any right is taken away and you do not know why and/or a decision is made you disagree with, you always have the right to have your right restored and/or appeal the decision.

- You should be afforded the same options for grievance and due process as all other citizens.
- Restrictions should be imposed only with consent and for a specific individualized reason. Steps to restore your rights should be taken as quickly as possible, and specified in a written plan.
- You and/or your guardian should be fully informed about options. Benefits/drawbacks of intervention and alternatives should be discussed.
- Due process should be provided whenever limitations of your rights are imposed. The time frames for the restriction and review should be discussed.

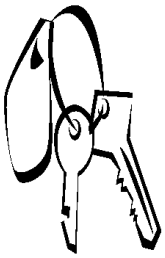
Refer to pages 12 & 14 of this booklet regarding Complaints and Grievance Process.

YOU HAVE THE RIGHT to be free from abuse, neglect, exploitation, and retaliation. This includes the right to have basic needs met such as food, clothing, shelter and medical care. You have the right to not be threatened, insulted, or physically hurt. You have the right to be free from sexual, emotional or psychological abuse. You have the right to be in a safe environment. If any of these things happen to you, you should immediately report them to someone you trust.

YOU HAVE THE RIGHT to be treated with **dignity** and **respect**.

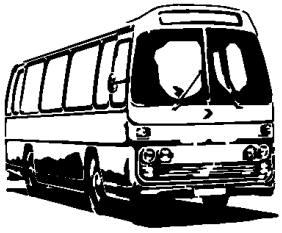
YOUR PERSONAL RIGHTS

YOU HAVE THE RIGHT to look at your clinical record. Others you give written permission to through a release of information may also review your file. This may be arranged by contacting your Regional Center.



YOU HAVE THE RIGHT to live in the least restrictive environment and the right to move freely in your environment. This includes:

- Going out the door to the backyard
- Having a key to your house
- Walking to the store
- Walking around the block
- Using public transportation

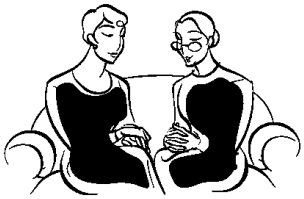


YOU HAVE THE RIGHT to be informed of reasons for voluntary or mandatory transfer, admission, discharge, or commitment. In regards to involuntary commitment, you have the right to a second opinion.

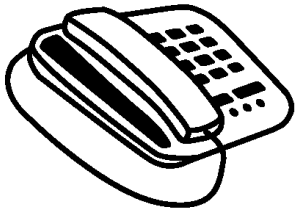
YOUR PERSONAL RIGHTS

YOU HAVE THE RIGHT to have freedom of speech.

YOU HAVE THE RIGHT to have personal information about you shared only with your permission.



YOU HAVE THE RIGHT to have a private place to have visitors.



YOU HAVE THE RIGHT to have access to telephones and privacy for conversations.

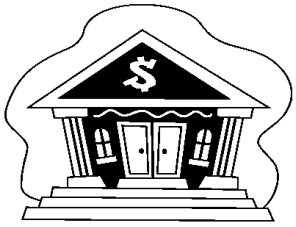
YOUR PERSONAL RIGHTS

YOU HAVE THE RIGHT to have friends and close relationships.

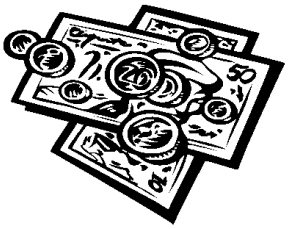
YOU HAVE THE RIGHT to keep in contact with people you choose, and in the manner of your choosing.

YOU HAVE THE RIGHT to manage your own money and have access to your financial records.

The right to manage your money includes:

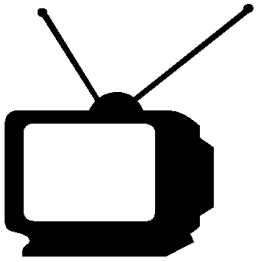


- Carrying your money for purchases such as snacks, lunch, personal items, clothes, etc.
- Keeping your money in a locked box in your room and having a key to the box
- Having a savings account
- Having a checking account and writing your own checks
- Having a debit card
- Being your own representative-payee
- Deciding who will help you manage your money

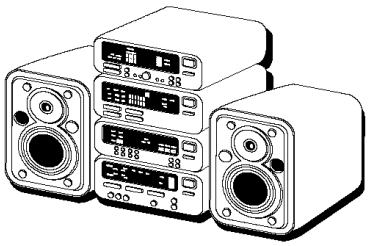


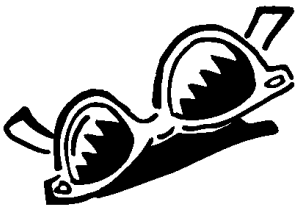
YOU HAVE THE RIGHT to go to school and/or work and to be paid for the work you do.

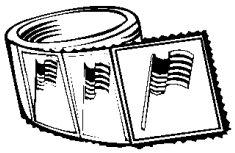
YOUR PERSONAL RIGHTS



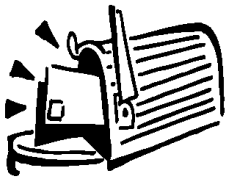
YOU HAVE THE RIGHT to make purchases and keep personal possessions. For example, having your own clothes and keeping your own things. You may watch television, buy and read newspapers, magazines, and books of your choice. You also have a right to have a certain amount of space to store your personal belongings. You have the right to have the residence pay for your lost or stolen property if the loss or theft was the residence's fault.







YOU HAVE THE RIGHT to have writing materials, envelopes, and postage.

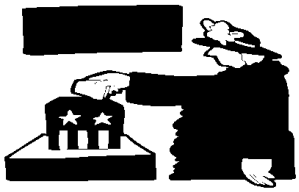


YOU HAVE THE RIGHT to send and receive unopened mail.

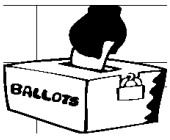
YOUR PERSONAL RIGHTS

YOU HAVE THE RIGHT to select to be photographed and/or participate in research.

YOU HAVE THE RIGHT to participate in religious or spiritual activities of your choosing. You have the right to practice your own faith. You will not be forced to go to a religious event if you do not want to go.



YOU HAVE THE RIGHT to vote, (unless restricted through court order), including the right to accommodations and assistance as needed.



YOUR PERSONAL RIGHTS

SUBJECT: Complaints Process

PURPOSE: To ensure that individuals served by the DS Regional Centers have a process by which to voice complaints and to have an expectation that these complaints will be handled in a fair manner.

PROCEDURE:
If you disagree with a decision/plan that your team has created, have any other complaint about how you are being treated, or quality of services provided to you, you have the right to file a complaint. This means that you can ask for a review to resolve your complaint. If you have a guardian, your guardian can also request this review. These are the steps you can take if you have a complaint:

What you do	What the agency does
1. Talk to your Service Coordinator, or Program Coordinator. Many times a problem can be solved this way. S.C./P.C. Name _____ Phone Number _____ If this does not resolve your complaint, you can proceed to step 2.	S.C./P.C. will talk with you and try to resolve your complaint. If your complaint involves a community provider the S.C./P.C. will assist you in obtaining a copy of that agency's complaint procedure.
2. You may request a special meeting of your team to talk about your complaint/s and try to solve them. If this does not resolve your complaint, you can proceed to step 3.	Your Program Coordinator or Service Coordinator will schedule a team meeting as soon as possible.
3. You may talk to the Service Coordinator/ Program Coordinator's Supervisor. Supervisor Name _____ Phone Number _____ If this does not resolve your complaint, you can proceed to step 4.	The person you talk with will try to resolve your problem with you, or assist you to find the person who can help you.
4. If you think your complaint has not been resolved or if you do not accept the decision of the special team meeting, you may request a review by the Human Rights Committee/ Rights Assurance Committee. You must make this request in writing to the Director of Quality Assurance using the form provided in this booklet, page 16. You need to say what the problem is and what you would like to happen. If this does not resolve your complaint, you can proceed to step 5.	If you want help, staff who work with you will help you write your request and send it. The Human Rights Committee/Rights Assurance Committee will review your concerns at the next regular meeting. You have the right to be at these reviews, and if you have a guardian or advocate they also have a right to be present. The committee will send their findings and re-commendations to the Regional Director and your Service Coordinator/Program Coordinator within 5 working days after the meeting, and, if needed, will work with your team to solve the problem.
5. You may request a review by the Regional Director. You do this the same way you requested a Human Rights Committee/Rights Assurance Committee Review in Step 4. The Regional Director may review your request or may appoint a group or another team to review it. Teams are available from other regions to assist in providing an independent review. Regional Director Name _____ Phone Number _____	The group or team will be appointed within 5 working days. The Regional Director will then make a decision based on the team's report. You have the right to be at these reviews, and if you have a guardian or advocate they also have a right to be present. The decision of the Regional Director is final.

YOUR PERSONAL RIGHTS

If you feel the agency has not responded to your concern or problem, you may contact the Aging and Disability Services Division (ADSD) Administrator at 3416 Goni Road, Bldg. D #132, Carson City, NV 89706.

You also have the right to request assistance from the Nevada Disability Advocacy and Law Center, Inc. (NDALC) at 702- 257-8150 Las Vegas, NV Office, 775-333-7878 Sparks, NV Office, or 775-777-1590 Elko, NV Office.

Regional Director	Date
Director of Community Services	Date
Director of Residential Services	Date
Director of Quality Assurance	Date

COMPLAINT PROCESS REQUEST

I do not agree with or have a complaint about:_____

_____

_____

_____

_____

I request a review of this complaint for the following reasons:_____

_____

_____

_____

_____

_____

I would like to see my complaint resolved as follows: _____

_____

_____

_____

_____

_____

_____ _____
Name Date

_____ _____
Guardian Date

GRIEVANCE PROCESS REQUEST

A grievance is defined as an act, omission, or occurrence that a person, their guardian or advocate feels constitutes a breach of policy for which the ISP has no authority to resolve.

To initiate a grievance process, submit in writing to the Regional Director's Administrative Assistant using the following format outlining the specifics of the grievance.

GRIEVANCE:

You will be notified of a decision within 10 working days.

If you are dissatisfied with the decision you may submit in writing a request for review with the ADSD Administrator at 3416 Goni Road, Bldg. D #132, Carson City, NV 89706.

Name _____ Date _____

Guardian _____ Date _____

YOUR PERSONAL RIGHTS

LEGAL GUARDIANSHIP

Person Only

Guardian is responsible for personal/medical decisions only. The ward or another person or institution representative will make all financial decisions.

Estate Only

The guardian is responsible for financial decisions only. The ward may be capable of making personal and health care decisions, or another person may be appointed guardian of the person.

Person and Estate

The guardian often serves for both the person and the estate.

Guardianship typically does not exclude all rights.

Guardianship assists people to exercise their rights.

Guardianship is not a life-long proposition.

People have the right to have their guardianship rigorously reviewed.

(You have the right to disagree with a petition for guardianship for your person and/or estate.)

Minors

Consumers receiving services under the age of 18 must defer some of their rights/decisions to their parents/guardian in accordance with laws regarding minors.

NOTE to parents and guardians - Your child/ward's rights are to be upheld under all circumstances at all times even if you disagree with their decisions for their own treatment.

YOUR PERSONAL RIGHTS

Pursuant to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990 (ADA), Developmental Services Regional Centers do not discriminate in admissions, provisions of the services, hiring and employment practices on the basis of race, color, national origin, sex, religion, age or disability (including AIDS and AIDS-related conditions).

For further information or to file a complaint, please contact your ADSD Personnel Analyst, located in the south at Administration Building, 1391 South Jones, Las Vegas, NV 89146, (702-486-6200), or the northern ADSD Personnel Officer at 3416 Goni Road, Carson City, NV 89706, (775-684-4219).

If you are a recipient of Home and Community Based Waiver Services:

RECIPIENT RESPONSIBILITIES

As the recipient of ID/RC Medicaid Home and Community Based Waiver Services the recipient, or the recipient's authorized representative, agrees to:

- Notify the provider(s) and service coordinator of a change in Medicaid eligibility.
- Notify the provider(s) and service coordinator of current insurance information, including the name(s) of the other insurance coverage, such as Medicare.
- Notify the provider(s) and service coordinator of changes in medical status, service needs, address, telephone or change of status of legally responsible adult authorized representative.
- Treat all staff and providers appropriately.
- Initial the provider daily record log verifying services were rendered unless otherwise unable to perform this task due to intellectual and/or physical limitations.
- Notify the provider when scheduled visits cannot be kept or services are no longer required.
- Notify the provider of missed visits by provider staff.
- Notify the provider and ADSD Service coordinator of unusual occurrences, complaints regarding delivery of services, specific staff, or to request a change in caregiver(s).
- If applicable, furnish the provider with a copy of the Advanced Directive(s).
- Do not request a provider to work more than the hours authorized in the ISP Support Plan.
- Do not request a provider to provide services for a non-recipient, family or household member(s).
- Contact the service coordinator to request a change in providers.
- Sign all required forms unless otherwise unable to perform this task due to intellectual and/or physical limitations.

J. Documents

J6. Setting Types

Setting Type	Funding Authority	Rule meets HCBS Criteria
Group Homes	1915 c	No
Assisted Living	1915 c	No
24-Hour Supported Living Arrangement (SLA)	1915c	No
Host Home SLA	1915 c	No
Home Habilitation	1915i	No
Adult Day Care	1915c	No
Adult Day Health Care	1915i	No
Day Treatment	1915i	No
Jobs and Day Training	1915c	No

BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

ROMAINE GILLILAND
Director

LAURIE SQUARTSOFF
Administrator

December 22, 2015

Dear Medicaid Recipient:

A new rule issued by the Centers for Medicare and Medicaid Services (CMS) affecting Home and Community Based Services (HCBS) became effective March 17, 2014. In Nevada, this may affect some of the services you are receiving through your HCBS waiver. These waivers include the waiver for Frail Elderly; the Physically Disabled; the waiver for Individuals with Intellectual Disabilities; and Adult Day Health Care.

HCBS programs were created to provide an alternative to nursing homes and other types of institutional care. In recent years, however, some HCBS settings have been criticized for being overly institutional in nature. The new rule says that individuals receiving services and supports must have full access to the benefits of community living and receive supports in the most integrated setting.

This means you have the right to be supported with respect and in a very person-centered way so that you make decisions about how, when, and where you get your services. It also means that you should have the opportunity to be involved in your community.

This is the first time CMS has put in regulation a description of HCBS in this way. Because it is new, states are allowed some time to come into compliance. States have to develop a Transition Plan to describe how they are going to determine if their HCBS services are compliant with the new rule. The Transition Plan is intended to describe how the state will move toward and ultimately achieve compliance with the new HCBS Settings Rule.

Please help the state understand where improvements are needed by completing the enclosed assessment. We will also be holding Public Workshops to gather information. The next one will be January 16, 2015 starting at 9:00am and will be held at the following locations:

Health Division, 4150 Technology Way Room 303 Carson City, NV 89706
DHCFP, 1210 S. Valley View Blvd. Ste. 104 Las Vegas, NV 89102
DHCFP, 1010 Ruby Vista Dr., Ste. 103 Elko, NV 89801

A website has been created that provides a great deal of information regarding these new rules, as well as an email address for comments. The website is https://dhcfp.nv.gov/hcbs.htm and the email address is HCBS@dhcfp.nv.gov. If you do not have access to a computer and would like to provide feedback, you may send a written response to:

DHCFP Long Term Support Services
1150 E William St
Carson City, NV 89701

Thank you