



KANSAS HCBS SETTINGS FINAL RULE

Statewide Transition Plan (STP)

November, 16 2022

KDADS | Long Term Services and Supports Commission | HCBS Division

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INTRODUCTION

PURPOSE

On March 17, 2014, the Centers for Medicare and Medicaid Services (CMS) issued the Home and Community Based Services Settings Rule (called the Rule in this transition plan). The Rule requires states to review and evaluate Home and Community-Based Services (HCBS) Settings, including residential and nonresidential settings. States are required to analyze all HCBS settings where HCBS participants receive services to determine current compliance with the Rule. The Kansas Department for Aging and Disability Services (KDADS) has created a State Transition Plan (STP) to assess compliance with the HCBS Settings Rule and identify strategies and timelines for coming into compliance with the Rule. The federal regulation for the new rule is § 42 CFR 441.301(c)(4)-(5). More information on the rules can be found on the CMS [Home & Community Based Services](#) webpage.

Kansas submitted their initial statewide transition plan on March 17, 2015. Kansas has undergone staff changes and as a result changed direction with their Statewide Transition Plan and implementation. As a result of this change, and in accordance with requirements set forth in the Rule release January 16, 2014 (See § 42 C.F.R. 441.301(c) (6)), Kansas now submits their amended Statewide Transition Plan. Changes include increased stakeholder participation, integrated stakeholder recommendations, revised timelines, and proactive approaches for engaging stakeholders. The identified need for a new direction was derived from the collective views of service recipients, HCBS providers, and the state, including significant, ongoing technical assistance provided to Kansas by officials from CMS. This amended plan includes summaries from previous and ongoing public comment sessions along with the KDADS responses.

The amended STP draft was open for public comment from, November 15, 2016 through December 28, 2016. The public comment period lasted 30 days to allow an opportunity for HCBS consumers, providers, stakeholders, and other interested parties to provide input on the Transition Plan. Notice of comment period was posted on the KDADS web site and disseminated through the local network of Community Developmental Disability Organizations (CDDO) as well as Aging and Disability Resource Centers (ADRC). Stakeholders were informed on ways to obtain a hard copy of the draft transition plan. This notification was published in the Kansas Federal Register and through email announcements. In addition, the state provided both in person and telephonic public comment sessions, with notes recorded for each session. Attendees “called-out” their responses by name, these were recorded, attendees were offered an additional opportunity to provide feedback on a paper survey made available during the meetings and online. Attendees were informed they could comment via email to a special KDADS address. Another unique feature was offered were regular stakeholder calls which have been offered at varying frequencies since the initial public comment sessions in 2016. Feedback from these calls is recorded and posted on the KDADS web site for immediate and future consideration. The statewide transition plan incorporates these public comments. Please see Appendix C for responses to public comments. An overview of the seven 1915(c) waivers currently operating in Kansas follows.

For individuals who need accommodation to access this information, contact KDADS by phone at **785-296-4986** by or email kdads.finalrule@ks.gov Subject Line: **KDADS-HCBS Statewide Transition Plan Accommodation Si desea esta informacion en Español, por favor llame al 1-800-766-9012.**

OVERVIEW OF KANSAS MEDICAID HOME AND COMMUNITY BASED SERVICES WAIVERS

<i>Waiver</i>	Autism (AU)	Intellectual/ Developmental Disability (I/DD)	Physical Disability (PD)	Technology Assisted (TA)	Brain Injury (BI)	Frail Elderly (FE)	Serious Emotional Disturbance (SED)
<i>Institutional Equivalent</i>	State Mental Health Hospital Services	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF IDD)	Nursing Facility	Acute Care Hospital	Traumatic Brain Injury Rehabilitation Facility (TBIRF)	Nursing Facility	State Mental Health Hospital
<i>Eligibility</i>	Time of diagnosis through 5 years of age Diagnosis of an Autism Spectrum Disorder Meet functional eligibility requirements	Individuals aged 5 and up Meet definition of developmentally disabled Meet functional eligibility requirements	Individuals aged 16- 64* Determined disabled by SSA Needs assistance with activities of daily living Meet functional eligibility requirements	Children under the age of 22 Dependent upon intensive medical technology Medically fragile Meet functional eligibility requirements	Individuals aged 16- 64* Experienced a traumatically acquired brain injury Meet functional eligibility requirements	Individuals 65 or older Functionally eligible for nursing care	Children 4-18; age exceptions are granted upon need. Determined seriously emotionally disturbed by CMHC Meet admission criteria for state hospital
<i>Point of Entry</i>	Preliminary Autism Application sent to the HCBS/Autism Program Manager	Community Developmental Disability Organization	Aging and Disability Resource Center	Children’s Resource Connection	Aging and Disability Resource Center	Aging and Disability Resource Center	Community Mental Health Center

Waiver	Autism (AU)	Intellectual/ Developmental Disability (I/DD)	Physical Disability (PD)	Technology Assisted (TA)	Brain Injury (BI)	Frail Elderly (FE)	Serious Emotional Disturbance (SED)
<i>Financial Eligibility Rules</i>	<p>Only the individual's personal income and resources are considered.</p> <p>Parents income and resources are not counted but are considered for the purpose of determining a family participation fee.</p> <p>Income over</p> <p>300% of Supplemental Security Income (SSI) Federal Benefit Rate (FBR) per month must be contributed towards the cost of care.</p>	<p>Only the individual's personal income and resources are considered.</p> <p>Parents income and resources are not counted but are considered for the purpose of determining a family participation fee.</p> <p>Income over</p> <p>300% of Supplemental Security Income (SSI) Federal Benefit Rate (FBR) per month must be contributed towards the cost of care.</p>	<p>Only the individual's personal income and resources are considered.</p> <p>Parents income and resources are not counted but are considered for the purpose of determining a family participation fee.</p> <p>Income over</p> <p>300% of Supplemental Security Income (SSI) Federal Benefit Rate (FBR) per month must be contributed towards the cost of care.</p>	<p>Only the individual's personal income and resources are considered.</p> <p>Parents income and resources are not counted but are considered for the purpose of determining a family participation fee.</p> <p>Income over</p> <p>300% of Supplemental Security Income (SSI) Federal Benefit Rate (FBR) per month must be contributed towards the cost of care.</p>	<p>Only the individual's personal income and resources are considered.</p> <p>Parents income and resources are not counted but are considered for the purpose of determining a family participation fee.</p> <p>Income over</p> <p>300% of Supplemental Security Income (SSI) Federal Benefit Rate (FBR) per month must be contributed towards the cost of care.</p>	<p>Only the individual's personal income and resources are considered.</p> <p>Parents income and resources are not counted but are considered for the purpose of determining a family participation fee.</p> <p>Income over</p> <p>300% of Supplemental Security Income (SSI) Federal Benefit Rate (FBR) per month must be contributed towards the cost of care.</p>	<p>Only the individual's personal income and resources are considered.</p> <p>Parents income and resources are not counted but are considered for the purpose of determining a family participation fee.</p> <p>Income over</p> <p>300% of Supplemental Security Income (SSI) Federal Benefit Rate (FBR) per month must be contributed towards the cost of care.</p>

<i>Waiver</i>	Autism (AU)	Intellectual/ Developmental Disability (I/DD)	Physical Disability (PD)	Technology Assisted (TA)	Brain Injury (BI)	Frail Elderly (FE)	Serious Emotional Disturbance (SED)
<i>Setting Types</i>	Private Home, Child Placing Agency/Licensed Family Foster Care Home/Host Homes	Private Home, Child Placing Agency/Licensed Family Foster Care Home/Host Home, Children’s Residential Services/Professional Resources Family Care, Facility Based Employment, Prevocational Services, Day Habilitation, Supported Employment, Group Home 3-8 People, Independent Living 1-2 People, Shared Living/Host Home	Private Home, Child Placing Agency/Licensed Family Foster Care Home/Host Home, Assisted Living Facility, Home Plus, Boarding Care Home	Private Home, Child Placing Agency/Licensed Family Foster Care Home/Host Home	Private Home, Child Placing Agency/Licensed Family Foster Care Home/Host Home	Private Home, Adult Day Care, Assisted Living Facility, Home Plus, Boarding Care Home	Private Home, Child Placing Agency/Licensed Family Foster Care Home/Host Home

SUMMARY OF KANSAS’ STEPS TO COMPLIANCE

Systemic Assessment (completed)	Settings Assessment (completed)	Remediation (in process and ongoing)	Heightened Scrutiny (in process and ongoing)	Monitoring (in process and ongoing)
<p>Inventory and description of HCBS settings</p> <p>Review of statutes, regulations, contracts, policies and manuals</p>	<p>Assessments by survey, desk review and onsite visits for HCBS settings</p> <p>Identify areas of non-compliance</p> <p>Identify the number of individuals affected by the HCBS Settings Rule</p> <p>Setting types in compliance, partial compliance, or not in compliance with the HCBS settings rule, or require heightened scrutiny</p>	<p>Plan from providers to the state with timelines to come into compliance with the Rule</p> <p>Providers unable to come into compliance will create a transition plan to move individuals to settings that are compliant with the Final Settings Rule.</p> <p>Ongoing and continuous monitoring</p>	<p>For settings presumed by CMS and/or the State not to comply with the Final Settings Rule the state will request heightened scrutiny screenings for settings. An onsite visit is conducted for settings screened in to determine if there is sufficient evidence to present to CMS that the setting is in fact community based. Settings in Kansas that require heightened scrutiny are facility based employment, prevocational services, day habilitation, adult day care, assisted living, residential health care, home plus and boarding care home facilities that are attached or on the grounds of an institution</p>	<p>Ensuring ongoing compliance with the Final Settings Rule</p> <p>Public Engagement (ongoing)</p> <p>Notifying affected individuals about the impact of the HCBS settings rule and related changes</p> <p>Providing forums for public comment and responses received Including public comments and responses</p> <p>Developing and/or revising the Transition Plan based on input received</p>

KANSAS STATEWIDE TRANSITION PLAN (STP)

PAST ASSESSMENT EFFORTS

The state of Kansas began the process of assessing HCBS providers in 2015. It was not yet clear that assessment of 100% of sites (and not providers) was required. There were also few examples of appropriate assessment instruments. The original Kansas assessment tool was developed using existing licensing questions as well as questions based on examples of Final Rule compliance. After receiving 723 responses to the assessment (which was far fewer than 100% representation) and reviewing the results (18% fully compliant, 82% non-compliant on at least one question), it was determined the data was not sufficient to make accurate decisions about remediation. This was largely due to some questions being too specific or not sufficiently capturing the intent of the Final Rule. Kansas also completed onsite assessments and a consumer survey to validate the results of the self-assessments. After administering the assessment, guidance from CMS was released, clarifying that 100% of sites must be assessed and validated. However, these assessment tools did not have clear ties to the self-assessment and could not be used for accurate validation. At that time, Kansas reviewed options for moving forward in a way that would comply with CMS expectations and determined a new, more accurate assessment should be administered to all sites where HCBS is provided.

2019 SITE-SPECIFIC SELF-ASSESSMENT

ASSESSMENT DESIGN

In 2019, KDADS approved plans related to the new assessment process. The new Settings Self-Assessment (Appendix B) was administered online using a secure assessment system maintained by Wichita State University (WSU). The assessment questions were adapted from the Montana Self-Assessment ([The Montana Tool](#)) by the WSU Center for Applied Research and Evaluation (CARE) team and KDADS. The assessment was designed to be completed by providers for each individual location (site) they owned or operated. Thus, some providers completed multiple assessments, one for each of their locations/sites. The assessment had two different versions for residential and non-residential HCBS sites, respectively, so that only questions pertinent to the specific type of setting were asked. After receiving guidance from CMS, assessments specific to foster care child placement agencies and foster care congregate setting providers were also developed. These assessments were based on the New Settings Self-Assessment, with irrelevant questions removed and rewording of the remaining questions to be specific to foster care.

The assessment was composed of yes or no questions, supplemented by required evidence for any answer marked compliant. Whether 'yes' or 'no' was a compliant answer varied by question. If a provider answered an assessment question in compliance with the Final Rule, they were required to upload a file/files as evidence for their answer. Files uploaded to demonstrate compliance included (but were not limited to) images of physical layout of a site, copies of site policies, activity calendars, or community engagement data. These files provided the documentation used for validation/desk review.

ONLINE PLATFORM

[An online platform was designed by CARE \(WSU\) for providers to complete their site assessment\(s\).](#)

This platform provided a secure login for individual providers, an opportunity to save assessment progress for completion later, and the ability to upload supporting evidence in one location. After creating an account and being granted login access, providers were able to answer assessment questions, upload their evidence files before submitting each site assessment. The login accounts gave each provider a dashboard that displays the status of all site assessments they were to complete. The provider dashboards also the providers to see these assessments that have been completed and those that have yet to be completed.

PILOT PROCESS AND ASSESSMENT PERIODS

A pilot of the assessment was conducted with eight providers from September 3-9, 2019. After completing the pilot, providers gave feedback on the assessment to the CARE team. Any necessary changes were made prior to opening the assessment for all providers on September 15, 2019. The assessment closed February 29, 2020. The Foster Care assessment was available from January 22, 2020, until February 29, 2020.

TECHNICAL ASSISTANCE FOR COMPLETING THE ASSESSMENT

Providers were encouraged to download a PDF version of the assessment (Appendix B) from the online platform and prepare the assessment answers and supporting evidence before completing the assessment in the online system. Support was provided to encourage providers to fill out the assessment and facilitate the process while ensuring transparency. This support included trainings, weekly rapid response calls, weekly stakeholder calls, online assessment instructional videos, manuals, technical assistance through email and chats, as well as weekly assessment status reports. A total of 20 trainings for all assessment types (i.e., residential, non-residential, foster care congregate setting and child-placing agency) were provided in multiple cities across Kansas engaging 187 stakeholders. Providers were able to call in to weekly rapid response calls where WSU and KDADS provided relevant updates and answered provider questions. Weekly status reports were sent to all providers and included the number of providers who started assessment(s), level of completion of the assessment(s), and current review status.

SETTINGS ASSESSED

The state **initially** approved the new Settings Self-Assessment (Appendix B) for the following setting types:

- ADULT DAY CARE
- ASSISTED LIVING FACILITY
- BOARD CARE HOMES
- CHILDREN'S RESIDENTIAL SERVICES
- PROFESSIONAL RESOURCE FAMILY CARE

- LICENSED FAMILY FOSTER HOME
- HOME PLUS FACILITY
- IDD DAY SERVICES
- IDD RESIDENTIAL
- SUPPORTED EMPLOYMENT

The Healthcare Common Procedure Coding System (HCPCS) criteria was initially used to identify which setting types are provider owned or controlled in Kansas. Below are the codes and setting types identified:

- HCPCS S5101 - ADULT DAY CARE
- HCPCS S5102 - ADULT DAY CARE
- HCPCS S5125 - PERSONAL SERVICES CARE - AGENCY-DIRECTED
- HCPCS T2016 - ADULT AND CHILDREN RESIDENTIAL
- HCPCS T2021 - DAY SUPPORTS AND PRE-VOCATIONAL SERVICES

However, after additional guidance from CMS and research by state staff the HCPCS criteria were used to identify what setting types are considered provider owned or controlled in Kansas and their following sites below were finally approved to complete the Settings Self-Assessment (Appendix B).

- ADULT DAY CARE
- ADULT CARE HOMES (assisted living facilities, home plus facilities, residential health care facilities, boarding care homes)
- CHILD PLACING AGENCIES (licensed family foster care homes/host homes)
- IDD DAY SERVICES (facility-based employment, prevocational services, day habilitation)
- IDD RESIDENTIAL (group home 3-8 people, independent living 1-2 people, shared living/host home/extended family teaching model 1-2 people, children's residential/professional resource family care setting)

Although the Settings Self-Assessment initially targeted all the services mentioned in the previous sections; in addition to IDD residential group homes, day services, shared living, host homes and extended family teaching model settings, after additional research and guidance from CMS to clarify appropriate service locations, the state narrowed down the focus of HCBS final rule to waiver services that are provided in settings owned or controlled by a provider to be assessed. Shared living/host homes, group homes, independent living, the shared living/host home/extended family teaching model and children's residential services/professional resource family care are provided under the IDD residential billing code and were assessed for programs identifying as such. Shared living, host homes and the extended family teaching model are the same service type but have different names depending on the provider. It is where 1-2 individuals on the IDD waiver live with a private family. Facility-based employment, prevocational services and day habilitation are types of IDD day service programs and were assessed under this category. The state does not offer group supported employment in any of its waivers. Supported employment is always offered on an individual 1-1 basis in the competitive integrated community. As these settings are in the integrated community, they were presumed compliant and were not assessed. Supported employment will be included in ongoing monitoring activities. Boarding care homes, assisted living facilities, home plus facilities and residential health care facilities are residential settings and were assessed under adult care homes as identified by setting type. All non-residential and residential setting type compliance results have been explained and broken out in a chart on pages 19-20.

The state further determined that per the HCBS waiver, congregate foster care settings are not eligible to serve persons receiving HCBS funding and therefore did not need to be assessed due to services being located in institutional type facilities. Congregate foster care settings were notified of this determination and that waiver funds cannot and will not be utilized for such settings. Another category of host homes is a variation of licensed family foster homes in which a child is placed with a private family. These setting types were assessed under the umbrella of licensed family foster homes by KDADS and the CPAs.

Training and education reminders were held in 2020, 2021 and 2022 with staff from the Kansas Department for Children and Families (DCF) who oversee licensed family foster care homes and the Child Placing Agencies (CPA). Quarterly trainings will be offered starting in the summer of 2023 to continue awareness of appropriate settings for HCBS waiver services as part of ongoing monitoring activities. Only licensed family foster homes which includes some host homes are eligible to serve HCBS participants in Kansas per current waiver standards.

ASSESSMENT DESIGN FOR CHILD-PLACING AGENCIES AND LICENSED FOSTER CARE SETTINGS

After confirming that CPAs needed to participate in the assessment, the state designed a self-assessment survey so it could be taken once by each child-placing agency rather than by or for each home within which HCBS service receiving children were placed. The rationale and design behind this decision was that the CPA could respond to each question as to whether they require each home, in which children receiving HCBS services were placed, to meet the Final Rule as well as how they assess home compliance. All relevant questions from the residential survey (described above) were used as the foundation for the CPA assessment. This approach was implemented in lieu of requiring an individual assessment of each home in which children who receive HCBS services were placed. All processes described below were the same for the CPA provider assessment except for the pilot process and assessment period. There was no pilot with CPAs and the assessment period was from January 24, 2020, to February 28, 2020. CPAs that oversee the foster care homes have been trained by KDADS on final rule criteria to assist them on awareness of what items to check during monthly visits regarding final rule requirements.

Following technical support from CMS in early 2022, it was determined that individual foster care non-kinship home settings that fall under the CPAs would need to be assessed as well. Kinship foster care homes were determined presumed compliant as children are living with family members in private integrated community settings. These settings will be included as part of ongoing monitoring strategies in partnership with DCF and the CPAs. KDADS met with DCF in May and April of 2022 to develop an assessment process in collaboration with the monthly CPA contact requirements. Interview questions were based off the residential survey and assessment for foster care settings by the CPAs to further verify all final rule characteristics were being surveyed. DCF and the Community Developmental Disability Organizations (CDDOs) assisted with compiling of interview lists for non-kinship foster family homes. DCF and the CPAs received training on how to complete interviews with families by KDADS in July of 2022. The CPAs asked for and were granted the months of August 2022 and September 2022 to complete assessments of foster care parents during monthly face-to-face contacts with children. Upon submission of returned interview documents from the CPAs, KDADS reviewed all documents in addition to the child's person-centered service plan and the CPA's policies/procedures of the organization to further verify compliance of all final rule criteria. Furthermore, KDADS was assigned a ten percent sample of assessments and interviews for foster parents to validate the consistency of documents submitted from the CPAs.

Ongoing monitoring for continued compliance of foster care settings on all final rule requirements will be completed by the HCBS Compliance Team. Each provider will be assigned a HCBS Compliance Specialist who will be responsible to verify a CPA's initial and ongoing compliance with final rule settings criteria, as well as verifying all HCBS settings criteria are accounted for during annual recertification. Kansas has developed the HCBS Compliance Portal in which providers of all owned or controlled settings must complete an initial self-assessment and annual recertification process for all final rule requirements. This process includes the CPAs. DCF provides a monthly list of children in foster care receiving HCBS to KDADS which will be used to track homes that need assessed. The HCBS Compliance Specialist will oversee assigned CPAs through the review and validation of policies/procedures, completion of onsite visits and interviews of staff and foster parents in partnership with the CPAs and DCF. The utilization of current assessment tools will continue.

SETTINGS PRESUMED COMPLIANT

Settings providing services outside the HCPCS codes listed above are presumed compliant, as the state determines such settings are individualized and are being provided in compliant integrated community settings as defined by the rule. Settings where a HCBS participant lives in a private residence receiving services under the HCPCS codes, that are provider-owned, or controlled completed a full assessment. All settings were required to submit evidence which included policies, manuals, handbooks, lease agreements and other documentation for validation/desk review to show compliance. During the assessment phase, some providers were unclear about whether they were presumed compliant. The state required such providers to contact the project team via email or chat through the project website for a case-by-case review and determination of presumed compliance.

Settings where Medicaid HCBS services are provided to HCBS waiver participants but are not owned or operated by a provider and no residential service billing codes are used by a provider, might be presumed compliant with the HCBS Settings Final Rule pending confirmation from the state. We notified providers that no provider should assume a setting is presumed compliant without confirmation from the state. Providers who believe a setting is presumed compliant are encouraged to contact the state about the setting to receive confirmation.

Settings that are presumed compliant are not required to take the provider self-assessment, however, settings that are presumed compliant will be monitored in the ongoing monitoring process and must maintain compliance with the HCBS Settings Final Rule.

Trainings and guidance sessions were provided to educate providers and stakeholders on the presumption of compliance to provide clarity concerning determinations. The state's plan for ongoing monitoring includes plans to conduct annual training sessions and outreach for all providers (including those presumed compliant) and stakeholders on the core characteristics (rights, choice, privacy, autonomy, integration) of HCBS. Along with provider owned and controlled settings, those presumed compliant will be monitored using participant surveys that will be administered through the MCO care coordination process. Kansas will monitor settings presumed compliant for trends extrapolated from the participant surveys to determine if such settings in question meet any of the scenarios where they might be institutionalizing or isolating.

REVERSE INTEGRATION

During state training and education sessions throughout 2020, 2021 and early 2022, waiver participants, providers and stakeholders were made aware that reverse integration or any model of intentionally inviting those not receiving HCBS/Medicaid services or not having a disability into their settings will not be adequate as the primary or only strategy to comply with community integration. Kansas has taken the stance reverse integration compliance will be enforced for all nonresidential and residential settings. Further guidance is giving on how to assure waiver participants are fully integrated to interact with nondisabled individuals for person centered supports through transportation coordination, walkability/mobility/ambulatory education and assistance, employment opportunities, volunteerism, religious, social and recreation activities. Reverse integration training will remain part of annual and as needed training for all stakeholders.

Furthermore, interviews were completed with individuals receiving supports and their staff in settings flagged for heightened scrutiny. Part of the interview questions and observation aim at seeking to know how the setting supports the person to integrate amongst their broader community. The team viewed policies, activity logs, activity plans, transportation logs and other documentation as evidence of community access. A check for reverse integration will continue to be part of new provider assessments and ongoing monitoring.

VALIDATION/DESK REVIEW PROCESS

Once each site assessment was completed, it went through a validation process performed by the CODC team, and then a desk review process was conducted by KDADS. The validation and desk review processes were designed to determine whether the evidence documents submitted by the provider such as pictures, policies, procedures, rental agreements, service agreements, support plans, activity logs and transportation logs were sufficient to show compliance to the related questions, assess overall compliance with the Final Rule, and screen for heightened scrutiny. Through their desk review, KDADS made a final determination of compliance for each assessment question and heightened scrutiny designation. For sites with less than 100% compliance of the Final Rule, a remediation process was started. The remediation process includes the provider and Community Connections Teams working to give guidance on the modification of previous documents sent in for evidence or the resubmission of pictures to meet compliance standards of the Final Rule. For sites flagged in heightened scrutiny, virtual on-site visits and participant interviews were conducted to determine if the site was able to remediate, or if they require a transition plan for current service recipients.

DESK REVIEW DECISION MAKING ENTITIES:

KDADS CONTRACTED ENTITY

- Responsible for reviewing evidence submitted and validating them against the responses provided in the self-assessment.
- Responsible for engaging the providers as provider support specialists to educate, and support providers on types of acceptable evidence and remediation strategies that can help show compliance.
- Trained using CMS guidelines on the setting's final rules.

KDADS STAFF

- Responsible for making final decisions on evidence submitted by the provider, reviewed and validated by the contracted entity.
- Responsible for providing final approvals on settings compliance determinations.
- Responsible for all heightened scrutiny activities after desk review and validation.
- Trained using CMS guidelines on the setting's final rules.

KDADS LEADERSHIP

- Responsible for reviewing issues regarding provider statuses, rejected evidence, and project-wide issues and concerns.
- Responsible for approving provider certification of compliance after a provider has been found to be compliant across all their enrolled settings.
- Trained using CMS guidelines on the setting's final rules.

VALIDATION AND DESK REVIEW ACTIVITIES

ASSESSMENT FINDINGS:

The assessment was completed for 2,837 sites by a total of 443 providers. Individual site assessment totals are as follows:

- **Residential and Non-Residential Assessments: 2,815 sites**

- **Child Placing Agencies (CPA): 20 Assessments**
- **Congregate Foster Care Settings: 5 sites**
 - During the course of the assessment, the state determined that congregate foster care settings were/are not eligible to serve persons receiving HCBS funding and therefore did not need to be assessed. Congregate foster care settings were notified of this determination.

After initial review of providers who completed the residential and non-residential assessment, it was determined that (9) assessments were taken in error and therefore removed from the total. The total number of residential and non-residential assessments included in the analysis is 2,806. Additionally, it was determined that congregate foster settings did not need to be assessed; therefore, their sites are also removed from analysis.

Of the 2,806 valid residential and non-residential assessments, 89% of the sites were residential (n=2,504), and 11% were non-residential (n=302). The sites serve a total of 86,725 individuals, of whom 17% (14,837) receive HCBS-funded services. After desk review, all 2,806 sites were marked non-compliant and required remediation.

For the CPA assessment, the 20 sites serve a total of 3,778 individuals, of whom 6% (211) receive HCBS-funded services. After desk review, all 20 assessments were marked non-compliant and required remediation. In addition to the CPA assessment, 93 interviews of non-kinship licensed foster care parents and a review of each child’s person-centered service plan was completed to further validate compliance of all final rule requirements.

ASSESSMENT COMPLIANCE RESULTS (OCTOBER 2022)

A significant achievement here is that Kansas believes these settings can overcome the presumptions of institutionalization and can continue to provide supports and services to HCBS participants in the state. However, Kansas understands that this current determination is pending final review and determination by CMS. Passing this milestone reflects that the state, its enrolled providers, and HCBS sites/settings are capable of ensuring that individuals receiving supports and services have full access to the benefits of community living in the most integrated settings, regardless of the physical characteristics of those sites/settings. Please note that all settings except two under the category “will not/cannot” comply are those that have asked to be removed from the remediation process. These are settings that asked to “drop out” due to participants choosing to move to a new service location or a provider choosing to stop rendering HCBS. All waiver participants have undergone the current transition process these past two years to continue receiving services in new locations. The two settings that truly cannot comply with final rule began the transition process in September of 2022. Public notices were shared in October and November 2022 of the provider’s names. Direct notifications were sent to the MCOs, Ombudsman and CDDOs to begin notifications/transition planning for waiver participants. Transition Plans are due to KDADS by December 15, 2022 to describe relocation activities and/or other funding sources identified. KDADS will also be sending a 90-day, 60-day and 30-day transition notification directly to waiver participants/guardians. The two settings consist of one assisted living (11 participants) and one IDD day habilitation program (3 participants) which will affect a total of 14 participants. The following chart depicts a breakdown of compliance by setting types:

Table 1 COMPLIANCE BY SETTING TYPES OCTOBER 2022

Results	Adult Day Care (non-residential)	Pre-Vocational Services /Facility Based Employment (non-residential)	Day Habilitation Services (non-residential)	Assisted Living (residential)	Home Plus (residential)	Boarding Care Home (residential)	Residential Health Care Facilities (residential)	Shared Living/Extended Family Teaching Model/Host Home (residential)	Group Home, 3-8 People (residential)	Independent Living, 1-2 People (residential)	CPA (residential)	Licensed Family Foster Care/Host Home (residential)	Children’s Residential/ Professional Resource Family Care Setting (residential)	Total
Fully Compliant	2	54	196	76	27	0	0	59	644	1137	15	93	1	2304
Compliance with Modifications	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Will Not/Cannot Comply	5	4	31	8	4	0	0	6	90	230	5	0	0	383
Will Submit Evidence for the Application of HS	2	21	2	71	30	0	0	2	38	81	0	0	0	247
Total number of settings	9	79	229	155	61	0	0	67	772	1448	20	93	1	2934

REASONS FOR NON-COMPLIANCE PER ASSESSMENT

The following tables show, from largest to smallest, the count and percentage of assessments found non-compliant for each individual assessment question after desk review.

RESIDENTIAL AND NON-RESIDENTIAL ASSESSMENT (N=2,806)

Residential and Non-Residential Assessment Questions	Number	Percent
Are the persons-served at this site exclusively people with disabilities?	2716	96.8%
Do you provide staff and volunteers at this site with training and continuing education related to the rights of persons-served?	2564	91.4%
Can persons-served at this site attend community activities and services (e.g., shopping, religious services, scheduled appointments, lunch with family and friends) whenever they choose?	2490	88.7%
Are persons-served at this site required to receive medical, behavioral, or therapy services on-site?	2415	86.1%
Does the facility at this site have any barriers which limit access (e.g., Velcro strips, locked doors, locked cupboards, locked refrigerators, etc.)?	2414	86.0%
Does your agency own or operate multiple sites (i.e., locations) located on the same street/block?	2384	85.0%
Does this site provide anyone (besides the persons-served and appropriate staff) with a key or a way to be "buzzed in" for entering the facility?	2369	84.4%
Does this site also offer on-site day services? [Shown for residential providers – determined by question A8 “Is this setting considered residential or non-residential?”]	2324	82.8%
Are there restrictions at this site regarding when persons-served can "come and go"? [Yes = noncompliance dependent on D4.1]	2245	80.0%
Does this site share information with persons-served about community events and activities?	2205	78.6%
Does the facility at this site offer privacy to persons-served while using a telephone, internet, or any other personal communication devices?	2080	74.1%

Residential and Non-Residential Assessment Questions	Number	Percent
Do persons-served at this site have full access to laundry facilities?	2068	73.7%
Do persons-served at this site set their own daily routines for things such as hygiene, care delivery, recreation, and meals?	1981	70.6%
Do persons-served at this site have full access to the microwave and refrigerator?	1972	70.3%
Can persons-served at this site choose to do their own laundry?	1959	69.8%
Do persons-served at this site have a choice to eat alone or with others?	1957	69.7%
Do persons-served at this site have full access to the kitchen? [No = noncompliance additional answer needed from F17.1]	1927	68.7%
Does the facility at this site have larger than double occupancy bedrooms?	1923	68.5%
Does this site have entrance doors that can be locked by the persons-served, with only appropriate staff having keys to door?	1916	68.3%
Do persons-served at this site have a choice of when AND what to eat?	1891	67.4%
Can persons-served have visitors of their choosing at any time?	1888	67.3%
Are furniture decorations arranged at the discretion of the person-served at this site?	1872	66.7%
Do persons-served at this site have full access to the dining area?	1864	66.4%
Can persons-served at this site lock the bathroom door for privacy?	1850	65.9%

Residential and Non-Residential Assessment Questions	Number	Percent
Are the living spaces at this site arranged in a way that ensures privacy during personal care?	1837	65.5%
Do persons-served at this site have full access to the common area?	1836	65.4%
Do persons-served at this site have the option of locking his/her bedroom door for privacy when they choose?	1827	65.1%
Do staff at this site knock on the door or ring a doorbell for access to persons-served private room(s)?	1816	64.7%
Are persons-served at this site given the option to choose their roommate when sharing a bedroom? (If you have single occupancy rooms ONLY, select "Yes".)	1738	61.9%
In addition to on-site activities, does this site provide opportunities for persons-served to participate in community events, activities and services?	1736	61.9%
Are bedroom decorations and furniture arranged at the discretion of the person-served at this site?	1687	60.1%
Is the facility physically accessible to persons-served at this site?	1648	58.7%
Does this site offer accommodations (e.g., grab bars, seats in the bathroom, ramps for wheelchairs, etc.) to persons-served who need supports to move about the facility?	1522	54.2%
Does the Landlord-Tenant law apply at the site for which you are filling out this assessment?	1169	41.7%
Do you provide persons-served at this site with a process to file a grievance if they believe their rights have been violated?	972	34.6%
Do you provide persons-served at this site with information about their rights?	912	32.5%

Residential and Non-Residential Assessment Questions	Number	Percent
Is this site located in a building on the grounds of, or immediately adjacent to, a public institution? Examples of public institutions are: a nursing facility, an institution for mental diseases, an intermediate care facility for individuals with intellectual disabilities, a hospital, or any other locations that have qualities of an institutional setting (42 CFR 441.301(c).5)	876	31.2%
Is this site in a gated/secured community?	801	28.5%
Is this site located in or attached to a building that also provides inpatient institutional treatment (e.g., nursing home/facility or hospital etc.)?	487	17.4%
Does this site also offer residential services? [Shown for IDD day service sites – determined by chosen setting type in question A4]	280	10.0%
Is there a written agreement at this site that offers responsibilities/protections from eviction for persons-served?	238	8.5%
Were the restrictions at this site regarding when persons-served can "come and go" developed and agreed upon by persons-served?	230	8.2%
When not doing paid work, are persons-served allowed to participate in deciding their activity schedule?	227	8.1%
Does the facility at this site have a space for persons-served to secure personal belongings?	208	7.4%
Is the facility at this site arranged in a way that ensures privacy during personal care?	201	7.2%
Do persons-served at this site have the opportunity to participate in tasks and activities matched to their skills, abilities, and desires?	192	6.8%
Do persons-served at this site have access to a separate meal prep area or options to cook if they desire (within the limitations of their service plan)?	151	5.4%

Residential and Non-Residential Assessment Questions	Number	Percent
When working, are persons-served allowed to participate in deciding their work schedule?	110	3.9%
Is this site a work setting?	0	0.0%

Table 2: Residential and Non-Residential Assessment Question

CPA ASSESSMENT (N=20)

CPA Assessment Questions	Count	Percent
Do you assess that the foster homes offer privacy to persons-served while using a telephone, internet, or any other personal communication devices as appropriate for their age?	14	82.4%
Does your agency have policies or procedures that ensure all children who receive HCBS Waiver services that are placed in your homes have a person-centered service plan (completed by the MCO) that is supported by medical necessity (mental health, safety, etc.) and reflects their rights being equal to the rights of other children receiving non-HCBS services?	14	82.4%
Do you have policies or procedures in place that ensure that the foster homes offer privacy to persons-served while using a telephone, internet, or any other personal communication devices, as appropriate for their age?	13	76.5%
Do you have policies or procedures that ensure that the foster homes offer accommodations (e.g., grab bars, seats in the bathroom, ramps for wheelchairs, etc.) to persons-served who need support to move about and be self-sufficient within the home?	13	76.5%
Do you have policies or procedures that ensure that the foster homes are physically accessible to persons-served?	12	70.6%

CPA Assessment Questions	Count	Percent
Do you assess that the foster homes offer accommodations (e.g., grab bars, seats in the bathroom, ramps for wheelchairs, etc.) to persons-served who need support to move about and be self-sufficient within the home?	12	70.6%
Do you ensure that the families of all children placed in your foster homes receive a copy of the person-centered service plan?	12	70.6%
Do you assess that the foster homes are physically accessible to persons-served?	11	64.7%
Do you assess that persons-served at the foster homes have access to the common area the home as appropriate for their age and to the same degree as others in the home?	10	58.8%
Do you assess that persons-served have options for age-appropriate privacy?	9	52.9%
Do you assess that the living spaces at the foster homes are arranged in a way that ensures privacy during personal care?	9	52.9%
Do you place children in foster care homes that are designated to serve only children with disabilities?	8	47.1%
Do you have policies or procedures in place that ensure that persons-served at the foster homes have access to the home as appropriate for their age and to the same degree as others in the home?	8	47.1%
Do you assess that persons-served can have visitors as appropriate for their age?	7	41.2%
Do you have policies or procedures that ensure that persons-served can have visitors as appropriate for their age?	6	35.3%
Do you have policies or procedures in place that ensure that persons served are treated the same as other children residing in the home, as appropriate for their age and ability?	6	35.3%

CPA Assessment Questions	Count	Percent
Do you assess that persons-served are treated the same as other children residing in the home as appropriate for their age and ability?	6	35.3%
Do you have policies or procedures in place to ensure that persons-served have options for age appropriate privacy?	5	29.4%
Do you have policies or procedures in place that ensure that the living spaces at the foster homes are arranged in a way that ensures privacy during personal care (e.g., bathing, toilet)?	5	29.4%
Do you assess compliance with written policies or requirements regarding restraint in each foster home in which you place children?	4	23.5%
Do you have policies or procedures that ensure that foster homes provide opportunities for persons-served to participate in organized community events, activities and services as appropriate for the child's age?	3	17.6%
Do you assess that persons-served at the foster homes can attend individual activities and services of their choosing (e.g., shopping, religious services, scheduled appointments, lunch with family and friends) as appropriate for their age?	3	17.6%

Table 3 CPA Assessment Questions

INITIAL VALIDATION AND DESK REVIEW FINDINGS:

The findings are in this table below:

Description (After Initial Evidence Validation)	Number of Settings
Settings were non-compliant in one or more question(s) and require remediation (zero sites were fully compliant)	2,829

Description (After Initial Evidence Validation)	Number of Settings
Settings that were found to be compliant	0
Settings that were in one or more Heightened Scrutiny category (categories 1, 2 or 3):	2,806
Settings that were in Heightened Scrutiny category 1 alone	0
Settings that were in Heightened Scrutiny category 2 alone	3
Heightened scrutiny category 3 alone (includes 8 CPA sites)	1,893
Heightened scrutiny categories 1 and 2	2
Heightened scrutiny category 1 and 3	19
Heightened scrutiny categories 2 and 3	405
Heightened scrutiny categories 1, 2, 3	466
Settings that are not compliant with category 1, or 2, or both. Setting determined as needing an on-site assessment.	895
Note: There are distinct number of settings in each pool listed above. The addition of line 5, 7, 8, 9, 10, equals 895 in line 11.	No value

Table 4 INITIAL VALIDATION AND DESK REVIEW FINDINGS

ISSUE WITH HEIGHTENED SCRUTINY VALIDATION AND FINDINGS:

After the assessment's initial validation and desk review, KDADS had over 99% of the total number of settings assigned to the Heightened Scrutiny Team due to the 'flagging' after all online assessments were validated and reviewed by the state desk review team. These settings were flagged for the following various reasons.

1. A reviewer could not verify whether such setting was institutional or not from the pictures submitted via the online assessment.
2. Some settings provided answers indicating compliance but failed to submit required evidence for review.
 - a. When a reviewer could not clear a setting of institutional presumptions, such a setting was flagged and moved to the HS Team for further review.
3. Several settings did not understand the questions clearly, answered incorrectly and/or did not submit any evidence.
 - a. Reviewers quickly dismissed them as not being able to validate and moved them into the Heightened Scrutiny category.
4. Settings that are not compliant with category three of the heightened scrutiny categorizations are overrepresented in the pool assigned to the HS Team. Based on our preliminary findings from stakeholder learning collaboratives and training exercises, we believe that a large share of providers do have settings that are compliant with the Final Settings Rule. However, they did not adequately show inclusion and community access in their policies, or evidence submitted. We believe such providers can modify language presented in their policies and demonstrate their compliance with the Final Rule.

PRE-HEIGHTENED SCRUTINY EVIDENCE RE-VALIDATION:

After the self-assessment, initial validation and review, the HS settings flagged as requiring on-site visits, because they were not compliant with categories one and two (C1 and C2) of the heightened scrutiny categorizations, was inflated for reasons mentioned above. The state embarked on a **pre-heightened scrutiny evidence re-validation** to determine settings that truly met categories one and two (C1 and C2) of the heightened scrutiny categorizations.

THE TWO-WAY COMMUNICATION MODEL

Each site designated by the self-assessment to be considered category one or two heightened scrutiny was included in an extra validation process called the two-way communication. The two-way communication model allowed providers to interface directly with the heightened scrutiny team, to specifically determine whether the evidence presented from category one or two sites suggested the only way forward was a virtual assessment, or if the evidence could be modified to absolve the presumption of heightened scrutiny.

To sort out the actual number of settings requiring heightened scrutiny review, the HS Team is:

1. Requesting new evidence from those missing or having issues with the initial evidence submitted,
2. Revalidating new evidence received,
3. Verifying Heightened Scrutiny status.
 - a. This process is exclusively focused on the questions that address HS.
 - b. The Heightened Scrutiny Team is working with all settings flagged for heightened scrutiny 1 and/or 2 to verify whether that categorization should remain.

As the team conducted pre-HS evidence re-validation, it found that the majority of the settings initially indicated as HS categories 1 and 2 do not qualify to be classified as requiring on-site assessments or fall in category three of HS. In some cases, those who have been verified as not belonging in C1/C2 HS have just a few questions to remediate and/or still fall into Category 3 or the non-heightened scrutiny remediation phase and are well on their way to compliance once verified. They are placed in one of the following categories to continue their path to compliance.

1. Remediation Phase:
 - a. Clarification: Settings that are verified as not belonging to any heightened scrutiny categorization are moved to the 'Remediation Phase' to complete any other non-compliant questions.
 - b. The Remediation Team is responsible for ensuring that all settings have completed the remediation process, submitted evidence that has been determined as compliant, has been cleared of all heightened scrutiny categorizations by the HS Team, and determined compliant.
2. Category 3 (C3) Heightened Scrutiny:
 - a. Until 7/1/2021, Heightened Scrutiny Category 3 only settings were in the “Remediation Phase” and will continue working with the remediation team until compliant.

According to the project timeline, category three settings were expected to complete remediation by 7/1/2021, so they did not have to be submitted for public comment and to CMS for further review. At this point, we plan to conduct additional interviews/assessment for category 3 settings that did not meet the deadline. It is the state’s understanding that it is expected to submit the list of settings that did not make the deadline, after public comment has been held.

FINDINGS AFTER HEIGHTENED SCRUTINY RE-VALIDATION AND DESK REVIEW:

Description (After Evidence Re-validation)	Number of Settings
Heightened Scrutiny Settings that are either in category 1, or 2, or both, and determined as needing an on-site assessment after initial review and validation .	895
Heightened Scrutiny Settings that are either in category 1, or 2, or both and determined as needing an on-site assessment after the revalidation process	74
Heightened Scrutiny Settings that are either in category 1, or 2, or both and that have completed on-site assessment (virtual) after revalidation.	69

Description (After Evidence Re-validation)	Number of Settings
Heightened Scrutiny Settings that are either in category 1, or 2, or both and not responding to the state’s request to conduct an assessment.	5
*Settings that were either cleared out of the Heightened Scrutiny categories 1, and 2 after revalidation or requested closure, or did not respond to the state’s request to conduct an assessment.	821
*In the course of the re-validation, a number of settings opted out of the project after having transitioned the persons served at their setting. Such settings did not count as part of this number.	No value

Table 5: FINDINGS AFTER HEIGHTENED SCRUTINY RE-VALIDATION AND DESK REVIEW

SETTINGS ASSESSED FOR CHARACTERISTICS OF INSTITUTIONALIZATION (HEIGHTENED SCRUTINY CATEGORIES 1 AND 2) IN KANSAS

IDENTIFIER	SETTING NAME	SETTING TYPE	CATEGORY
2532	1501 E. Peoria Paola	I/DD Day	Category 2
2533	2 Sunrise Circle	I/DD Day	Category 2
1341	4 Sunrise Circle, Paola, KS 66071	I/DD Residential	Category 2
2903	513 Paramount Apt #26	I/DD Residential	Category 2
813	5926 Eisenhower #10	I/DD Residential	Category 2
815	5926 Eisenhower #35	I/DD Residential	Category 2

IDENTIFIER	SETTING NAME	SETTING TYPE	CATEGORY
816	5926 Eisenhower #41	I/DD Residential	Category 2
818	5926 Eisenhower #59	I/DD Residential	Category 2
2485	8500 Pflumm	I/DD Residential	Category 2
3926	Aldersgate Village Assisted Living	Assisted Living	Category 1
4096	Alma Manor	Assisted Living	Category 1
3888	Arkansas City Presbyterian Manor	Assisted Living	Category 2
1851	Arrowhead West Ince San Jose	I/DD Day	Category 2
3401	Ascension Living Via Christi Village McLean Assisted Living	Assisted Living	Category 1
1612	Assisted Living at Windsor Place LLC	Assisted Living	Category 2
3284	Autumn Place Memory Care Unit	Assisted Living	Category 1
3612	Brewster Assisted Living	Assisted Living	Category 2
3823	Buhler Sunshine Home, Inc.	Assisted Living	Category 1
4040	Catholic Care Center	Assisted Living	Category 1

IDENTIFIER	SETTING NAME	SETTING TYPE	CATEGORY
1429	Cheney Golden Age Home Plus dba Main Street Villa	Home Plus	Category 2
3912	Clay Center Presbyterian Manor	Assisted Living	Category 2
4464	Cornerstone Assisted Living dba Via Christi Village Ridge Assisted Living	Assisted Living	Category 1
1948	Country Living of Larned	Assisted Living	Category 2
2320	Country Living of Larned Home Plus	Home Plus	Category 1
4164	Countryside Health Center	Assisted Living	Category 1
268	Diversicare of Larned	Assisted Living	Category 1
1219	Frontier Developmental Center, Norton	I/DD Day	Category 2
3646	Good Samaritan Society- Ellis Meadowlark Place	Assisted Living	Category 1
4116	GOOD SAMARITAN SOCIETY THE LODGE	Assisted Living	Category 2
2208	Goodland Day service	I/DD Day	Category 2
748	Gran Villas Atchison	Assisted Living	Category 1
752	Gran Villas Clay Center	Assisted Living	Category 1

IDENTIFIER	SETTING NAME	SETTING TYPE	CATEGORY
753	Gran Villas Columbus	Assisted Living	Category 1
740	Gran Villas Goddard	Assisted Living	Category 1
751	Gran Villas Kinsley	Assisted Living	Category 1
756	Gran Villas Pittsburg	Assisted Living	Category 2
1539	Graves Inc	I/DD Residential	Category 2
657	Hillside Village of De Soto	Assisted Living	Category 1
4083	Kingman County Retirement Home Association dba The Wheatlands Health Care Center	Assisted Living	Category 1
1210	Lafayette Lifeplans of Hiawatha dba Maple Heights Nursing & Rehab	Assisted Living	Category 1
4044	LakePoint Augusta	Assisted Living	Category 1
4090	LakePoint El Dorado	Assisted Living	Category 1
4089	LakePoint Wichita	Assisted Living	Category 1
1852	Learning Center	I/DD Day	Category 2

IDENTIFIER	SETTING NAME	SETTING TYPE	CATEGORY
3742	Manhattan Retirement Foundation, Inc. DBA Meadowlark Hills	Assisted Living	Category 2
3642	Manor of the Plains	Assisted Living	Category 1
3925	Memorial Home	Assisted Living	Category 1
1715	Mennonite Bethesda Society, Inc. d/b/a Bethesda Home	Assisted Living	Category 1
3438	Midwest Health Inc	Assisted Living	Category 2
3788	Midwest Health Ince Ranch House Senior Living	Assisted Living	Category 1
3515	Morningstar Care Homes of Neodesha	Assisted Living	Category 1
3307	Mount Joseph Senior Village	Assisted Living	Category 1
4043	Newton Presbyterian Manor	Assisted Living	Category 1
4086	Parsons Presbyterian Manor	Assisted Living	Category 1
1006	Prairie Mission Retirement Village	Assisted Living	Category 1
2107	Prairie Sunset Home, Inc.	Assisted Living	Category 1
583	RL Dodge City 1	Home Plus	Category 2

IDENTIFIER	SETTING NAME	SETTING TYPE	CATEGORY
453	RL Fountainwood 1	Assisted Living	Category 2
439	RL Fountainwood 2	Assisted Living	Category 2
412	RL Maize Ct 1	Assisted Living	Category 2
413	RL Maize Ct 2	Assisted Living	Category 2
371	RL Maize Ct 3	Assisted Living	Category 2
1604	Rock Creek of Ottawa	Assisted Living	Category 1
3800	Salina Presbyterian Manor	Assisted Living	Category 1
1851	San Jose	I/DD Day	Category 2
3682	Schowalter Villa Assisted Living also known as Mullet Place	Assisted Living	Category 1
1735	Sunset Home Inc	Assisted Living	Category 1
258	TARC Randolph	I/DD Day	Category 2
2502	The Piper Assisted Living and Memory Care	Assisted Living	Category 1
695	Valley View Senior Life LLC	Assisted Living	Category 1

IDENTIFIER	SETTING NAME	SETTING TYPE	CATEGORY
3908	Via Christi Village Assisted Living	Assisted Living	Category 1
1577	Via Christi Village Hays	Assisted Living	Category 1
728	Victoria Falls Assisted Living	Assisted Living	Category 2
432	VINTAGE PARK AT WATERFRONT	Assisted Living	Category 2
3923	Waldron Place and The Arbors Assisted Living	Assisted Living	Category 2
3994	Wellsville Retirement Community	Assisted Living	Category 1
4073	Wesley Towers Inc	Assisted Living	Category 1
735	WestRidge	Assisted Living	Category 2
1872	Winfield Senior Living Community	Assisted Living	Category 1

SETTINGS ASSESSMENT AND REMEDIATION TIMELINE

PROJECT NAMES + TASK TITLES	Status	START DATE	END DATE
Site Specific Self-Assessment, Validation and Desk Reviews Phase	Execution Phase	2-Sep-2019	30-Sep-2022
Site Specific Self-Assessment PILOT	Completed	2-Sep-2019	9-Sep-2019

PROJECT NAMES + TASK TITLES	Status	START DATE	END DATE
Site Specific Self-Assessment GO-LIVE	Completed	10-Sep-2019	29-Feb-2020
Final Rule Tour	Completed	15-Jul-2019	18-Jul-2019
Assessment Trainings and Tours	Completed	4-Nov-2019	22-Nov-2019
WSU Validation of Assessments	Completed	10-Oct-2019	1-Jun-2020
Assessments Desk Reviews	Completed	14-Oct-2019	1-Sep-2020
Remediation	Completed	1-Jan-2021	30-Sep-2022
Remediation Strategy Review and Approval	Completed	2-Mar-2020	1-Jun-2022
WSU Remediation Evidence Validation	Completed	1-Jul-2020	16-Aug-2022
KDADS Remediation Evidence DESK Reviews	In Progress	1-Sep-2020	31-Dec-2022
Provider Notification of Final Determination	In Progress	13-Sep-2021	31-Dec-2022
Provider Support Specialist Task	In Progress	1-Jul-2021	31-Dec-2022
Remediation Trainings and Tours	Completed	12-May-2020	4-Jun-2020

REMEDIATION PROCESS

PROVIDERS CHOOSING TO REMEDIATE

Providers choosing to remediate will be required to complete a Remediation Plan. KDADS will communicate assessment findings and remediation recommendations based on the assessment and send instructions to providers via email and mail. The instructions will direct providers back to the [Community Connections website](#) which contains the remediation tab. This tab will contain provider account information and the questions needing remediation by individual site assessed.

Providers will be given the option to select from a drop-down menu of recommended remediation strategies for individual questions found noncompliant on the assessment. Providers will also be required to remediate questions that although they indicated as compliant, but the state was unable to validate.

The drop-down menu will include an “other” category. Any selection of the “other” category will require a detailed description of the providers remediation strategy, and approval by a KDADS representative for each submission. Each remediation strategy will require a timeline for completion entered on the site. Once the Remediation Plan is completed providers will be required to submit evidence (via upload) to [Community Connections](#) for further validation. WSU, acting as a third party, will validate submitted evidence and forward any recommendations to KDADS for further review.

The Remediation phase will end July 1, 2021, meaning every site will have initiated evidence review by this date. KDADS will contact providers issuing compliance determinations or requesting corrections as needed. If corrections are needed providers will be asked to resubmit evidence for validation on the website.

Provider settings that are not yet compliant with the Rule will submit their Remediation plan, have any customized remediation elements (via the “other” selection) approved, and have evidence submitted to KDADS for initial review by July 1, 2021. All Remediation Plans will illustrate how the provider will come into full compliance with the Rule prior to March of 2023, including specific milestones and timelines.

REMEDIATION TRAINING & LEARNING COLLABORATIVE

The state of Kansas will support providers in crafting trainings meant to assist with addressing their specific questions. The state will sponsor learning collaboratives meant to facilitate community-based learning around the concepts (choice, autonomy, privacy, rights, integration and inclusion) central to interpreting and adopting the spirit of the Final Rule as part of a provider’s vision for persons served.

Trainings will offer providers guidance on coming into compliance with an emphasis on policy, procedure and training of agency staff on Final Rule characteristics. The learning collaborative will build on this information to support providers in operationalizing policies and implementing the changes into their daily practices. The state will conduct monthly learning collaborative

meetings aimed at connecting with providers consistently to support remediation plan development, explore changes in physical settings, culture-shift for persons served and staff and various training methods to assist in coming into compliance. This will also function as a way for providers to “check-in” regarding their progress with KDADS.

Training covers all five core characteristics of the Final Rule that are to be practiced by providers and settings, serving all persons served through HCBS regardless of their waiver and/or program. The five core characteristics of HCBS training includes Rights, Choice, Privacy, Autonomy, and Integration. Training also teaches providers, staff and HCBS recipients that reverse integration does not equal community integration, and that this strategy by itself will not result in compliance with the Rule.

MONITORING DURING REMEDIATION

As providers develop their plans for coming into compliance, state contracted staff will meet with them and provide technical assistance. The provider will make their remediation plan available to the state with milestone dates.

During the provider remediation period, the state requires providers to use the online remediation tab to identify the strategies they will use to remediate and provide evidence once remediation strategy has been implemented. The remediation tab allows providers and KDADS to track progress and allows KDADS to follow up with providers as needed.

Trainings on the Final Rule and compliance with the Final Rule will be conducted by the state throughout the remediation process. The sites KDADS determines will be unable to achieve compliance by March 2023, based on the current status of compliance on September 1, 2022.

PROVIDER SUPPORT SERVICE (PSS)

In response to provider low engagement and feedback, the project team determined that providers in remediation needed more detailed, individualized assistance in order to successfully navigate the evidence validation portion of the assessment and ultimately gain compliance.

To address these provider needs the project team developed a detailed method to ease the burden on providers in the compliance process. The Community Connections Team established a Provider Service Specialist (PSS) process to provide more detailed assistance throughout remediation.

PSS PROCESS DETAILS

To perform more detailed analysis and guidance to providers, validation staff were assigned to specific providers and trained to personally assist them by walking the provider through the evidence validation process. This included providing guidance on policy, evidence submission, as well as minor technical advice in uploading evidence.

- The PSS process enlisted the Communication Team to perform direct calls to the providers introducing the new process and instructing the provider to expect contact from the Provider Specialist.
- The Validator (Provider Specialist) contacted the provider via email.
- The Provider Specialist set appointments with the provider to go through the evidence submissions.
- The Provider Specialist assisted with remediation evidence ensuring it met the validation criteria.
- If the provider evidence was approved by the Provider Specialist, it was submitted to the KDADS reviewer for compliance determination.
- If the evidence did not meet the validation criteria the Provider Specialist continued to work with the provider on their evidence with the option of the Provider Specialist escalating via email to KDADS Reviewers for guidance.

PSS LIMITATIONS

This collaborative process does not automatically ensure evidence submitted under advice of review team will be automatically accepted, but the feedback from the KDADS reviewer is used by the provider specialist to assist the provider with evidence updates to meet KDADS expectations.

The Provider Specialist does not have the power to grant extensions or change dates, remove/delete sites, add/assess new sites for providers. Provider Specialists cannot determine compliance on the spot- even if a specialist approves of a policy or practice, it still must go through the review team formally.

Click here: - [Remediation Timeline](#)

ADDITIONAL MONITORING DURING REMEDIATION

KDADS Final Rule communication manager monitors weekly provider engagement levels and responds accordingly through outreach efforts to increase remediation actions. These steps include working with partnering agencies such as the Kansas Department for Children and Families, Community Developmental Disability Organizations, Managed Care Organizations, Ombudsman Offices and Advocacy groups to assist with messaging to remind providers of important deadlines and to encourage continued remediation activities. The communication manager makes weekly calls and submits emails to follow-up with providers that are 60 days or more stagnant on remediation actions. They also schedule sessions with partner agencies to attend conferences, regular meetings and as needed to continue direct outreach and education for remediation purposes. Multiple mailings and mass emails are also used periodically to remind providers of the need to work on compliance efforts with the Community Connection Team which has proven successful toward increasing settings engagement. A bi-weekly report is extrapolated from the Community Connections portal by CARE and is utilized to monitor overall compliance levels of settings to help track remediation activities and to plan for needed outreach efforts.

PROVIDERS CLOSING DURING REMEDIATION “DROPPED OR CLOSED OUT”

- KDADS final rule project allows providers to inform the state if a setting has closed and is no longer in remediation. This allows the state to properly close the setting out of the project and conduct any additional follow up required. This process also allows the project to preserve the integrity of data, and properly track key performance indicators. A provider setting “dropped out or close-out” means a provider has requested to not continue with remediation. These settings will not provide HCBS after the transition period ends in 2023. During remediation, providers are allowed to submit requests for closure and identify the reason for the request. All Providers requesting to stop remediation are educated by the HCBS Project Manager that they must complete a new assessment if they seek to offer the service in the future. Providers follow the current state transition plan to assist individuals with options counseling and new placement.

These are the “drop out or close out” reasons that have been received:

- Setting has closed (was their only HCBS location).
- Provider has decided to close fully (due to COVID and low Medicaid rates).
- Provider moved all services to neighboring state (usually boarder agencies).
- Setting has been sold to a new owner (new owner is required to take a new assessment).
- Provider has been bought out or merged with a new owner (KDADS requires a new assessment under the new provider).
- Provider no longer seeks to have HCBS (those that have not billed HCBS in years).

If a provider submits a request, the state follows the process below:

- The HCBS Project Manager calls to have a conversation with the contact person to confirm their withdraw requests and to educate them on the outcome of the request meaning that their account will become inactive if it is their only location and that they will need to complete a new assessment if they seek to provide HCBS in the future.
- The HCBS Project Manager also discusses the benefits of continuing the process so that they will be in compliance to immediately accept a waiver participant in the future. If they still wish to continue a follow-up email is sent for record.
- Once the provider responds that yes, they wish to continue, the remediation team is notified of the requests and directed to deactivate the setting and hide account if needed. No information is ever deleted.

TRANSITION PROCESS FOR PROVIDERS UNABLE TO COMPLY OR CHOOSING NOT TO REMEDIATE

KDADS breaks down the roles and responsibilities of the different entities within the HCBS delivery system in the transition process for providers that are unable to comply or choosing not to remediate. KDADS plans to engage these entities, communicate their roles in this phase of the project, and consistently monitor the performance to ensure conformance as stated in the state's transition plan.

***Term definition:** transition for this section refers to the process for transferring HCBS participants that are adversely impacted by the settings Final Rule due to provider closure or to opt out of compliance, from such provider-settings to compliant settings.*

THE ROLE OF KDADS

For providers that opt not to participate in the project, and consequently choose not to come into compliance, KDADS shall complete the following process:

- KDADS will formulate a policy directing the MCOs to implement transition procedures for HCBS participants that are adversely impacted by the Final Rule settings due to provider closure or choice to opt-out of compliance processes, from such provider-setting to compliant settings.
 - This policy will be published through a provider bulletin.
 - The publication shall notify the MCOs, and providers, of the dates for which implementation of the transition process will commence for those providers that are unable or unwilling to remediate.
 - KDADS will base the transition processes and procedures on the current/approved transition policy found here [HCBS Institutional Transition Policy M2018-119](#).
 - The [HCBS Institutional Transition Policy M2018-119](#) establishes the process and procedures for requesting, managing and determining eligibility for individuals in Medicaid approved institutional settings to transition into the community and onto HCBS waivers services. The state intends to preserve the ability of the individuals to transition to the least restrictive setting in which they wish to live when they wish to transition.
 - The state plans to expand the scope of this policy to cover settings that are found not in compliance with the settings rule and requiring their persons-served to be transitioned to compliant settings.
- KDADS will provide the MCOs, and KDHE with a database comprised of providers that have been determined to be compliant with the settings rule.
 - The MCOs will engage the providers that are not on the database, but that render HCBS services in provider-owned/provider-controlled settings.
 - The MCOs will notify such providers of their status and begin transition procedures of the HCBS members served by such providers.
- KDADS HCBS institutional transition staff will provide monitoring and oversight for the transition process and shall ensure that the process meets the following criteria:
 - That the process is person-centered,
 - That the process complies with the current/approved [HCBS Institutional Transition Policy M2018-119](#)
 - That adversely impacted HCBS participants are successfully transitioned into compliant settings.

- KDADS process used for transition, as described in the statewide transition plan (STP) will be used for HCBS provider and participant transition beyond the deadline for compliance with the settings Final Rule.
- KDADS will notify all providers that are expected to transition their members by **September 1, 2022**.

THE ROLE OF KDHE

As the single state Medicaid Agency, KDHE will work collaboratively with KDADS in the HCBS provider transition process.

Based on a policy to be created by KDADS, and a revision to the HCBS provider enrollment process to be supported by KDADS, KDHE and the MCOs. The fiscal agent and the MCOs shall implement policy that does not allow identified non-compliant providers to provide identified HCBS services in identified locations. The compliance determination will be made by KDADS and communicated through a certificate or document that shall be issued to the provider by KDADS and provided to KDHE, Medicaid fiscal agent and the MCOs.

The Medicaid fiscal agent and the MCOs will support KDADS by providing data reflecting existing enrolled providers (provider-owned and provider-controlled) that are enrolled in the Medicaid program to provide the following services:

- S5101 Adult Day Care
- S5102 Adult Day Care
- S5125 (U9) Personal Services / Agency-Directed
- T2016 Resident Supports-Adult and Children
- T2021 Day Support and Prevocational

The data will support the ongoing auditing and monitoring of the providers subject to the final rule. These activities will be conducted by KDADS. The ongoing monitoring will ensure only providers that have been found to be compliant with the settings final rule are allowed to provide the identified services to HCBS participants.

THE ROLE OF THE MANAGED CARE ORGANIZATION (MCO)

The Managed Care Organization (MCO) shall be the main entity facilitating the transition of HCBS participants from provider-settings that are unable to comply or choosing not to remediate to become compliant with the settings final rule.

- KDADS shall provide the MCOs, and KDHE with a database comprising of providers that have been determined as in compliance with the settings rule.
 - The MCOs shall engage the providers that are not on the database, but that render HCBS services in provider-owned/provider-controlled settings.
 - The MCOs shall notify such providers of their status, and begin transition procedures of the HCBS participants served by such providers

- Transition shall be conducted in accordance with the current/approved HCBS Institutional Transition Policy M2018-119.
- The MCO will follow up with all affected HCBS participants post-transition to assure the individual is satisfied and has adjusted to the change in setting.

THE ROLE OF THE NON-COMPLIANT HCBS PROVIDER

Providers that believe their setting cannot comply or the provider who chooses not to come into compliance shall be required to participate in transitioning their HCBS participants to compliant settings.

- KDADS will work with the providers, the MCOs and all other applicable supports to ensure persons served actively participate in the process or are represented fairly by their guardians/support network and that the process goes quickly and smoothly as to avoid gaps in service.
- Providers choosing not to remediate shall ensure that an individual or guardian receives a minimum of 180 days' notice of its decision to terminate participation as a Waiver provider.
 - The notice must be sent to participants on or before **September 18, 2022**.
 - Such notice shall be issued through certified mail.
- Providers choosing not to remediate will work with their MCOs to develop a Transition Plan for those individuals affected.
 - The Transition Plan shall inform the individual or guardian of the cost of services for which the individual or guardian will be responsible, should the individual or guardian choose to continue services with the current provider.
 - The Transition Plan shall be provided with adequate time for the individual or guardian to convene a care planning team, make an informed choice, and to select an alternate provider compliant with the Rule.
 - The Transition Plan must provide the individual a minimum of thirty (30) days' notice to make the change.
- Transition plans will be the cumulative effort of the provider, the MCOs, the person served, both natural and professional supports and KDADS. This can include feedback from Targeted Case Managers (TCM) (where applicable), Community Developmental Disability Organizations (CDDOs), the KanCare Ombudsman, the MCO Care Coordinator and State Licensing and or Quality Review staff, family, community members and all other forms of natural support.
- The transition plan must reflect the preferences and needs of each participant affected. Choice of all setting types in compliance with the Rule must be offered to individuals as required for the waiver type. If the participant or guardian is willing to be relocated, such choice shall also include compliant setting types in other parts of the state. The choice of settings provided to the individual must be documented and designate the individual's choice of setting in the person-centered service plan.
- An updated person-centered service plan must be in place when the individual transitions to the new setting.
 - The current provider, the new provider, the TCM (if applicable), and the Care Coordinator will work together to ensure the person-centered service plan is in place prior to the transition.

- The MCO will follow up with all affected HCBS participants within 60 days of the transition to ensure the individual is satisfied and has adjusted to the change in setting.

CHOOSING TO STAY IN A NON-COMPLIANT SETTING

- In the event the HCBS participant chooses to stay in a non-compliant setting, this decision must be included in the transition plan and the participant person-centered planning team must be notified.
 - The participant must be fully educated about the consequences of this decision on their HCBS services.
- The person-centered planning team must notify KDADS of the HCBS participant's decision to remain in a non-compliant setting.
- The MCO must issue an NOA advising the member or guardian/representative that services provided by the non-compliant provider will not be authorized.
 - If the only waiver services that a participant is receiving are being rendered by the noncompliant provider, the person-centered planning team, TCM (as applicable) and MCO Care Coordination staff will advise the participant of the potential impact to ongoing eligibility for the waiver.
- Within 90 days of the provider termination deadline, the noncompliant provider must issue and obtain an executed informed consent from the participant or guardian.
- The informed consent documentation must restate the following:
 - That the provider is no longer eligible to provide the applicable services;
 - The member has the ability to select a compliant provider at any time via the MCO,
 - The implication of the participant's choice.

RISK: ESTIMATED NUMBER OF INDIVIDUALS TO TRANSITION

The state's goal at this point, based on the monthly progression towards compliance, is that all settings beside a large share of those grouped under adult care settings will come in compliance with the rule before March 17, 2023. The adult care settings group, according to the settings assessment comprises of the following setting types:

- Home Plus Facility
- Assisted Living Facility
- Adult Day Care

These settings are adversely impacted by the public health emergency caused by COVID-19 such that the remediation and compliance process is slow and challenging for the majority. Nonetheless, the state engages this group through a provider support program, frequent meetings, and engagement to influence them to participate in the remediation process.

- As of October 2022, 91% (**n=2210**) of the assessed settings have remediated areas of non-compliance, 51% (**n=105 of 204**) of the participating adult care settings group are compliant.

- Quite a large number of HCBS participants are served and supported through adult care homes.
 - In the adult care homes group, 6,206 persons are served, and 28% (**n=1735**) of them are served through HCBS.
 - In this group, each setting serves an average of 28 persons and an average of 8 HCBS funded persons.
- The state projects that in a worst-case risk scenario, approximately 49% (**n=99**) of settings within the adult care settings group will not be compliant before the federal remediation deadline of March 17, 2023. The major contributor to this risk is that most of the adult care settings continue to wait on a final heightened scrutiny determination and thus cannot be marked compliant.
- If this risk materializes, approximately 792 (46%) of the HCBS persons served in this group will have to transition to compliant HCBS settings.

RISK MITIGATION

Understanding the risk that 49% non-compliance of settings within this group poses to the system, the state increased outreach efforts to ensure that more providers in this group come into compliance before March, 17 of 2023. Some of the measures the state is planning to implement are:

- Starting the ongoing monitoring process ahead of March 17, 2023, to enable more existing or new providers and settings to get assessed, remediate and come into compliance with the Rule.
- Engaging provider group associations to gather support and momentum towards settings remediation and compliance.
- The creation of a grant program as part of the state’s projects earmarked to be funded through the 10% federal matching rate (FMAP) for spending on Medicaid HCBS by the American Rescue Plan.

TRANSITION PROCESS TIMELINE

PROJECT NAMES + TASK TITLES	Status	START DATE	END DATE	DURATION
HCBS Settings Transition Phase	Planning Phase	30-Jan-2022	17-Mar-2023	295
HCBS Waivers Transition Policies Review and Revision	In Progress	18-Jan-2021	30-Mar-2022	313

PROJECT NAMES + TASK TITLES	Status	START DATE	END DATE	DURATION
KDADS-KDHE-MCO Transition Workgroup	Not Started	18-Jan-2021	30-Mar-2022	313
Quarterly Comparing of Compliant Provider and Non-Compliant Providers (KMAP vs CC)	In progress	30-Sep-2022	17-Mar-2023	121
Settings Transition Process Communication and Education	In progress	30-Sep-2022	17-Mar-2023	121
Notifications of Non-Compliance/Transition Notifications	In progress	30-Sep-2022	30-Nov-2022	44
Participant Transition into Compliant Settings	Not Started	1-Dec-2022	17-Mar-2023	77
Transition Process Audit	Not Started	1-Dec-2022	17-Mar-2023	77
DEACTIVATION OF NON-COMPLIANT SETTINGS	Not Started	17-Mar-2023	17-Mar-2023	1

Table 6 TRANSITION PROCESS TIMELINE

HEIGHTENED SCRUTINY PROCESS

OPERATIONAL DEFINITION FOR HEIGHTENED SCRUTINY

KDADS defines settings that require a Heightened Scrutiny Review/Assessment process as any setting that have the qualities of an institution in parallel with CMS' definition. CMS defines the qualities of an institution as any of the three categories listed below:

CATEGORY 1 (C-1) -

1. Settings that are located in a building that is also a publicly or privately-operated facility that provides inpatient institutional treatment.

CATEGORY 2 (C-2) -

2. Settings that are in a building located on the grounds of, or immediately adjacent to, a public institution.

CATEGORY 3 (C-3) -

3. Any other settings that have the effect of isolating individuals receiving Medicaid home and community-based services (HCBS) from the broader community of individuals not receiving Medicaid HCBS.

KDADS HEIGHTENED SCRUTINY PROCESS

Heightened scrutiny is a process by which KDADS and CMS ensure certain settings are not institutional or isolating in nature, and that these settings are able to comply with the HCBS Settings Final Rule. Providers with heightened scrutiny settings are required to participate in the heightened scrutiny process to continue receiving Medicaid HCBS funding at these sites. Providers who do not participate in the heightened scrutiny process or are unable to demonstrate their setting has the qualities and characteristics of an HCBS setting, will be unable to receive Medicaid HCBS funding at these sites after March 17, 2023.

If a provider does not complete the process and demonstrate compliance, KDADS will work with providers, the managed care organizations, and beneficiaries at these sites to support transition to a compliant setting per [HCBS Institutional Transition Policy M2018-119](#).

KDADS identified settings that may be institutional in nature and/or isolating through the desk review of answers and evidence submitted by providers during the provider self-assessment phase. Settings in one of these three categories are required to go through the heightened scrutiny process, for KDADS and CMS to determine whether or not the settings can overcome the presumption of being institutional in nature and/or isolating.

CATEGORIES 1 AND 2 SETTINGS PROCESS

For settings that have the qualities as described as C-1 and C-2 in Error! Reference source not found., KDADS followed the process below:

- **Self-Assessment Questions Qualifying for C-1 and C-2 categories of Heightened Scrutiny**
 - Is this site located in or attached to a building that also provides inpatient institutional treatment (e.g., nursing home/facility or hospital etc.)?
 - Is this site located in a building on the grounds of, or immediately adjacent to, a public institution?

- **Heightened Scrutiny Team**

- KDADS constructed a heightened scrutiny team, comprising of a supervisor and three staff. The team's responsibility was to verify all the settings that have institutional characteristics and/or are isolating, as identified through the desk review of answers and evidence submitted by providers during the provider self-assessment phase.
- The team's scope was limited to C-1 and C-2 settings.
- The team was responsible for validating status of the settings, scheduling an on-site assessment, collecting evidence as needed, and recommending a determination based upon the result of the on-site assessment.
- The team was also responsible for completing evidentiary packets for each setting assessed.

- **Heightened Scrutiny Assessment Tool**

- Borrowing from other states, in what would be considered best practices for completing heightened scrutiny on-site assessment, KDADS created a heightened scrutiny assessment tool.
- The tool was shared with CMS before use, and recommendations received from CMS were integrated before on-site assessments began.

- **Scheduling and Notification**

- KDADS notified all validated heightened scrutiny settings of their status and requested to schedule on-site visits.
- Settings that complied with KDADS' request were scheduled and duly assessed.

- **Onsite Assessment**

- On-site assessments were planned for the first quarter of 2020 but were postponed indefinitely due to the emergence of an unidentified risk.
- A statewide and nationwide public health emergency caused onsite assessment to be delayed until 2021.
 - KDADS plans to continue the ongoing monitoring phase using methods that include onsite assessment.

- **Virtual Onsite Assessment**

- To restore the project back on track, KDADS consulted with other states, and decided to conduct the heightened scrutiny assessments through virtual conferencing methods.
- Settings were duly notified of the methodology for the heightened scrutiny assessment.
- KDADS, through virtual onsite heightened scrutiny assessments, was able to conduct the assessment observing all the needed points that it requires in order to make a determination on the setting's capability of overcoming the presumptions institutionalization.
- When areas of non-compliance were discovered during the self-assessment, the provider operating the setting was required to create a remediation plan. Information gathered from the on-site process and the provider remediation plan were reviewed by KDADS staff and compiled into an evidentiary packet for public comment.
- Although virtual onsite assessment was a response to a materialized risk, KDADS did not identify any indicator that its determination could have been different had it conducted the assessments in person.

- **Interview Standards for Heightened Scrutiny:**

- Interview standards were set prior to the assessment and discussed with Providers and a statement was read to the interviewees before each survey to guard against staff influence. Team Members further advised that no one would be forced to participate in interviews and that they would be completed in an hour or less. The following is a list of additional steps taken by the state to mitigate the influence of persons served responses during the assessment.
 - The use of a camera was required during the assessment for observations of the surrounding environment and to validate compliance of assessment questions where needed.
 - Requests were made for private interviews with persons served. Exceptions were given in a few situations when residents were nervous or non-verbal. In such cases, additional supports were needed in the interview room. However, responses from the individual were taken without interference from the support person. For non-verbal individuals, the interviewer paid attention to non-verbal cues during the interview to assure the absence of influence.
 - The state required virtual walkthroughs of the setting to observe staff interactions with the person served and the physical environment to help validate characteristics of rights, privacy, choice, autonomy and integration.

- The state used a two way - communication method via the Community Connections website/emails to educate provider staff about the interview/assessment standards. This line of communication allowed Providers to also raise questions prior to the virtual visit and to provide any additional evidence documents.
 - State staff did not provide interview questions prior to the interviews, although there were requests from Providers for these documents. Interviewees did not know what would be asked during the assessment and providers did not have the opportunity to prepare the interviewee before the assessment.
- **Summary Packets:**
 - All assessed settings will have an evidentiary packet. The evidentiary packets will indicate the following:
 - The category of heightened scrutiny of the setting
 - The state's determination of the site's capability or inability to remediate and overcome the presumptions of heightened scrutiny
 - A general summary of the setting information
 - A setting-based remediation plan for the setting
 - Picture-evidence of the setting, showing its features
 - Interviews from service recipients, setting staff and the executive director
 - Summarized public comments posted for the setting
- **Public Comments and CMS Submission:**
 - KDADS will post all evidentiary packets for public comments at the same time. The public comment portal will be organized such that each setting will be posted in its county, and region of the state.
 - Evidentiary packets will be made available for public input for a minimum of thirty days.
 - KDADS will engage participants and stakeholders encouraging them to participate in the public comment period.

Kansas has submitted an initial list of 69 Category 1 and 2 packages for CMS' review. These packages are posted on the Community Connection website [Public Comment for HS](#) in anticipation of CMS' review and feedback. KDADS will continued to assess Category 1 and 2 settings that are willing to engage with the state. This includes the processing of on-site interviews outside of the initial HS window while also continuing to post such settings for public comment.

CATEGORY 3 SETTINGS PROCESS

For settings that have the qualities of isolation, KDADS is following the process below:

- **Self-Assessment Questions Qualifying for C-3 category of Heightened Scrutiny**
 - Is this site in a gated/secured community?
 - Does your agency own or operate multiple sites (i.e., locations) located on the same street/block?
 - Are the persons-served at this site exclusively individuals with disabilities?
 - This question was later replaced from the list of questions that signaled heightened scrutiny category 3, as it was determined that it created inaccurate responses to the self-assessment.
 - Once a site has gained compliance on all the following question listed below, the question replaced will be regarded as compliant.
 - Are persons-served at this site required to receive medical, behavioral, or therapy services on-site?
 - In addition to on-site activities, does this site provide opportunities for persons-served to participate in community events, activities and services?
 - Does this site share information with persons-served about community events and activities?
 - Can persons-served at this site attend community activities and services (e.g., shopping, religious services, scheduled appointments, lunch with family and friends) whenever they choose?
 - Were the restrictions at this site regarding when persons-served can "come and go" developed and agreed upon by persons-served?
 - Can persons-served have visitors of their choosing at any time?
 - Are persons-served at this site required to receive medical, behavioral, or therapy services on-site?

- Does this site also offer residential services?
- Does this site also offer on-site day services?
- **Heightened Scrutiny Category 3 Remediation Process for Compliance before July 1, 2021**
 - KDADS determined that the qualifying questions for heightened scrutiny category 3 are remediable through policies, procedures, manuals, handbooks and other documentation.
 - Gated/secured communities were required to show through policies, procedures, manuals, handbooks, activity logs and other documentation that showed that individuals have access to go and come at their will despite the presence of a gate.
 - Upon determination that C-3 non-compliant settings can remediate through policies, procedures, manuals, handbooks and other documentation, KDADS required such setting to submit their evidence through its regular remediation process as other non- heightened scrutiny settings.
 - This determination ensured that settings that are compliant with C-1 and C-2, but are not compliant with C-3, are not put through the rigor of onsite assessments.
 - Settings that are not compliant with C-1 or C-2, in addition to non-compliance with C-3 are still required to be go through the heightened scrutiny onsite assessment.
 - KDADS partnered with its contracted entity to complete the validation of evidence of compliance submitted through the self-assessment or after settings remediated C-3 non-compliance.
 - KDADS set the deadline for C-3 remediation for July 1, 2021 and communicate this deadline to all providers and settings involved in the project.
 - All the settings that submitted their evidence and were found compliance before the deadline were determined compliant with the above process at the state level and not require an escalation for public comment or additional review.
 - C-3-only settings that are unable to remediate and come in compliance in this process will have a heightened scrutiny evidentiary packet submitted for public comment along with settings in the C-1 and C-2 processes.
- **Additional Verification for Category 3 Settings to Ensure Full Access to the Community After July 1, 2021**
 - KDADS determined that because C-3-only settings are compliant with C-1 and C-2 requirements, they will not be suitable for the process designed for C-1 and/or C-2 settings and will not be a good fit for the tool designated for the C-1/C-2 process.

- After consultation with CMS-Technical Assistance team, KDADS decided to carryout additional verification for settings determined to have the characteristics of isolation and did not remediate before July 1, 2021. The additional verification done prior to determining whether a setting that isolates can overcome the presumption of isolation is as follows:
 - If a setting indicates it is in a gated or secured community, or indicates it owns or operates multiple sites (i.e., locations) located on the same street/block through the self-assessment and is not institutionalizing (not found to be in heightened scrutiny categories 1 or 2) and such setting did not remediate before July 1, 2021, KDADS will require additional interview with the person served in such setting.
 - The interview will verify that the setting is not isolating as well as implementing all characteristics of the final rule (rights, choice, privacy, autonomy, and integration) as written in settee policies and procedures. In situations where gated or secured communities or multiple sites are on a street or cluster exists, an individual from each setting is interviewed. The state conducted interviews of a 10% sample of all HCBS participants served at that setting with a maximum of 5. That is the criteria we used for C1/C2's and carried it on with C3's.
 - KDADS will prepare summary packets for such a setting, publish for public comment, and provide to CMS.
- **Summary Packets, Public Comments and CMS Submission**
 - All C-3 only settings that are unable to remediate and come in compliance in through the process described here will have a heightened scrutiny evidentiary packet submitted for public comment along with settings in the C-1 and C-2 processes
 - The packet will have the provider's name, setting name/address/identifier, C-3 reason for noncompliance, evidence submitted, and the determination of the state.
 - Evidentiary packets for these settings will be posted for public comments; comments received will be integrated into the evidentiary packets and sent to CMS.
- **Public Comment Opportunities:**
 - In October 2021 one virtual public comment session was held for stakeholder's feedback regarding heightened scrutiny summary packets for category 1 and 2 virtual assessments. The packets were posted starting on October 15, 2021 and remain posted on the Community Connections website for information sharing. Comments were taken until January 2022 to allow additional review and feedback from stakeholders.
 - In November 2021 a second virtual public comment session was held for stakeholder's feedback regarding heightened scrutiny summary packets for category 1 and 2 virtual assessments. The packets were posted starting on October 15, 2021 and remain posted on the Community Connections website for information sharing. Comments were taken until January 2022 to allow additional review and feedback from stakeholders.

- In October 2021 one virtual public comment session was held for stakeholder’s feedback regarding Kansas’ statewide transition plan. The STP was posted starting October 15, 2021 and remains posted on the Community Connections website for information sharing. Comments were taken until January 2022 to allow additional review and feedback from stakeholders.
- In November 2021 one virtual public comment session was held for stakeholder’s feedback regarding Kansas’ statewide transition plan. The STP was posted starting October 15, 2021 and remains posted on the Community Connections website for information sharing. Comments were taken until January 2022 to allow additional review and feedback from stakeholders.
- January 2022 heightened scrutiny summary packets for category 3 were posted for a 30-day online stakeholder public comment feedback period.
- February 2022 heightened scrutiny summary packets for category 3 were posted for a 30-day online stakeholder public comment feedback period.
- March 2022 heightened scrutiny summary packets for category 3 were posted for a 30-day online stakeholder public comment feedback period.
- April 2022 heightened scrutiny summary packets for category 3 were posted for a 30-day online stakeholder public comment feedback period.
- May 2022 heightened scrutiny summary packets for category 3 were posted for a 30-day online stakeholder public comment feedback period.
- June 2022 heightened scrutiny summary packets for category 3 were posted for a 30-day online stakeholder public comment feedback period.
- July 2022 heightened scrutiny summary packets for category 3 were posted for a 30-day online stakeholder public comment feedback period.
- August 2022 heightened scrutiny summary packets for category 3 were posted for a 30-day online stakeholder public comment feedback period.
- September 2022 heightened scrutiny summary packets for categories 1, 2 and 3 were posted for a 30-day online stakeholder public comment feedback period.
- October 2022 heightened scrutiny summary packets for categories 1, 2 and 3 were posted for a 30-day online stakeholder public comment feedback period.
- Public Comment Methods for Electronic and Non-Electronic:
 - Public comment notice fliers were first shared with a local disability organization to review for user friendly language and visuals. It was then published on the Community Connections website, sent out through the Community Connections’ listserv, KDADS listserv, the Communication Manger shared the notice document with advocacy groups, the Ombudsman offices, IDD associations, Aging associations, Managed Care Organizations, program managers and other state staff and requested that they disburse information with all stakeholders electronically and nonelectronically during additional meetings and waiver participant contacts. These stakeholders contact opportunities also included guardians, staff, supports and general public. Information was included on the flier for who and how to contact KDADS staff via email, phone and regular mail if someone was seeking special accommodations, needing a hardcopy of the public notice and public comment packets or wanting to submit public comments electronically or non-electronically. All emails, letters, phone calls and meeting feedback was compiled

and included in this STP. Announcements of public comment were and continue to be announced at the two stakeholder meetings held on the third Wednesday of each month in addition to the above process. Individuals were and continue to be able to request a copy of any public comment packet or the STP.

HEIGHTENED SCRUTINY PROCESS TIMELINE

PROJECT NAMES + TASK TITLES	Status	START DATE	END DATE
Heightened Scrutiny Phase	Execution Phase	27-May-2020	1-Dec-2022
HS Assessments – CMS TOOL REVIEW	Completed	27-May-2020	10-Jun-2020
HS Team Training: (new hires are also getting training upon joining the team)	Completed	10-Jun-2020	22-Jun-2020
HS Stakeholders Trainings and Tours	Completed	4-Jun-2020	28-Oct-2020
HS Tool/Process FINAL Review	Completed	27-May-2020	9-Sep-2020
2 ‘HS’ Assessments – PILOT	Completed	6-Oct-2020	7-Oct-2020
HS Scheduling and Communication	Completed	4-Feb-2021	1-Aug-2021
HS Assessments Visits (Virtual Assessments/Visits)	Completed	1-Apr-2021	31-Aug-2021
HS Category 3 Remediation – CMS DEADLINE	Completed	28-May-2020	1-Jul-2021

PROJECT NAMES + TASK TITLES	Status	START DATE	END DATE
HS Category 3 Packets: (Remediated after July 1)	Completed	1-Jul-2021	15-Sep-2021
KDADS HS Evidence (1 & 2) Packets: Preparing Packets	Completed	8-Mar-2021	15-Sep-2021
KDADS HS Evidence Packets: Public Comment - C 1 & 2 Settings	In Progress	1-Oct-2021	30-Nov-2022
KDADS HS Evidence Packets: Clean Up;	Completed	31-Oct-2021	14-Nov-2021
HS Evidence Packets List Submission to CMS - C 1, 2, 3 Settings	In progress	1-Dec-2021	1-Dec-2022
HS Packets Final Approval - Closeout Phase	In Progress	1-Dec-2021	1-Dec-2022

Table 7 HEIGHTENED SCRUTINY PROCESS TIMELINE

ONGOING MONITORING

The state will continue ongoing monitoring of all HCBS providers already fully in compliance using a multi-tiered approach that will be covered by the following entities and processes:

1. HCBS Program Integrity and Compliance Team
2. The Policy and Procedures for Ongoing Monitoring
3. The Role of KDADS, MCOs and KDHE

4. The Reporting Workflow

5. Quality Oversight

KDADS HCBS PROGRAM INTEGRITY AND COMPLIANCE TEAM

KDADS plans to expand the scope of the current KDADS HCBS Program Integrity and Compliance (PIC) Unit to cover annual ongoing monitoring activities relating to compliance with the Rule through the performance goals listed below. The unit will be staffed, and equipped to monitor providers, settings, and participant surveys to ensure all aspects of the HCBS systems function in conjunction with the Final Rule. Kansas attests that all HCBS settings will be monitored annually for all final rule settings criteria.

HCBS FINAL RULE SETTINGS ONGOING MONITORING PERFORMANCE GOALS

- 500 Providers (including Child Placing Agencies/Foster Care) Recertification Annually
- 30-50 New Providers (including Child Placing Agencies/Foster Care) Certification Annually
- 1% (30+) Random Settings (including Child Placing Agencies/Foster Care) Compliance Checks Monthly (12% (360)/annually)
- 5% (10+) Critical Heightened Scrutiny Settings Checks Monthly (100%+ (100)/annually)
- Assess Data provided by the MCO and produce HCBS System Compliance Reports from the Data
 - The entire HCBS system will be involved in the ongoing monitoring process.
 - The HCBS Final Rule does not apply to just provider-owned or controlled settings but to all person-served by HCBS regardless of the waiver/program.
 - KDADS will require the MCOs to survey persons served on their settings features, to ensure they experience the core characteristics of HCBS in compliance with the Final Rule. This survey will be required as part of the annual person-centered service planning meeting with individuals served.
- Ongoing certification of new HCBS providers, and recertification of expiring compliance certifications

KDADS Program Integrity Compliance Team

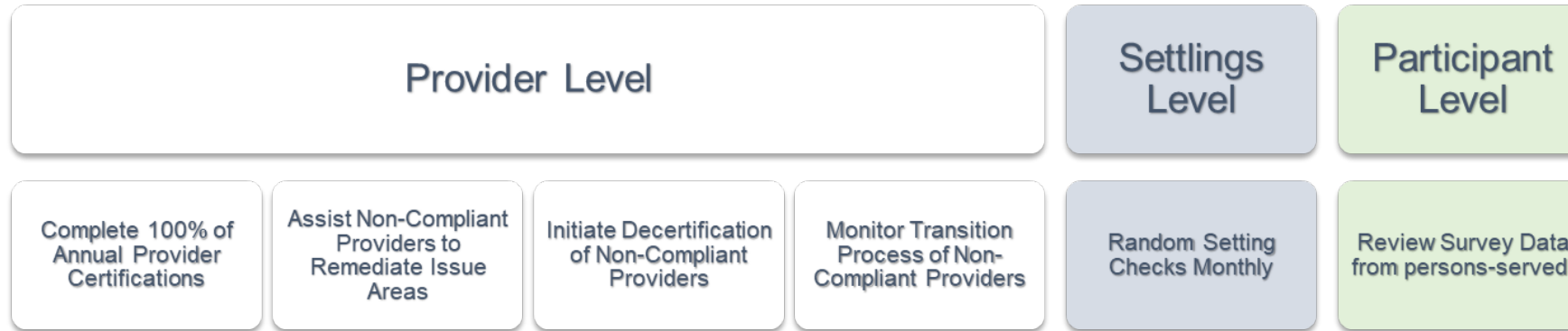
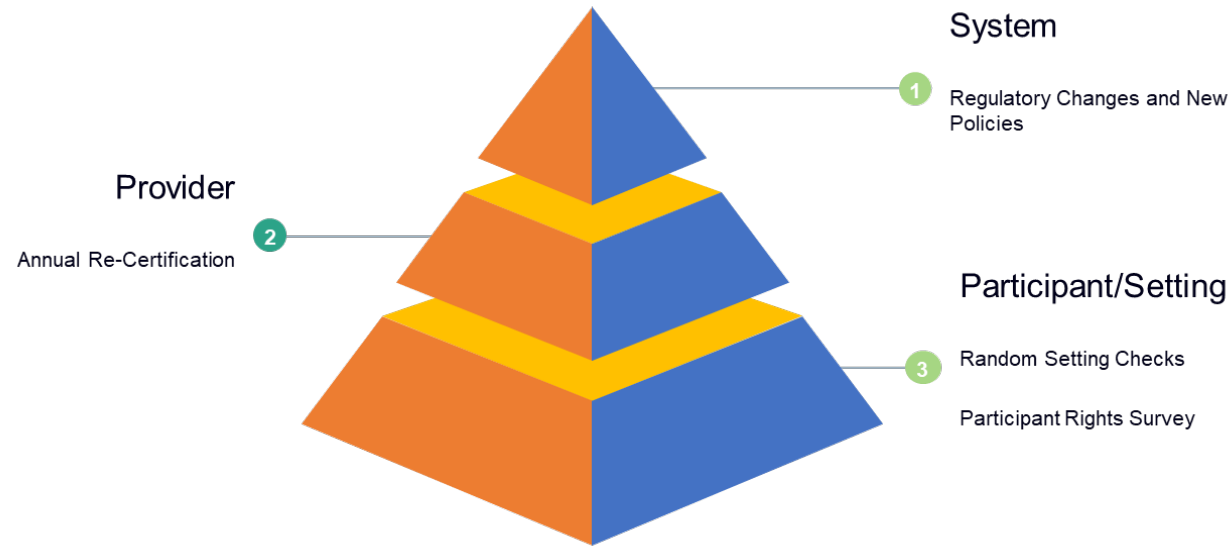


Figure 1: Figure showing program integrity and compliance team final rule scope



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Figure 2: Picture showing layers of ongoing monitoring

THE POLICY AND PROCEDURES FOR ONGOING MONITORING

KDADS HCBS Settings ongoing compliance monitoring will cover two focal points:

1. Implementation of remedial actions to achieve settings compliance at the provider levels (including verification of provider compliance) beyond 2023.
2. Once remedial actions have achieved setting compliance, the state will continue to engage in monitoring and oversight activities of providers/settings to ensure ongoing compliance annually.

REGULATORY CHANGES

KDADS is currently carrying out regulatory changes that will achieve the following:

- Create a new regulation that requires HCBS settings to comply with the HCBS Settings Final Rule or transition their HCBS participants to a compliant setting.
- Revise the following regulations to add compliance with the settings Final Rule as a requirement for providers serving HCBS members.

- K.A.R. 26-41 Assisted Living Facilities and Residential Health Care Facilities
- K.A.R. 26-42 Homes Plus
- K.A.R. 26-43 Adult Day Care Facilities
- Current state regulations address most areas of the Rule as evidence by the systemic assessment completed by KDADS. Changes in regulation will be incorporated into new regulations in 2022.

POLICY AND PROCEDURES

KDADS HCBS is creating policies and procedures that will achieve the following:

- Policies that will be backed by the regulatory changes and the HCBS waivers
- Policies that will expand on the regulations to describe the requirements for compliance
- Policy that lays out the procedures for certification of compliance, remediation of non-compliance, decertification in the event of non-compliance.

THE ROLE OF KDADS, MCOS AND KDHE, AND OTHER STAKEHOLDERS

KDADS PROGRAM INTEGRITY COMPLIANCE TEAM

Onsite visits to providers may result in findings of non-compliance, which would require a corrective action plan or a remediation plan. A deficiency related to Final Rule compliance could result in a provider losing their enrollment to serve HCBS participants.

- **Monitoring of Providers**
 - Complete 100% of Annual Provider Certifications
 - Assure HCBS Provider Compliance Certification (impacted providers only)
 - Assist Non-Compliant Providers to Remediate Issue Areas

- Initiate Decertification of Non-Compliant Providers
- Monitor Transition Process of Non-Compliant Providers
- **Monitoring of Settings**
 - Perform Statistical Sample Checks of Settings Quarterly
- **Evaluate Participant Settings Data**
 - Review MCO Care Coordinators Data Quarterly

THE MANAGED CARE ORGANIZATIONS - CARE COORDINATORS

To sustain system compliance, KDADS plans to expand the scope of the current KDADS HCBS Program Integrity and Compliance (PIC) Unit to cover ongoing monitoring activities relating to compliance with the HCBS settings rule. The unit will be staffed and equipped to monitor providers, settings, and participants' reporting of settings compliance, to ensure that all aspects of the HCBS systems function in concurrence with the Final Rule

KDADS has identified the need for the MCOs to support the state's compliance monitoring processes through the following:

- Survey of HCBS participants during the annual person-centered service planning process. The survey will assess the characteristics of the participant's setting, and support and services received through their setting.
- Sharing of survey data to the KDADS HCBS Program Integrity and Compliance (PIC) Unit for analysis and system compliance reporting.

To ensure that the entire HCBS system operates congruently with federal regulation, KDADS will apply the survey to all HCBS participants regardless of their setting, services, or waiver program.

As part of ongoing monitoring, KDADS will provide monthly, quarterly, and annual training opportunities on the essential characteristics (rights, choice, privacy, autonomy, and integration) of HCBS beyond the Settings Final Rule project implementation in Kansas. KDADS will offer ongoing training in general and to specific targeted groups of state staff (administrators, program managers, licensing staff, monitoring staff, quality oversight staff), providers, participants (guardians and supports), case managers, managed care organizations (administrators and care coordinators), advocacy groups and others.

The MCOs will be responsible for completing the following:

- **Complete Participant Settings Surveys**

- Complete Participant Surveys at 100% annually in line with annual reviews.
- The HCBS Final Rule does not apply to just provider-owned or controlled settings but to all person-served by HCBS regardless of the waiver/program.
- KDADS will require the MCOs to survey persons served on their settings features, to ensure they experience the core characteristics of HCBS in compliance with the Final Rule. This survey will be required as part of the annual person-centered service planning meeting with persons served.
- KDADS will hold training exercises with the MCO care coordinators.
- Submit Survey Data Reporting to KDADS.

KDHE

- HCBS Provider Enrollment Processing

OTHER STAKEHOLDERS – COMMUNITY DEVELOPMENTAL DISABILITY ORGANIZATION (CDDO)

CDDOs complete quality enhancement and quality assurance checks of all contracted providers (affiliates) in their catchment areas to ensure the choices, rights and safety of individuals are person-centered and protected. It also tracks complaints and submits a report to KDADS quarterly. KDADS completes CDDO Performance Reviews of each entity once every two years to monitor for assurances of their defined roles of state policies, statues and regulations in relation to the oversight of affiliates. The CDDOs will be expected to continue their oversight of affiliates to ensure the expanded characteristics (rights, choice, privacy, autonomy and integration) of Final Rule are being implemented as stated and to track all complaints. It will also continue to report any violations to the appropriate organizations as found with current practices of reporting any abuse, neglect, exploitation and/or violations of a HCBS waiver participant’s rights. CDDOs will also be trained to monitor for such violations of Final Rule characteristics during their annual functional eligibility assessment meetings with waiver participants.

OTHER STAKEHOLDERS – CASE MANAGERS (ACM, CM OR TCM)

Case managers are an important key in working with individuals annually across Kansas to provide direct assistance for all waiver areas of HCBS as they create yearly care plans and/or complete regular assessments for service referrals. Monitoring to ensure the care plan is effectively implemented and adequately addresses the needs of the waiver participant is essential. Case managers will be trained on the Final Rule to increase their knowledge to help inform waiver participants of the settings Final Rule characteristics that should be present in all settings where services are provided. They will also continue to be trained on reporting to the appropriate organization as is current practice for abuse, neglect, exploitation, or the violation of an individual’s rights.

OTHER STAKEHOLDERS – AGING AND DISABILITY RESOURCE CENTERS (ADRC) AND AREA AGENCY ON AGING (AAA)

The ADRC assessors have regular contact with waiver participants and their support systems through the completion of annual functional eligibility activities for the BI, FE and PD waivers. As with the CDDO assessors, they will be trained to monitor for violations of Final Rule characteristics and to report any violations to the appropriate organization as found with current practices of reporting abuse, neglect, exploitation and/or other violations of an individual’s right.

OTHER STAKEHOLDERS – PARTICIPANTS AND THEIR SUPPORTS

HCBS waiver participants and their supports are a key factor for ongoing compliance of the settings Final Rule. July of 2021 KDADS initiated a Final Rule awareness campaign to educate participants on the Final Rule, what it means for them and how to advocate to their providers for person-centered services within HCBS settings that ensure rights, choice, privacy, autonomy, and integration. Contact information was shared on who to contact if these characteristics are not present in a setting where they receive HCBS services. Additional actions included in the awareness campaign are the development of a video titled “HCBS Settings 5 Essential Characteristics 101” starring an individual with a disability, the creation of one-page HCBS fact sheets and posters will be shared to continue outreach education. The efforts are to help waiver participants with ongoing monitoring of their services and setting experiences.

THE REPORTING WORKFLOW

KDADS PROGRAM INTEGRITY COMPLIANCE TEAM

- **Complete Certification and Recertification of Providers**
 - Produce Quarterly and Annual Reports for Provider Certification (new providers, recertification of existing providers)
 - Run Quarterly and Annual Reports on Provider Compliance, Remediation and Transition (new providers, recertified providers)
- **Complete Monitoring of Settings**
 - Pull Statistical Setting Samples Quarterly
 - Review Quarterly and Annual Reports on Setting Compliance Status
- **Evaluate Participant Setting Surveys**
 - Review MCO Care Coordination Survey Data Monthly

- Assess Data provided by the MCO and produce Quarterly and Annual Reports from the Data

THE MANAGED CARE ORGANIZATIONS - CARE COORDINATORS

- **Participant Setting Surveys**
 - Submit monthly Survey Data to KDADS Program Integrity and Compliance Team

TRAINING AND QUALITY OVERSIGHT

KDADS HCBS SYSTEMWIDE TRAINING

As discussed in the public engagement section, training and guidance sessions have been ongoing throughout the project to educate all engaging stakeholders on the Final Rule requirements. Training and guidance sessions occur at least quarterly, and sometimes monthly, in response to the needs of stakeholders. General training sessions are given in which all stakeholders are invited, in addition to specific scheduled training for state staff, IDD partners, aging partners, Child Placing Agencies, case managers, and participants.

Throughout the project, KDADS has responded to the training needs of different groups based on the types of services they render and the persons they serve. For example, Child Placing Agencies indicated a lack of understanding of the rule during general training because of age-appropriate considerations for compliance on the essential characteristics of Final Rule (rights, choice, privacy, autonomy, and integration). Another example is the aging services providers group who needed additional guidance on the essential characteristics when serving those with memory care service needs. KDADS developed materials and training in response to these types of specific questions.

Training announcements are posted on the Community Connections website and are always recorded and archived for access later under the remediation tab and training sub-tab located on the website. State staff, direct care staff, and administrative staff are always invited to training/guidance sessions using announcements via email distributions, scheduled meetings, and monthly stakeholder calls, and customer service responses.

- **Training Resource:** KDADS employs a Project Manager who is responsible for developing and conducting training sessions. The HCBS Project Manager currently utilizes outreach and coordination for sessions with the MCO (care coordinators), case managers, and participant advocacy groups. There is an anticipated start date in the second quarter of 2022 with these targeted groups for initial training on their continued roles in implementing the rule on an ongoing basis in Kansas. The training schedule is pending due to the systemic remediation currently in progress.
- **Systemwide Training Scope:** KDADS has already begun approaching training from the perspective that the HCBS Final Rule does not apply to just provider-owned or controlled settings but to all person-served through HCBS regardless of the waiver/program. The agency is developing a PowerPoint and video presentation on the HCBS

Essential Characteristics course. The training intends to be offered as orientation to the HCBS system in Kansas for participants, providers, state staff, administrators, and others.

- The training course will cover all Kansas' HCBS waiver programs. The essential content will include the review of rights, choice, privacy, autonomy and integration, technical assistance for policy and procedure implementation, and guidance on the role of each stakeholder's importance to the HCBS network. Training will be conducted by the HCBS Project Manager in person, by virtual platform, and be available for download from the current Community Connection website and in the future from the planned HCBS portal. The project manager will also be responsible for the quality oversight of training materials and tracking those in need of orientation and continued training.
- **Training Frequency:** As part of ongoing monitoring, KDADS will continue to ensure monthly, quarterly, and annual training opportunities on the essential characteristics (rights, choice, privacy, autonomy, and integration) of HCBS Beyond the Settings Final Rule project implementation in Kansas. Ongoing training will still be offered in general and to specific targeted groups of state staff (administrators, program managers, licensing staff, monitoring staff, quality oversight staff), all providers and their staff, participants (guardians and supports), case managers, MCOs (administrators and care coordinators), advocacy groups and others. Training opportunities will be offered at least quarterly for each targeted group to capture those new to the HCBS system or who need continued training. The HCBS Project Manager currently does and will continue to respond to training requests from stakeholders.

KDADS intends to ensure that beyond the project timeline, ongoing monitoring will include training for providers, participants, and state staff in the principles of HCBS as defined by the Settings Final Rule regulation.

KDADS is approaching ongoing monitoring from the perspective that the HCBS Final Rule does not apply to just provider-owned or controlled settings but to all person-served by HCBS regardless of the waiver/program. Hence, ongoing training will cover all of Kansas's HCBS waiver programs. The ongoing training will cover the following.

- HCBS Providers, MCO Care Coordinators, Participants and Administrators Quarterly/Frequent Training
 - **Provider-Owned and Provider-Controlled Settings:**
 - Providers, participants and direct support professionals will be offered the opportunity to be trained in the requirements of the settings Final Rule. This will be provided and monitored by KDADS.
 - **MCO Care Coordinators:**

- MCO care coordinators will be offered the opportunity to be trained in the requirements of the settings Final Rule. This will be provided and monitored by KDADS.
 - **Settings Presumed Compliant:**
 - KDADS will train, inform, and educate providers of, and persons served in, settings that are presumed compliant such as private home, individualized services (such as individual supported employment). Such trainings will include training videos, flyers, and handbooks on rights of persons-served, and methods for reporting violation of rights of an HCBS person-served.
 - Frequent quality oversight of the training materials and processes will be conducted to ensure they remain consistent, applicable, and accessible for every part of the HCBS system.
- KDADS Staff Learning and Retrospective
 - Offer Staff Quarterly Training and Learning Retrospectives.
- KDADS will regularly meet with MCOs to ensure network adequacy, so the processes put forth in the statewide transition plan does not create gaps in service for persons served. KDADS will complete annual review of compliance reports for identification of trends, and areas needing improvements.

ONGOING MONITORING TIMELINE

PROJECT NAMES + TASK TITLES	STATUS	START DATE	END DATE
Systemic Remediation and Ongoing Monitoring Phase	Initiation Phase	30-Jan-2022	17-Mar-2023
Systemic Remediation Implementation and OM Start	In Progress	30-Jan-2022	30-Jan-2023
OM Planning Project and Product Setup	Completed	1-Jul-2021	3-Jul-2021

PROJECT NAMES + TASK TITLES	STATUS	START DATE	END DATE
Ongoing Monitoring Team: Budget Request and Legislative Request and Approval	In Progress	3-May-2021	17-Mar-2023
Stakeholder Tour (Final Approval Tour): Ongoing Monitoring Tour	Not Started	18-Jan-2023	30-Mar-2023
Ongoing Monitoring Team: Creating a System (IT) for the Ongoing Monitoring Team	In Progress	3-Jan-2022	31-Dec-2023
Ongoing Monitoring Team: Formation	In Progress	17-Mar-2022	1-Jul-2023
HCBS Settings Final Rule Policy	In Progress	30-Sep-2022	1-Jan-2023
MMIS-KMAP System Provider Enrollment Policy	Not Started	30-Sep-2022	1-Jan-2023
HCBS Settings Final Notification of Compliance – This is strictly related to disenrollment from MMIS and not transition date. Transition notification shall be provider on or prior to Sept 2022.	Not Started	1-Feb-2023	1-Mar-2023
DEACTIVATION OF NON-COMPLIANT SETTINGS	Not Started	17-Mar-2023	17-Mar-2023
Ongoing Monitoring Operations: Start	Not Started	17-Mar-2023	17-Mar-2023

INVESTMENT IN PROVIDER REMEDIATION, STATEWIDE TRANSITION AND MONITORING

WORKFORCE TRAINING GRANTS

Workforce training ensures that direct service workers have the knowledge, skills, and abilities they need to provide quality support. The current state of the HCBS workforce reflect the following:

- Minimum qualifications required to become a direct service worker (DSW).
- Most DSW are trained through their provider/agency
 - 5 hours avg. onboarding training
 - 8 hours avg. ongoing training
- Significant gaps in training available for specific needs
- Lack of training resources for providers MCOs and persons served on the characteristics of the settings Final Rule.

The state plans a total initiative investment of \$5.1 million with \$4.9million (95%) of the total available training grants to improve the current state of the HCBS workforce. The funding will be awarded to providers, and amounts disbursed will vary based on demonstrated needs. The state expects the grants to improve the quality of care by ensuring DSWs have the knowledge, skills, and abilities to provide support compliant with the key characteristics of HCBS; improve retention rates; and provide DSW with skills needed to grow professionally and earn higher wages. The primary source for funding this initiative is through the 10% federal matching rate (FMAP) for spending on Medicaid HCBS by the American Rescue Plan.

EMPLOYMENT FOR PERSONS WITH DISABILITIES

Individuals with disabilities in Kansas are less likely to look for work, get employed, and make above the poverty line when employed. One of the state's projects earmarked to be funded through the 10% federal matching rate (FMAP) for spending on Medicaid HCBS by the American Rescue Plan is the study on strategies for implementing Employment First in Kansas to address employment gaps between individuals with and without disabilities. The implementation of Employment First in Kansas will likely lead to:

- Supports of 9,100 individuals on the I/DD waiver find integrated and supported employment such that the characteristics of HCBS as embodied by the settings rule becomes a long-term reality in Kansas.

- Long-term impact includes stimulating the economy, improving health, and decreasing homelessness within the I/DD community.
- Increasing labor force participation for individuals with a disability from the current 29% compared to 69% for individuals without disability (*Source: US Census: CPS Annual Social and Economic Report; 2020 Annual Disability Statistics Compendium*).

STATE HCBS ADMINISTRATIVE CAPACITY INCREASE

Ongoing & intensive compliance oversight of the settings rule necessitates additional KDADS staffing to prevent worsened HCBS capacity strains. A breakdown of the role of KDADS and the proposed KDADS Program Integrity Compliance Team is on page 62. The rationale for this investment is that:

- Historic underfunding leaves KDADS HCBS Commission understaffed:
 - Limits ability to deliver on HCBS expansions through FMAP
- The state monitors approximately 700 providers of 3,000 provider-owned and provider-controlled HCBS settings and about 14,000 HCBS participants in provider-owned and provider-controlled settings throughout the state. The state relies on recruiting full-time employees starting before March 17, 2023, for ongoing monitoring.
- The initial investment in ongoing monitoring will require approximately \$2.5million to cover staffing for three years. KDADS aims to fund the initial investment through the 10% FMAP for spending on Medicaid HCBS by the American Rescue Plan. KDADS intends to seek budget enhancement to cover new FTEs once FMAP funding exhausts.

HCBS SETTINGS REMODELING GRANT

To further support settings to attain and sustain compliance with the Rule, the state considers providing outcomes-based grants to settings to cover the financial burden of remodeling required to fulfill HCBS setting standards. Patient choice of care setting is restricted by lack of HCBS capacity (KS ranks 44th in adult day service capacity- *2020 AARP LTSS Scorecard Report*), and 50% of the adult day care settings in Kansas risk failing to come in compliance with the rule before the deadline for settings remediation in Kansas.

With the remodeling grants, the state estimates that between 50 to 100 large HCBS providers (e.g., adult care homes) in underserved KS counties (e.g., based on SVI2 score) can become models for compliant HCBS settings. Through the grants, such providers can accept persons served through HCBS from other settings that the state has found unable to overcome the presumptions of institutionalization. The remodeling grant will also address inequities across Kansas by supporting providers in underserved counties by expanding optionality for rural HCBS participants.

PUBLIC ENGAGEMENT

Public engagement began in June 2014 and is ongoing through the transition to compliance with the Rule.

2014 OPPORTUNITIES FOR ENGAGEMENT:

In person opportunities for information and feedback

- Public information sessions were held in February, June, and November
 - In June information sessions were held in four communities across Kansas. Two sessions were held in each community with 116 people attending.
 - In November information sessions were held in three communities, two sessions were held in each community and 332 people attended.
 - Remote/Phone opportunities for information and feedback
 - Online Provider self-assessment survey
 - HCBS Settings Transition Plan public comment period
-

2015 OPPORTUNITIES FOR ENGAGEMENT

In person opportunities for information and feedback

- Regional Public HCBS Information Sessions (450+ attendees)
- LTC Round Table Forum (200 + attendees)

Remote/Phone opportunities for information and feedback

- Lunch and learn IDD Provider calls were held twice weekly from February through April, then weekly May through July.
- Lunch and learn IDD Consumer calls were held weekly February through April, then bi-weekly May through July.
- HCBS Provider forums were held monthly February through July

- Rule Information posted online – PowerPoint/Audio
- Statewide transition plan public comment sessions

2016 OPPORTUNITIES FOR ENGAGEMENT

In person opportunities for information and feedback

- **Targeted meetings with Waiver representatives:** As part of the State’s plan to enhance stakeholder engagement, representatives from two waivers anticipated to be most impacted from the Rule were invited to participate in targeted meetings to hear their specific concerns. These meetings took place on June 10, 2016.
 - Representatives from 28 Adult Care Homes and 39 CDDOs attended their respective meetings.
- Statewide public comment meetings were held June 14-17, 2016 in four locations across the State (Hays, Topeka, Overland Park, and Wichita) with two sessions at each location: 1:00 p.m. – 3:00 p.m. and 5:30 p.m. – 7:30 p.m.
 - A total of 268 people attended these public comment meetings: 26 in Hays, 75 in Topeka, 99 in Overland Park, and 68 in Wichita. Time was allowed for attendees to ask clarifying questions about the Rule and give comments and feedback to the State. In addition to being able to provide verbal comments to the State and other attendees, feedback forms were provided to allow written comments as well. The state received 135 individual comments and 41 completed evaluation forms. Attendees liked that the Rule will provide more integration of waiver participants and hope that this will be the actual outcome of changes. Concerns centered on implementation costs, the adequacy (or inadequacy) of reimbursement rates to support meeting the requirements, and whether sheltered workshops or day services can comply with the requirements.
- Updates at InterHab (Association of Developmental Disability Service providers) on the Final Rule June 9, 2016, and August 17, 2016
- A presentation was made by the KanCare Ombudsman on July 12, 2016 to the Friends and Family Committee.

Remote/Phone Opportunities for Information & Feedback:

- Lunch and Learn Calls by the KanCare Ombudsman office were held on June 1, 2016 and July 13, 2016 addressing the Final Settings Rule.
- Informational Calls: KDADS is hosting twice monthly calls for stakeholders to stay updated on the State’s planning for the HCBS Final Settings Rule implementation. Calls are held on the first and third Wednesday of each month at 12:00 p.m. and 5:30 p.m. beginning on July 20, 2016 and will continue through the completion of the transition plan. Questions and answers from each call are be posted on the [HCBS Settings Final Rule](#) page of the KDADS website.

Workgroup(s)

- Statewide Transition Plan Workgroup: A stakeholder workgroup of 60 individuals from all provider setting types was formed to assist the state in the Statewide Transition Plan. The group is made up of Self Advocates, Kansas Advocates for Better Care, the Disability Rights Center, Kansas Council for Developmental Disabilities (KCDD), the state ADA coordinator, Independent Living Centers, Assisted Living, Home Plus providers, Individuals receiving services, families of individuals receiving services, participants from the Friends and Family group, Self-Advocate Coalition of Kansas, Ombudsman representatives and representation from all waiver populations. They met August 5, August 23, August 31, and September 15, 2016 in Topeka to provide recommendations regarding the transition plans based on their knowledge and experience in providing HCBS services.

Four subgroups addressing sheltered workshops, person centered service planning, day programs, and Adult Care Homes with special care units worked on these topics of concern. Each group developed a plan and recommendations to assist the State with the Statewide Transition Plan for the Rule.

2017 OPPORTUNITIES FOR ENGAGEMENT

Remote/Phone Opportunities for Information & Feedback:

- Informational Calls: KDADS continued to host monthly calls for stakeholders to stay updated on the State’s planning for the HCBS Final Settings Rule implementation. Calls were held on the third Wednesday of each month at 12:00 p.m. and 5:30 p.m. and will continue through the completion of the transition plan. Questions and answers from each call are posted on the [HCBS Settings Final Rule](#) page of the KDADS website and on the [Kansas’ Final Rule website](#).

2018 OPPORTUNITIES FOR ENGAGEMENT

- Informational Calls: KDADS continued to host monthly calls for stakeholders to stay updated on the State’s planning for the HCBS Final Settings Rule implementation. Calls were held on the third Wednesday of each month at 12:00 p.m. and 5:30 p.m. and will continue through the completion of the transition plan. Questions and answers from each call are posted on the [HCBS Settings Final Rule](#) page of the KDADS website and on the [Kansas’ Final Rule website](#).

2019 OPPORTUNITIES FOR ENGAGEMENT

In-Person Opportunities for Information & Feedback:

- In July of 2019, KDADS visited three communities around the state and hosted two conference calls to engage with providers. The purpose of these events was to hear from providers regarding the support they needed to come into compliance with the Final Rule. In total, 192 people participated in these events.

- In October and November of 2019, KDADS hosted provider training on the Provider Self-Assessment in ten communities around the state, 187 people attended a provider self-assessment training.

Remote/Phone Opportunities for Information & Feedback:

- Informational Calls: KDADS continued to host monthly calls for stakeholders to stay updated on the State’s planning for the HCBS Final Settings Rule implementation. Calls were held on the third Wednesday of each month at 12:00 p.m. and 5:30 p.m. and will continue through the completion of the transition plan. Questions and answers from each call are posted on the [HCBS Settings Final Rule](#) page of the KDADS website and on Kansas’ [Final Rule website](#).
- In September, KDADS [launched a website dedicated to the Final Rule](#). The website contains information and updates about the Final Rule, information about provider supports and offers live chat capabilities for immediate assistance. In September, KDADS also launched weekly email updates to providers, sharing information and updates about the Final Rule and provider self-assessment.
- Rapid response calls were held weekly through the self-assessment period to allow providers to ask questions and receive immediate response from Kansas.

2020 OPPORTUNITIES FOR ENGAGEMENT

In-Person Opportunities for Information & Feedback:

- In January two trainings were held for child placement agencies on how to take the provider self-assessment.
- Kansas was scheduled to complete a statewide nine city remediation training tour from March through April for Providers, but it had to be canceled due to new COVID 19 safety guidance of social distancing. The Team notified Providers and adjusted accordingly to offer virtual trainings instead.

Remote/Phone Opportunities for Information & Feedback:

- Informational Calls: KDADS continued to host monthly calls for stakeholders to stay updated on the State’s planning for the HCBS Final Settings Rule implementation. Calls were held on the third Wednesday of each month at 12:00 p.m. and 5:30 p.m. and will continue through the completion of the transition plan. Questions and answers from each call are posted on the [HCBS Settings Final Rule](#) page of the KDADS website and on [Kansas’ Final Rule website](#).
- Rapid response calls were held weekly through the self-assessment period (February 29, 2020) to allow providers to ask questions and receive immediate response from Kansas.
- May through June, at total of six remediation specific trainings were held virtually to give guidance to HCBS providers.

- In October a total of three heightened scrutiny specific trainings were held virtually to give additional guidance to HCBS providers.
- In October a total of two remediation trainings were held specifically for child placing agencies.
- In September, October, November, and December twenty-seven HCBS settings final rule guidance sessions were held specifically for IDD providers to respond to additional remediation guidance requests.
- In October, November, and December monthly HCBS settings final rule learning collaboratives which focused on autonomy, privacy and integration were offered to HCBS providers.
- In November an article was published in the Leading Age Kansas Newsletter to increase outreach to aging partners.
- A remediation survey was distributed to Providers September through October. 33 responses were received. Provider responses and comments were used to create requested training and resources for the HCBS settings final rule in Kansas.

2021 OPPORTUNITIES FOR ENGAGEMENT

In-Person Opportunities for Information & Feedback:

- Due to continued COVID 19 safety guidance of social distancing, no in-person opportunities for engagement were offered. All engagement was completed remotely and by phone.

Remote/Phone Opportunities for Information & Feedback:

- Informational Calls: KDADS continued to host monthly calls for stakeholders to stay updated on the State's planning for the HCBS Final Settings Rule implementation. Calls were held on the third Wednesday of each month at 12:00 p.m. and 5:30 p.m. and will continue through the completion of the transition plan. Questions and answers from each call are posted on the [HCBS Settings Final Rule](#) page of the KDADS website and on [Kansas' Final Rule website](#).
- January through February completed the monthly HCBS settings final rule learning collaboratives which focused on choice and rights were offered to providers.
- In April a HCBS reminder and remediation update article was published in the Leading Age Kansas Newsletter to increase outreach to aging partners.
- In May a remediation and heightened scrutiny guidance session for aging partners was offered.
- In May three final rule question and answer sessions were provided.

- In July two final rule question and answer sessions were offered for child placing agencies.
- In July, a Provider Support Specialist (PSS) Model was introduced to respond to Provider requests for 1-1 opportunities to receive communications and support. Each Provider is assigned a PSS.
- July initiated the participant awareness campaign to educate HCBS participants and their supports on final rule. KDADS final rule communication lead staff has provided education sessions so far with seven council of community member members, the Ombudsman Office, one targeted case management group for IDD and assisted with one MCO case manager training session. The awareness campaign to educate and train participants and their supports will continue to be opportunities of engagement and education on final rule.
- In August a final rule question and answer session was offered for aging partners.
- In July and August HCBS final rule awareness and education sessions were given at two Community Development Disability Organization Council of Community Member’s meetings to further knowledge and feedback of HCBS final rule for participants, guardians, case managers, care coordinators and other service providers in attendance. These awareness and education sessions will continue for the remainder of 2021 and continue throughout 2022 and 2023 as a part of ongoing monitoring quality assurance for these targeted groups.
- In October one virtual public comment session was held for stakeholder’s feedback regarding heightened scrutiny summary packets for category 1 and 2 virtual assessments. The packets were posted starting on October 15, 2021 and remain posted on the Community Connections website for information sharing. Comments were taken until January 2022 to allow additional review and feedback from stakeholders.
- In November a second virtual public comment session was held for stakeholder’s feedback regarding heightened scrutiny summary packets for category 1 and 2 virtual assessments. The packets were posted starting on October 15, 2021 and remain posted on the Community Connections website for information sharing. Comments were taken until January 2022 to allow additional review and feedback from stakeholders.
- In October one virtual public comment session was held for stakeholder’s feedback regarding Kansas’ statewide transition plan. The STP was posted starting October 15, 2021 and remains posted on the Community Connections website for information sharing. Comments were taken until January 2022 to allow additional review and feedback from stakeholders.
- In November one virtual public comment session was held for stakeholder’s feedback regarding Kansas’ statewide transition plan. The STP was posted starting October 15, 2021 and remains posted on the Community Connections website for information sharing. Comments were taken until January 2022 to allow additional review and feedback from stakeholders.
- January heightened scrutiny summary packets for category 3 will be posted for a 30-day online stakeholder public comment feedback period.

In-Person Opportunities for Information & Feedback:

- Due to continued COVID 19 safety guidance of social distancing, in-person opportunities for engagement were canceled. All engagement was completed remotely and by phone.
- There will be a continuation of monthly virtual/by phone opportunities for HCBS final rule awareness and education sessions to participants, guardians, case managers, care coordinators service providers and advocacy groups.

Remote/Phone Opportunities for Information & Feedback:

- Informational Calls: KDADS will continue to host monthly calls for stakeholders to stay updated on the State’s planning for the HCBS Final Settings Rule implementation. Calls will be held on the third Wednesday of each month at 12:00 p.m. and 5:30 p.m. and will continue through the completion of the transition plan. Questions and answers from each call will be posted on the [HCBS Settings Final Rule](#) page of the KDADS website and on [Kansas’ Final Rule website](#).
- In January, February, March, April, May, June, July, August, September, and October electronic announcements were made regarding heightened scrutiny summary packets for category 1 and 2 virtual assessments and category 3 assessments. The heightened scrutiny packets are posted each month for a 30-day feedback period. During each monthly stakeholder call verbal announcements are also made regarding current and upcoming public postings for stakeholders and an opportunity is given for questions/comments for posted packets.
- In January, February, March, April, May, June, July, August, September, and October a total of 23 final rule update and guidance sessions were held with stakeholders to provide opportunities for education, information sharing, questions, and feedback. Meeting presentations were with Service Providers, CDDOs, MCOs, ADRC/AAAs, Ombudsman Offices, the Guardianship Program, Case Manager Organizations and Child Placement Agencies.
- In July, two guidance sessions were provided on the HCBS Compliance Portal, in addition to an opportunity to ask questions and give feedback regarding final rule compliance and ongoing monitoring expectations.
- In August 2022, two transition guidance sessions were held for the state’s transition plan requirements. Stakeholders were able to provide feedback and ask questions.

2023 PLANNED OPPORTUNITIES FOR ENGAGEMENT

In-Person Opportunities for Information & Feedback:

- There will be quarterly HCBS final rule awareness and education sessions to participants, guardians, case managers, care coordinators service providers and advocacy groups.
- A nine-city statewide Ongoing Monitoring Tour is planned for the spring but will be converted to a virtual platform if needed to adhere to COVID 19 safety guidelines.

Remote/Phone Opportunities for Information & Feedback:

- Informational Calls: KDADS will continue to host monthly calls for stakeholders to stay updated on the State’s planning for the HCBS Final Settings Rule implementation. Calls will be held on the third Wednesday of each month at 12:00 p.m. and 5:30 p.m. and will continue through the completion of the transition plan. Questions and answers from each call will be posted on the [HCBS Settings Final Rule](#) page of the KDADS website.

REFERENCES/RESOURCES

1. [Adult Care Home Regulations](#)
2. [IDD Regulations](#)
3. [KDADS HCBS Policies](#)
4. [KDADS Final Rule Webpage](#)
5. [DOJ technical assistance on Olmstead](#)
6. [State ADA Coordinator webpage](#)

KANSAS MILESTONE REPORT (MILESTONES SUMMARY AS OF 9/28/2021)

State	No.	Milestone	Description	Due Date	Status	State's Requested Status Change	State's Requested New Due Date	State's Supporting Evidence
<i>Kansas</i>	KS.01.0	Completion of systemic assessment	Assessment: Review existing policies, regulations, statutes, manuals, etc. for compliance with the requirements of the Final Rule	5/21/2019	Completed	No value	No value	No value

<i>State</i>	No.	Milestone	Description	Due Date	Status	State's Requested Status Change	State's Requested New Due Date	State's Supporting Evidence
<i>Kansas</i>	KS.02.0	Complete modifying rules and regulations, including provider manuals, inspection manuals, procedures, laws, qualification criteria, etc.	State Remediation: Complete changes to policies, regulations, statutes, manuals, etc. as identified in systemic assessment (see regulatory crosswalk, STP Appendix A) Due date pending TA.	No value	Not Yet Due	No value	No value	No value
<i>Kansas</i>	KS.03.0	Effective date of new rules and regulations: 50% complete	State Remediation: Complete changes in K.S.A. and K.A.R.s Due date pending TA.	No value	Not Yet Due	No value	No value	No value
<i>Kansas</i>	KS.04.0	Effective date of new rules and regulations: 100% complete	State Remediation: Complete changes in K.S.A. and K.A.R.s Due date pending TA.	No value	Not Yet Due	No value	No value	No value
<i>Kansas</i>	KS.05.0	Completion of site-specific assessment	Validation and follow-up	2/29/2020	Completed	No value	No value	No value

<i>State</i>	No.	Milestone	Description	Due Date	Status	State's Requested Status Change	State's Requested New Due Date	State's Supporting Evidence
<i>Kansas</i>	KS.06.0	Incorporate results of settings analysis into final version of the STP and release for public comment	No value	9/23/2021	Pending	Completed	10/14/2021	Kansas is collecting informal feedback on the STP. This process is critical to the state to prevent rework in the event a major flaw is identified pre-public comment. Consequently, Kansas requests a 3-week delay in this milestone. This delay is not anticipated to cause delays in other milestones.
<i>Kansas</i>	KS.07.0	Submit final STP to CMS	No value	12/1/2021	Pending	Completed	No value	No value
<i>Kansas</i>	KS.08.0	Completion of residential provider remediation: 25%	No value	6/30/2021	Completed	No value	No value	No value

<i>State</i>	<i>No.</i>	<i>Milestone</i>	<i>Description</i>	<i>Due Date</i>	<i>Status</i>	<i>State's Requested Status Change</i>	<i>State's Requested New Due Date</i>	<i>State's Supporting Evidence</i>
<i>Kansas</i>	KS.09.0	Completion of residential provider remediation: 50%	No value	1/3/2022	Pending	Completed	No value	Our project recorded 50% of settings that have completed remedial actions to come into compliance. This achievement is coming four months ahead of schedule which is a huge project achievement at this point.
<i>Kansas</i>	KS.10.0	Completion of residential provider remediation: 75%	No value	9/30/2022	Pending	Completed	No value	No value
<i>Kansas</i>	KS.11.0	Completion of residential provider remediation: 100%	Provider settings that are not yet compliant with the Rule will submit their transition plan to the State by January of 2021. All transition plans will illustrate how the provider will come into full compliance with the Rule by March of 2023, including specific milestones and timelines.	3/17/2023	Not Yet Due	No value	No value	No value

<i>State</i>	No.	Milestone	Description	Due Date	Status	State's Requested Status Change	State's Requested New Due Date	State's Supporting Evidence
<i>Kansas</i>	KS.12.0	Completion of nonresidential provider remediation: 25%	No value	6/30/2021	Completed	No value	No value	No value
<i>Kansas</i>	KS.13.0	Completion of nonresidential provider remediation: 50%	No value	1/3/2022	Pending	Completed	No value	Our project recorded 50% of settings that have completed remedial actions to come into compliance. This achievement is coming four months ahead of schedule which is a huge project achievement at this point.
<i>Kansas</i>	KS.14.0	Completion of nonresidential provider remediation: 75%	No value	9/30/2022	Pending	Completed	No value	No value

<i>State</i>	No.	Milestone	Description	Due Date	Status	State's Requested Status Change	State's Requested New Due Date	State's Supporting Evidence
<i>Kansas</i>	KS.15.0	Completion of nonresidential provider remediation: 100%	Provider settings that are not yet compliant with the Rule will submit their transition plan to the State by January of 2021. All transition plans will illustrate how the provider will come into full compliance with the Rule prior to March of 2023, including specific milestones and timelines.	3/17/2023	Not Yet Due	No value	No value	No value
<i>Kansas</i>	KS.16.0	Identification of settings that will not remain in the HCBS System	For those providers that initiate a remediation/transition plan or determine themselves to be fully compliant, and for which KDADS determines by September 2021, based upon the then current status of compliance, that full compliance with the Rule cannot be achieved by March 2022, KDADS will issue termination notices to such providers and will copy the MCO and other applicable agencies so that terminations can be affected across the system of care.	11/30/2022	Not Yet Due	No value	No value	No value

<i>State</i>	No.	Milestone	Description	Due Date	Status	State's Requested Status Change	State's Requested New Due Date	State's Supporting Evidence
<i>Kansas</i>	KS.17.0	Identification of settings that overcome the presumption and will be submitted for heightened scrutiny and notification to provider	No value	8/1/2021	Pending	Completed	No value	<p>The state has successfully assessed every HCBS setting flagged for a heightened scrutiny review by the agency's reviewers.</p> <p>The state is now in the process of preparing the review packets for each setting and subsequently publishing them for comments from the public.</p>

<i>State</i>	No.	Milestone	Description	Due Date	Status	State's Requested Status Change	State's Requested New Due Date	State's Supporting Evidence
<i>Kansas</i>	KS.18.0	Complete gathering information and evidence on settings requiring heightened scrutiny that it will present to CMS	Heightened scrutiny review (documentation submission, review, follow up, comment)	8/31/2021	Pending	Completed	No value	Kansas has completed virtual on-site assessments for all the settings it identified as meeting the conditions set as categories 1 and 2 and requiring a heightened scrutiny assessment. A sample of the evidentiary packet has been shared with the technical assistance team and will be published for public comment in October.

<i>State</i>	No.	Milestone	Description	Due Date	Status	State's Requested Status Change	State's Requested New Due Date	State's Supporting Evidence
<i>Kansas</i>	KS.19.0	Incorporate list of settings requiring heightened scrutiny and information and evidence referenced above into the final version of STP and release for public comment	No value	10/1/2021	Pending	Completed	10/15/2021	Kansas is collecting informal feedback on the prepared HS Packets. This process is critical to the state to prevent rework in the event a significant flaw is identified pre-public comment. Consequently, Kansas requests a 3-week delay to this task. This delay is not anticipated to cause delays in other milestones.
<i>Kansas</i>	KS.20.0	Submit STP with Heightened Scrutiny information to CMS for review	No value	12/1/2021	Not Yet Due	No value	No value	No value

<i>State</i>	No.	Milestone	Description	Due Date	Status	State's Requested Status Change	State's Requested New Due Date	State's Supporting Evidence
<i>Kansas</i>	KS.21.0	Complete notifying member, guardians, case managers, facility support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements and that resolution or alternate funding sources need to be considered: 25%	Providers that believe their setting cannot comply or the provider who chooses not to come into compliance shall be required to submit a termination notice to KDADS and the MCOs no later than October 1, 2021 to ensure an appropriate transition of all affected participants.	9/30/2022	Not Yet Due	No value	No value	No value
<i>Kansas</i>	KS.22.0	Complete notifying member, guardians, case managers, facility support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements and that resolution or alternate funding sources need to be considered: 50%	No value	9/30/2022	Not Yet Due	No value	No value	No value

<i>State</i>	No.	Milestone	Description	Due Date	Status	State's Requested Status Change	State's Requested New Due Date	State's Supporting Evidence
<i>Kansas</i>	KS.23.0	Complete notifying member, guardians, case managers, facility support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements and that resolution or alternate funding sources need to be considered: 75%	No value	9/30/2022	Not Yet Due	No value	No value	No value
<i>Kansas</i>	KS.24.0	Complete notifying member, guardians, case managers, facility support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements and that resolution or alternate funding sources need to be considered: 100%	Providers that believe their setting cannot comply or the provider who chooses not to come into compliance shall be required to submit a termination notice to KDADS and the MCOs no later than October 1, 2021 to ensure an appropriate transition of all affected participants...participants are given at least 180 days' notice that they will need to transition to a new provider/setting.	9/30/2022	Not Yet Due	No value	No value	No value

State	No.	Milestone	Description	Due Date	Status	State's Requested Status Change	State's Requested New Due Date	State's Supporting Evidence
<i>Kansas</i>	KS.25.0	Complete beneficiary resolution: 25%	No value	3/17/2023	Not Yet Due	No value	No value	No value
<i>Kansas</i>	KS.26.0	Complete beneficiary resolution: 50%	No value	3/17/2023	Not Yet Due	No value	No value	No value
<i>Kansas</i>	KS.27.0	Complete beneficiary resolution: 75%	No value	3/17/2023	Not Yet Due	No value	No value	No value
<i>Kansas</i>	KS.28.0	Complete beneficiary resolution: 100%	No value	3/17/2023	Not Yet Due	No value	No value	No value
<i>Kansas</i>	KS.Q01.0	Quarterly progress report - first quarter post-approval	No value	8/21/2019	Not Submitted	No value	No value	No value
<i>Kansas</i>	KS.Q02.0	Quarterly progress report - second quarter post-approval	No value	11/21/2019	Not Submitted	No value	No value	No value
<i>Kansas</i>	KS.Q03.0	Quarterly progress report - third quarter post-approval	No value	2/21/2020	Not Submitted	No value	No value	No value
<i>Kansas</i>	KS.Q04.0	Quarterly progress report - fourth quarter post-approval	No value	5/21/2020	Not Submitted	No value	No value	No value

<i>State</i>	<i>No.</i>	<i>Milestone</i>	<i>Description</i>	<i>Due Date</i>	<i>Status</i>	<i>State's Requested Status Change</i>	<i>State's Requested New Due Date</i>	<i>State's Supporting Evidence</i>
<i>Kansas</i>	KS.Q05.0	Quarterly progress report - fifth quarter post-approval	No value	8/21/2020	Not Submitted	No value	No value	No value
<i>Kansas</i>	KS.Q06.0	Quarterly progress report - sixth quarter post-approval	No value	11/21/2020	Not Submitted	No value	No value	No value
<i>Kansas</i>	KS.Q07.0	Quarterly progress report - seventh quarter post-approval	No value	2/21/2021	Not Submitted	No value	No value	No value
<i>Kansas</i>	KS.Q08.0	Quarterly progress report - eighth quarter post-approval	No value	5/21/2021	Not Submitted	No value	No value	No value
<i>Kansas</i>	KS.Q09.0	Quarterly progress report - ninth quarter post-approval	No value	8/21/2021	Pending	Completed	No value	No value
<i>Kansas</i>	KS.Q10.0	Quarterly progress report - tenth quarter post-approval	No value	11/21/2021	Not Yet Due	No value	No value	No value

Table 9 KANSAS MILESTONE REPORT (MILESTONES SUMMARY AS OF 9/28/2021)

APPENDIX A: KANSAS HCBS SYSTEMIC ASSESSMENT

SYSTEMIC ASSESSMENT FORMAT

The Gap Analysis represents a systemic assessment of regulation and policy, its format is designed to follow the flow of policy as it is implemented. The policy review begins with Kansas Statutes Annotated (K.S.A.) and descends to KDADS Policies and continues as follows:

- KDADS Policies
- Settings Analysis of Home and Community Based Settings
- Kansas Statutes Annotated (K.S.A.) and/or Kansas Administrative Regulations (K.A.R)
 - Foster Settings Licensed/Managed by the Division of Children and Families (DCF)
 - Adult Care Homes
 - IDD Specific Settings
 - Sheltered Employment
 - Disability Specific Camps/Day Settings
- Kansas Contracts
- KDADS Provider Manuals

SYSTEMIC ASSESSMENT METHODOLOGY AND SYSTEMIC REMEDIATION STRATEGY

SYSTEMIC ASSESSMENT METHODOLOGY

The Center for Organizational Development and Collaboration (CODC) has produced a general analysis of the gaps in regulations, standards, policies, licensing requirements, and the 42 C.F.R. 441.301 (c)(4)-(5) Final Setting Rule, which clearly states the content and intent of the policy, law, or regulation. To accomplish this task, CODC has partnered with the Kansas Department for Aging and Disability Services (KDADS) staff to compile a list of systemic documents effected by the Final Rule. This list encompasses Codified Federal Regulation 42 CFR 441.301c (4) Final Rule, Kansas State Regulations/Statutes, KDADS internal policy, KDADS provider manuals, contracts and any other documentation pertaining to the Final Setting Rule. The CODC has drafted detailed matrices developing a side-by-side comparison of all categories with the Final Rule and identify where the categorized material is compliant, partially compliant, non-compliant or silent regarding the Final Setting Rule. The CODC has recommended systemic changes to KDADS based on the results of the analysis.

SYSTEMIC REMEDIATION STRATEGY

The recommendations proposed in the Gap Analysis conducted by the Center for Organizational Development and Collaboration (CODC) was approved by KDADS and incorporated into the STP and systemic remediation strategies. The addition of these Remediation Strategies completed the Systematic Assessment portion of the STP and was approved by CMS. In process of implementing the remediation strategies, KDADS encountered several significant challenges:

CHALLENGES TO SYSTEMIC REMEDIATION STRATEGIES IN THE INITIAL STATEWIDE TRANSITION PLAN

- Licensing Process for Providers:
 - Kansas issues licenses to providers based on the type of service delivered and not on the source of funding. The creation of new HCBS compliance licensing requirements apply enormous pressure on the HCBS Provider network system as agencies increasingly refuse to serve HCBS participants. For example, an Assisted Living Facilities' and Adult Care Homes licenses' cover all sources of funding (private, Medicare, Medicaid etc.). They currently only accept a low number of individuals with HCBS funding due to the low Medicaid reimbursement rate. The average number of persons served in these settings is one or two.
- Survey Process for Providers:
 - Current state survey activities of licensed facilities do not account for the funding source of the individuals served. Facilities are surveyed and rated based on their compliance with state-regulations; adding HCBS-specific requirement into the state Survey and Credentialing Commission's checklist will likely complicate monitoring processes. Hence the state considers creating a specific HCBS compliance unit to monitor HCBS providers specifically.
- Regulatory Procedures for Remediation, Closure and Appeal Processes for Providers:

- Regulatory procedures for remediation, closure, and appeal for providers found non-compliant with current regulations do not apply differently to Medicaid or non-Medicaid Providers. If Kansas makes HCBS-specific changes to the current regulations covering non-HCBS and sometimes non-Medicaid Providers, it will need to mandate and define a different regulatory procedure for remediation, closure, and appeal for Providers found non-compliant with the final settings rule, within the same regulation that applies to all settings (HCBS and non-HCBS). While a regulatory overhaul is not impossible, implementation is almost impractical and has the potential to destabilize the state's current HCBS provider network.

CHANGES PROPOSED TO SYSTEMIC REMEDIATION STRATEGIES

Due to challenges identified with the systemic remediation strategies proposed in the Systemic Assessment that received initial approval, Kansas is amending its systemic remediation strategies to address the identified challenges.

HCBS PROGRAM INTEGRITY AND COMPLIANCE TEAM

- Kansas proposes the formation of an HCBS Program Integrity and Compliance Team.
- HCBS Final Rule Settings Ongoing Monitoring Performance Goals
 - Approximately 500 Providers (including Child Placing Agencies) Recertification Annually
 - Approximately 30-50 New Providers (including Child Placing Agencies) Certification Annually
 - Approximately 1% (30+) Random Settings (including Child Placing Agencies) Compliance Checks Monthly (12% (360)/annually)
 - Approximately 5% (10+) Critical Heightened Scrutiny Settings Checks Monthly (100%+ (100)/annually)
 - Assess Data provided by the MCO and produce HCBS System Compliance Reports from the Data
- KDADS HCBS Settings ongoing compliance monitoring will cover two focal points:
 - Implementation of remedial actions to achieve settings compliance at the provider levels (including verification of provider compliance) beyond 2023.
 - Once remedial actions have achieved setting compliance, the state will continue to engage in monitoring and oversight activities of providers/settings to ensure ongoing compliance annually.

REGULATORY CHANGES

KDADS is currently carrying out regulatory changes that will achieve the following:

- KDADS will create a new waiver service regulation, and revise the following regulations, to add compliance with the settings final rule as a requirement for providers serving HCBS members.
 - K.A.R (TBD) HCBS Final Rule Remediation Regulation (*new*)
 - K.A.R. 26-41 Assisted Living Facilities and Residential Health Care Facilities (*to be modified*)
 - K.A.R. 26-42 Homes Plus (*to be modified*)
 - K.A.R. 26-43 Adult Day Care Facilities (*to be modified*)
- The waiver service regulation will require that providers and settings comply with the HCBS Settings Final rule or transition their HCBS participants to a compliant setting.
- In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).
 - Where the state current regulations are silent, the modifications made shall be sufficient to ensure compliance with the settings final rule.
 - The modifications require that the administrator must ensure rights and preferences are part of the person-centered service planning, support the HCBS participant by developing, and maintaining social ties in the community and the facility and optimizing autonomy.
 - In addition, the waiver service rule requires “full access to the greater community. . . to the same degree of access as individuals not receiving home and community-based residents; optimizes...individual initiative or autonomy...and with whom a resident interacts with”. If provider-controlled, then the owner must provide “residents access to visitors at any time.

Current state regulations address most areas of the Rule as evidence by the systemic assessment completed by KDADS. However, additional stipulations requiring compliance with the HCBS Settings Final rule will be added. Changes proposed in the STP will be incorporated into new regulations in 2022. For HCBS waiver services providers, compliance with the new regulations will

be a mandatory requisite for provider enrollment, and services delivery. Any language in existing policies, or manuals that is contrary to the final rule will be communicated as not superseding the provisions of the final rule as promulgated in the new overarching waiver service regulation.

For this purpose of the HCBS Final Rule, KDADS acknowledges a complexity in speculating all the issues that might arise in an HCBS setting. Hence, these issues (a-g) have been addressed directly in three community settings: adult day care, home plus and assisted living centers. To the extent another setting is involved the overarching regulation at 26-2-10 supplements any existing law and addresses each of what we consider substantive matters.

- a. the person-centered planning process
- b. the person-centered service plan
- c. review of that plan
- d. options for each member to have private unit
- e. full access to non-disability setting
- f. individual choice
- g. dignity and respect

Also, KDADS intends to ensure that future setting types that are not currently part of the HCBS delivery systems or impacted by the regulations been modified or promulgated, but that may become part in the future, are covered under the overarching waiver service regulation.

POLICY AND PROCEDURES

KDADS HCBS is creating policies and procedures that will achieve the following:

- Policies that will be backed by the regulatory changes and the HCBS waivers
- Policies that will expand on the regulations to describe the requirements for compliance
- Policy that lays out the procedures for certification of compliance, remediation of non-compliance, decertification in the event of non-compliance.

- The new policy, alongside updates to provider manuals, and other existing policies will align with the state’s new/revised waiver service regulation, and will be communicated to all waiver services providers, participants, and stakeholder through training, public sessions, published videos, and other possible methods of effective information dissemination.

IMPLEMENTING NEW/REVISED REGULATION AND POLICIES

- **KDADS Program Integrity Compliance Team**

- Monitoring of Providers *(provider-owned or controlled settings)*
- Complete 100% of Annual Provider Certifications *(provider-owned or controlled settings)*
- Assure HCBS Provider Compliance Certification *(provider-owned or controlled settings)*
- Assist Non-Compliant Providers to Remediate Issue Areas *(provider-owned or controlled settings)*
- Initiate Decertification of Non-Compliant Providers *(provider-owned or controlled settings)*
- Monitor Transition Process of Non-Compliant Providers *(provider-owned or controlled settings)*
- Monitoring of Settings *(provider-owned or controlled settings)*
- Perform Statistical Sample Checks of Settings Quarterly *(provider-owned or controlled settings)*
- Evaluate Participant Settings Data *(HCBS system-wide checks)*
- Review MCO Care Coordinators Data Quarterly *(HCBS system-wide checks)*
- Follow up with non-provider-owned or controlled settings that are flagged for institutionalization identified via MCO-data *(HCBS system-wide checks)*

- **The Managed Care Organizations - Care Coordinators**

- Complete Participant Surveys at 100% annually in line with annual reviews

- Submit Survey Data Reporting to KDADS for monitoring
- **KDHE**
 - Provider Enrollment Checks

KDADS HCBS SYSTEM TRAINING

- HCBS Providers, Participants and Administrators Quarterly/Frequent Training
 - Providers, participants, and direct support professionals will be offered the opportunity to be trained in the requirements of the settings final rule, as promulgated in the new regulations, policies, and manuals. This training will be provided, and monitored by KDADS
 - Frequent quality oversight of the training materials and processes will be conducted to ensure they remain consistent.
- KDADS Staff Learning and Retrospective
 - Offer Staff Quarterly Training and Learning Retrospectives.
 - Annual Review of compliance reports for identification of trends, and areas needing improvements.

ONGOING MONITORING AND HCBS PROVIDER NETWORK ADEQUACY

KDADS will regularly meet with MCOs to ensure network adequacy, so the processes put forth in the statewide transition plan does not create gaps in service for persons served.

SYSTEMIC ASSESSMENT REMEDIATION TIMELINE

Task ID	PROJECT NAMES AND TASK TITLES	Status	START DATE	END DATE
CC1.0	Systemic Remediation/Statewide Transition Planning Phase	Execution Phase	17-Mar-2015	30-Jan-2023

Task ID	PROJECT NAMES AND TASK TITLES	Status	START DATE	END DATE
CC1.1	Project Start	Completed	17-Mar-2015	17-Mar-2015
CC1.2	CMIA	Completed	17-Mar-2015	5-Sep-2015
CC1.3	CMS STP Initial Approval	Completed	5-Sep-2015	21-May-2019
CC1.4	Systemic Remediation and Implementation	In Progress	1-Jan-2021	31-Dec-2023
CC1.5	Systemic Remediation Revision (Path to Final Approval)	In Progress	1-Jan-2021	30-Jan-2023
CC1.6	KDADS-CMS Engagement on Systemic Remediation Plan (<i>Technical Assistance</i>)	In Progress	1-Mar-2021	1-Jan-2023
CC1.7	KDADS Systemic Remediation Plan Legal Approval	Completed	15-Jul-2021	12-Aug-2021
CC1.8	STP ADCSP-CMS Pre-Submission Consultation (Path to Final Approval)	Completed	12-Aug-2021	2-Sep-2021
CC1.9	STP WSU Final Draft / Review (Path to Final Approval)	Completed	2-Sep-2021	9-Sep-2021
CC1.10	STP KDADS Quality Review (Path to Final Approval)	Completed	9-Sep-2021	23-Sep-2021

Task ID	PROJECT NAMES AND TASK TITLES	Status	START DATE	END DATE
CC1.11	STP KDADS Leadership Review (Path to Final Approval)	Completed	9-Sep-2021	23-Sep-2021
CC1.12	STP Public Comment Period (Path to Final Approval)	Completed	23-Sep-2021	28-Oct-2021
CC1.13	STP Submitted to CMS (Path to Final Approval)	Completed	1-Dec-2021	1-Dec-2021
CC1.14	Final STP Approval Estimation	In Progress	1-Dec-2021	30-Jan-2023
CC1.15	Systemic Remediation Plan IMPLEMENTATION	In Progress	30-Jan-2022	1-Mar-2023

CURRENT SETTINGS COMPLIANCE PRESUMPTION AND INVENTORY

The first component of the setting review identified and analyzed the types of settings in which the HCBS services in Kansas are currently provided. This analysis was based on the following questions:

1. What are the types of settings HCBS participants are receiving services in?
2. What is the standard used to review the setting?
3. What is the presumption of compliance against the Final Rule?

Once these questions were discussed, KDADS grouped these settings into the following categories:

1. **Settings Presumed Fully Compliant:** These settings will meet all the characteristics that define fully compliant settings. This presumption is based upon the fact the settings are typically located across the community, do not have an isolating effect, and the individual is free to exercise individual choice based on preference.
2. **Settings that may be compliant or can become compliant with remediation:** These settings may or may not currently be compliant, but it is believed with specific remediation the settings will become compliant. The general issues surrounding these categories stem from licensing regulations that need changed or the setting is perceived to have an isolating effect on the individual.
3. **Settings presumed to be non-compliant but present evidence for heightened scrutiny:** These settings are currently presumed to be non-compliant, however could present evidence that would categorize them as a heightened scrutiny setting. These settings are either co-located or adjacent to a non-compliant setting (nursing or institutional setting) or have the effect of isolating individuals receiving HCBS from the broader community.
4. **Settings do not and will be unable comply:** These settings are determined to be both out of compliance and unable to comply with the HCBS settings rule. These settings are characterized as settings that would need to comply with the final rule and are not compliant and will be unable to remediate.

SYSTEMIC ASSESSMENT: HCBS POLICIES

ACCESS TO HCBS WAIVER SERVICES FOR INDIVIDUALS IN DCF CUSTODY

Reviewers performed a gap analysis on the KDADS published policy [Access to HCBS Waiver Services for Individuals in DCF Custody](#). Reviewers examined the policy line by line comparing it to 42 C.F.R. 441.301 (c)(4)-(5) for the final rule. Reviewers concluded that the policy is presumed compliant to section four of the final rule.

AIR MANAGEMENT

The purpose of this policy is to establish an adverse incident reporting and management system in accordance with the statutory requirements under §1915 (c) of the Social Security Act and the health and welfare waiver assurance and associated sub-assurances. Reviewers performed a gap analysis on the KDADS published policy [AIR Management Policy](#). Reviewers examined the policy line by line comparing it to 42 C.F.R. 441.301 (c)(4)-(5) for the final rule. Reviewers concluded that this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.

BACKGROUND CHECK POLICY

Reviewers performed a gap analysis on the KDADS published policy [Background Check Policy](#). Reviewers examined the policy line by line comparing it to 42 C.F.R. 441.301 (c)(4)-(5) (4) for the final rule. Reviewers concluded that this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.

FMS INFORMATION MEMORANDUM

Reviewers performed a gap analysis on the KDADS published [FMS Policy](#). Reviewers examined the policy line by line comparing it to 42 C.F.R. 441.301 (c)(4)-(5) (4) for the final rule. Reviewers concluded that this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.

ICD-IDD GATEKEEPING POLICY

The purpose of this Policy is to ensure compliance with the gatekeeping regulations K.A.R. 30-64-29 K.A.R. 30-63-21, and K.S.A. 39-1801 et seq. (D.D. Reform Act), and the core values of the Kansas Department for Aging and Disability Services (KDADS/CSP), which emphasize opportunities of choice, person-centered planning, independence, integration, and inclusion in the community. Reviewers performed a gap analysis on the KDADS published policy [ICD-IDD Gatekeeping Policy](#). Reviewers examined the policy line by line comparing it to 42 C.F.R. 441.301 (c)(4)-(5) (4) for the final rule. Reviewers concluded that this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.

IDD CRISIS AND EXCEPTION POLICY

This policy provides clarification on the established criteria for the crisis and exception process for persons eligible for HCBS-IDD services. The policy establishes processes and procedures for submitting, managing, and determining crisis and exception requests and to ensure access to the waiver program services that best meet the assessed needs of the individual. Reviewers performed a gap analysis on the KDADS published policy [IDD Crisis and Exception Policy](#). Reviewers examined the policy line by line comparing it to 42 C.F.R. 441.301 (c)(4)-(5) (4) for the final rule. Reviewers concluded that this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.

IDD FUNCTIONAL ELIGIBILITY ASSESSMENTS AND WAITLIST MANAGEMENT POLICY

The purpose of this policy is to provide direction and guidance regarding functional eligibility assessment requirements, waitlist management, and associated procedures. Reviewers performed a gap analysis on the KDADS published policy [IDD Functional Eligibility Assessments and Waitlist Management](#). Reviewers examined the policy line by line comparing it to 42 C.F.R. 441.301 (c)(4)-(5) (4) for the final rule. Reviewers concluded that this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule. KDADS Conflict of Interest Policy

The purpose of this policy is to provide compliant conflict of interest mitigation for HCBS participants. Reviewers performed a gap analysis on the KDADS published policy [Conflict of Interest Policy](#) line by line comparing it to 42 C.F.R. 441.301 (c)(4)-(5) (4) for the final rule. Reviewers concluded that this policy is not applicable to the 42 C.F.R. 441.301 (c)(4)-(5) (4) setting rule as the purpose of this policy is to provide compliant conflict of interest mitigation for HCBS participants.

MILITARY INCLUSION POLICY

This policy was developed to provide active duty or honorably discharged military personnel and/or immediate family member priority access to the HCBS waiver programs within 30 days of separation from military service. Active duty or honorably discharged military personnel and/or immediate family members are permitted to bypass the waitlist on HCBS programs in acknowledgment of their dedication and service. Reviewers performed a gap analysis on the KDADS published policy [Military Inclusion Policy](#). Reviewers examined the policy line by line comparing it to 42 C.F.R. 441.301 (c)(4)-(5) (4) for the final rule. Reviewers concluded that this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.

PERSONAL CARE SERVICES POLICY

Reviewers performed a gap analysis on the KDADS published policy. Reviewers examined the policy [Personal Care Services](#) (p. 11) states For HCBS, the home and community settings of the participant must comply with the HCBS Setting Final Rule. See HCBS Setting Final Rule Transition Plan for more information. This policy was found compliant with 42 C.F.R. 441.301 (c)(4)-(5) Final Rule as the policy indicates all settings must comply with HCBS Setting Final Rule. This implies its compliance with all provisions in 42 CFR §441.301(c) (4).

PHYSICAL DISABILITY PROGRAM ELIGIBILITY FOR ELIGIBILITY ASSESSOR POLICY

This policy was designed to establish criteria for program eligibility requirements and allow contracted entities to manage the referral and intake, conduct necessary pre-screening for reasonable indicators of a potential consumer's level of care eligibility for the program. Contracted entities will function as a single point entry for community and individualized referral and function as a resource connection for individuals seeking services or receiving PD services. Reviewers performed a gap analysis on the KDADS published policy [Physical Disability Assessor Policy](#). Reviewers examined the policy line by line comparing it to 42 C.F.R. 441.301 (c)(4)-(5) (4) for the final rule. Reviewers concluded that this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.

PHYSICAL DISABILITY CRISIS EXCEPTION POLICY

This Policy is designed to provide clarification of the established criteria for the crisis exception process for consumers currently on the wait list for the PD program. The policy will assist in establishing procedure and processes for managing and determining the crisis exception requests. Reviewers performed a gap analysis on the KDADS published policy [Physical Disability Crisis Exception Policy](#). Reviewers examined the policy line by line comparing it to 42 C.F.R. 441.301 (c)(4)-(5) (4) for the final rule. Reviewers concluded that this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.

SCA ISSUANCE POLICY

This policy outlines case management services in accordance with the Senior Care Act. Reviewers performed a gap analysis on the KDADS published policy [SCA ISSUANCE](#). Reviewers examined the policy line by line comparing it to 42 C.F.R. 441.301 (c)(4)-(5) (4) for the final rule. Reviewers concluded that this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.

TA MATLOC ELIGIBILITY POLICY

The purpose of this policy is to provide MATLOC eligibility guidelines for applying assessment criteria for each care elements to determine level of care functional eligibility for the Technology Assisted (TA) program. This will allow contracted entities to manage the referral and intake and conduct necessary pre-screening for reasonable indicators for the program eligibility. Contracted entities will function as a single point entry for all community referrals and function as a resource connection for individuals seeking services for TA program. Reviewers performed a gap analysis

on the KDADS published policy [TA MATLOC Eligibility Determination](#). Reviewers examined the policy line by line comparing it to 42 C.F.R. 441.301 (c)(4)-(5) (4) for the final rule. Reviewers concluded that this policy is not applicable to the scope of 42 CFR

§441.301(c) (4) of the Final Rule.

BIRF ELIGIBILITY AND PROGRAM POLICY

This policy is to provide clarification on the eligibility requirements for the Home and Community Based Services-Traumatic Brain Injury (HCBS-TBI) and Traumatic Brain Injury Rehabilitation Facility (TBIRF) program. The policy will include details about the responsibilities of the agencies/parties involved and the eligibility process for the HCBS-TBI and TBIRF program. Reviewers performed a gap analysis on the KDADS published policy [BIRF Eligibility and Program Policy](#). Reviewers examined the policy line by line comparing it to 42 C.F.R. 441.301 (c)(4)-(5) (4) for the final rule. Reviewers concluded that this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.

HCBS-WORKING HEALTHY/WORK POLICY AND SYSTEM ASSESSMENT AND REMEDIATION

The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program. Reviewers performed a gap analysis on the KDADS published policy [Working Healthy/ Work](#). Reviewers examined the policy line by line comparing it to 42 C.F.R. 441.301 (c)(4)-(5) (4) for the final rule. As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, most of this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule. Reviewers concluded that this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Working Healthy/ WORK Policy (FE, IDD, PD, TBI)	Gap	Remediation Strategy	Timeline
<p>(4) Home and Community-Based Settings. Home and community-based settings must have all the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:</p>	<p><u>Working Healthy/ Work</u> The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.</p>	<p>The policy has no provision that ensures the individual receiving HCBS under this program has access to the opportunity to seek employment in a competitive integrated setting to the same degree as individuals not receiving HCBS.</p>	<p>Add language to the policy that ensures individuals transitioning to and from the setting have an opportunity to seek employment and work in a competitive integrated setting. As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.</p>	<p><u>Working Healthy/ Work</u> Revision Date: 1/1/2021 Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Working Healthy/ WORK Policy (FE, IDD, PD, TBI)	Gap	Remediation Strategy	Timeline
<p>(i) 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.</p>	<p>No value</p>	<p>The policy has no provision that ensures the individual receiving HCBS under this program has access to the opportunity to seek employment in a competitive integrated setting to the same degree as individuals not receiving HCBS.</p>	<p>Add language to the policy that ensures individuals transitioning to and from the setting have an opportunity to seek employment and work in a competitive integrated setting. As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.</p>	<p>Draft and Processing Deadline August 1, 2022</p> <p>Implementation and Effective Date: March 1, 2023</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Working Healthy/ WORK Policy (FE, IDD, PD, TBI)	Gap	Remediation Strategy	Timeline
<p>(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>No value</p>	<p>The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program</p>	<p>As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Working Healthy/ WORK Policy (FE, IDD, PD, TBI)	Gap	Remediation Strategy	Timeline
(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value
(iv) 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.	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Working Healthy/ WORK Policy (FE, IDD, PD, TBI)	Gap	Remediation Strategy	Timeline
(v) Facilitates individual choice regarding services and supports, and who provides them.	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value
(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value

<p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a 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.</p>	<p>No value</p>	<p>The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.</p>	<p>As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Working Healthy/ WORK Policy (FE, IDD, PD, TBI)	Gap	Remediation Strategy	Timeline
(B) Each individual has privacy in their sleeping or living unit:	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value
(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Working Healthy/ WORK Policy (FE, IDD, PD, TBI)	Gap	Remediation Strategy	Timeline
(2) Individuals sharing units have a choice of roommates in that setting.	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value
(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Working Healthy/ WORK Policy (FE, IDD, PD, TBI)	Gap	Remediation Strategy	Timeline
(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value
(D) Individuals are able to have visitors of their choosing at any time.	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Working Healthy/ WORK Policy (FE, IDD, PD, TBI)	Gap	Remediation Strategy	Timeline
(E) The setting is physically accessible to the individual.	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value
(1) Identify a specific and individualized assessed need.	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Working Healthy/ WORK Policy (FE, IDD, PD, TBI)	Gap	Remediation Strategy	Timeline
(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value
(3) Document less intrusive methods of meeting the need that have been tried but did not work.	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Working Healthy/ WORK Policy (FE, IDD, PD, TBI)	Gap	Remediation Strategy	Timeline
(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value
(5) Include regular collection and review of data to measure the ongoing Effectiveness of the modification.	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Working Healthy/ WORK Policy (FE, IDD, PD, TBI)	Gap	Remediation Strategy	Timeline
(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value
(7) Include the informed consent of the individual.	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Working Healthy/ WORK Policy (FE, IDD, PD, TBI)	Gap	Remediation Strategy	Timeline
(8) Include an assurance that interventions and supports will cause no harm to the individual.	No value	The purpose of this policy is to formally establish the processes and procedures to transition individuals between Home and Community Based Services (HCBS) Frail and Elderly (FE), Intellectual/Developmental (IDD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs and the Working Healthy/Work Opportunities Reward Kansans (WH/WORK) program.	As the policy transitions the individual from the HCBS program to a work program that is not receiving HCBS, this policy is not applicable to the scope of 42 CFR §441.301(c) (4) of the Final Rule.	No value

HCBS FOSTER CARE HCBS SYSTEM ASSESSMENT AND REMEDIATION

Many children that enter foster care or receive ongoing foster care and/or adoption services may have special needs. The state provides Home and Community Based Services (HCBS) Medicaid for the purposes of preventing children with special needs from being placed in an institution or state hospital. These are Waiver services are implemented to provide features beyond what is generally covered by Medicaid to support; Children’s residential services for youth on the DD waiver receiving Adoption Medical Subsidy, Supportive home care, and Adaptive equipment.

Waivers available for youth in foster care or adoption

1. Autism – HCBS/AU
2. Physical Disability – HCBS/PD
3. Intellectual/Developmentally Disabled – HCBS/IDD

4. Technology Assisted – HCBS/TA
5. Brain Injury – HCBS/BI
6. Serious Emotional Disturbance – HCBS/SED

Kansas manages its foster care program through contracting with Child Welfare Contract Management Providers. These providers refer children with special needs under their case management to the appropriate community resource for evaluation. These contract management providers are required to participate in and support the waiver plan of care as well as Coordinate services to the child.

Child Welfare Contract Management Provider types that receive HCB services:

1. HCBS/AU – KVC
2. HCBS/PD – Aging and Disability Resource Center (ADRC)
3. HCBS/IDD – Community Developmental Disability Organization (CDDO)
4. HCBS/TA – Children’s Resource Connection
5. HCBS/TBI – Aging and Disability Resource Center (ADRC)
6. HCBS/SED – Community Mental Health Center (CMHC)

Foster Care settings that service children who receive HCBS are required to become compliant with the final rule. These settings will participate in the Final Rule Site Specific Assessment process.

**42 C.F.R. 441.301 (c)(4)-(5)
Final Rule**

**Family Foster Care Home (Au, IDD,
PD, SED, TA, TBI)**

Gap

Remediation Strategy

Timeline

<p>(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:</p> <p>(i) 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.</p>	<p>K.A.R. 28-4-810. Case plan. (a) Each licensee shall be an active participant on the case-planning team with each child’s child-placing agent, the sponsoring child-placing agency, and other appropriate parties to develop and implement the child’s case plan.</p> <p>(b) The licensee’s participation shall include the following: (1) Identifying and sharing information, as appropriate, with individuals who are directly involved in the child’s case plan, including any treatment outcomes the child achieves while in the family foster home and the attainment of 41 developmentally appropriate life skills that the child needs to become functional in the community;</p> <p>K.A.R. 28-4-813 Child growth and development. (a) Social development. Each licensee shall provide for the growth and development of each child in foster care by providing the following: (2) access to individual, school, and community recreational activities according to the child’s age and interest; and (3) privacy.</p> <p>K.A.R. 28-4-814 Family life. (e) Work opportunity. Each child in foster care shall have the opportunity to earn spending money at tasks or jobs according to the</p>	<p>[partial compliant] The regulation addresses the youth having access to the greater community, and addresses work opportunities in the community, however no mention is made of the control of personal resources other than those earned through employment according to the individual’s ability and age. The regulation does not address competitive integrated settings.</p>	<p><u>Regulatory Change:</u></p> <p>Add language to the regulation that ensures the individual receiving HCBS in this setting access to competitive integrated settings, and control of personal resources according to their ability and age.</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> ensures the individual receiving HCBS in this setting access to competitive integrated settings, and control of personal resources according to their ability and age. 	<p>Draft and Processing Deadline August 1, 2022</p> <p>Implementation and Effective Date: March 1, 2023</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Family Foster Care Home (Au, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
	child's age, ability, and case plan. The money shall be the child's, and the child shall not be forced to provide for needs that otherwise would be provided by the licensee.		No value	

<p>(ii) The setting is selected by the individual from among setting options including non- disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>K.S.A. 65-503 Definitions. As used in this act:</p> <p>(a) “Child placement agency” means a business or service conducted, maintained or operated by a person engaged in finding homes for children by placing or arranging for the placement of such children for adoption or foster care.</p>	<p>[Silent] There is no provision that ensures the youth receiving HCBS or guardian a choice or selection of a placement in an HCBS service inside or outside of the home. There is no provision that reflects options for treatment including non- disability specific settings.</p> <p>There is no provision that ensures that these options are documented in the person-centered service plan. There is no provision ensuring the option for a private unit where available or appropriate. However due to the age of the individuals receiving foster care this section of the final rule may not be applicable as children or youth typically do not receive private units within a private residence or home.</p> <p>Some homes may offer private rooms where space is available and the child’s functional ability, safety deems appropriate after an assessment.</p>	<p><u>Regulatory Change:</u></p> <p>Add language that ensures for individuals receiving HCBS the treatment setting is selected by the individual or designated authority from among setting options including non-disability specific settings and an option for a private unit in a residential setting where available or appropriate. Add language that ensure these setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be</p>	<p>Draft and Processing Deadline August 1, 2022</p> <p>Implementation and Effective Date: March 1, 2023</p>
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			<p>revised to include language that:</p> <ul style="list-style-type: none"> ensures for individuals receiving HCBS the treatment setting is selected by the individual or designated authority from among setting options including non-disability specific settings and an option for a private unit in a residential setting where available or appropriate. <p>Ensures these setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	
<p>(iii) Ensures an individual's rights of privacy, dignity and</p>	<p>K.A.R. 28-4-806. Training. (c) Additional training requirements.</p>	<p>[Silent] it permits the use physical restraint under certain conditions. No provision exists ensuring the</p>	<p><u>Regulatory Change:</u></p>	<p>Draft and Processing Deadline August 1, 2022</p>

<p>respect, and freedom from coercion and restraint.</p>	<p>(2) Each caregiver using physical restraint shall have a current certificate documenting completion of physical restraint and de-escalation training approved by the secretary.</p> <p>K.A.R. 28-4-807. Reporting requirements for infectious or contagious disease; positive tuberculin test; critical incidents; abuse and neglect. (d) Reporting critical incidents. (D) the physical restraint of a child in foster care;</p> <p>K.A.R. 28-4-808. Recordkeeping requirements; confidentiality (e) Child in foster care. Each licensee shall keep a file for each child in foster care that contains the following information: (3) documentation, if applicable, of a case plan authorizing the use of physical restraint;</p> <p>K.A.R. 28-4-811. Caregiver qualifications; supervision.</p> <p>(b) General supervision. Each licensee shall ensure that each child in foster care is supervised in accordance with the child's age, maturity, risk factors, and developmental level. Additional supervision</p>	<p>individual freedom from coercion, dignity and respect. The regulation is sufficient in terms of securing privacy. No provision to ensure individual youth needs or any modifications are included in the person-centered service plan.</p>	<p>Add language to the regulation to ensure that the individual receiving HCBS retains the right to dignity and respect. Add language that ensures individuals receiving HCBS in this setting are free from coercion and restraint as well as any modification of the additional conditions, must be supported by a specific assessed need and justified in the person-centered service plan.</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> • the individual receiving HCBS retains the right to dignity and respect. • individuals receiving HCBS in this setting are free from coercion and 	<p>Implementation and Effective Date: March 1, 2023</p>
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	<p>shall be provided for any child in foster care of any age in any of the following situations:</p> <p>(1) The child has mental health issues that place the child at higher concern for risk- taking behaviors that could result in unintentional injury or drowning.</p> <p>(2) The child would be a danger to self or others.</p> <p>(3) The child functions below the child's chronological age level. (4) The child is unable to engage in self-care.</p> <p>K.A.R. 28-4-815 Behavior management practices; prohibited punishment; physical restraint; notification requirements. (a) Behavior management practices.</p> <p>(c) Physical restraint. (1) Each caregiver shall ensure that before using physical restraint, other de- escalation methods are used. If other de-escalation methods fail and the behavior of the child in foster care makes physical restraint necessary for the child's own protection or the protection of others, the child shall be held as gently as possible to manage the child's behavior.</p> <p>(2) No bonds, ties, or straps shall be used to restrict movement. The child</p>		<p>restraint as well as any modification of the additional conditions, must be supported by a specific assessed need and justified in the person- centered service plan.</p>	
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	<p>in foster care shall be held only until one of the following is achieved:</p> <p>(A) The child regains behavioral control.</p> <p>(B) The child is no longer a threat to self or others.</p> <p>(C) The restraint has lasted 20 minutes with no improvement in the child's behavior.</p> <p>(3) Each caregiver using physical restraint in any situation other than an emergency shall have a current certificate on file documenting the training in de-escalation methods and physical restraint procedures and techniques specified in K.A.R. 28-4-806.</p> <p>(4) The licensee shall have on file a case plan authorizing the use of physical restraint for each child in foster care whose behavior cannot be managed by other less intrusive methods and whose behavior requires the use of ongoing physical restraint on a</p>			
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Family Foster Care Home (Au, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>recurring basis for the child's protection or the protection of others.</p> <p>K.A.R. 28-4-813 Child growth and development. (a) Social development. Each licensee shall provide for the growth and development of each child in foster care by providing the following: (2) access to individual, school, and community recreational activities according to the child's age and interest; and (3) privacy.</p>			

<p>(iv) 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.</p>	<p>K.A.R. 28-4-813 Child growth and development. (a) Social development. Each licensee shall provide for the growth and development of each child in foster care by providing the following: (2) access to individual, school, and community recreational activities according to the child’s age and interest; and (3) privacy. (b) Culture and religion. Each licensee shall meet the cultural and religious needs of each child in foster care placed in the family foster home.</p> <p>(c) Recreational development. Each licensee shall provide an adequate supply of play equipment, materials, and books that meet the following requirements: (1) Are suitable to the developmental needs and interests of each child in foster care;</p> <p>And (2) are safe, clean, and in good repair.</p> <p>K.A.R. 28-4-814. Family life. (a) Family activities. Taking into consideration the age, needs, and case plan of each child in foster care, each licensee shall</p>	<p>[Compliant]</p>	<p>No remediation is required.</p>	<p>No value</p>
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	<p>provide the following opportunities for each child in foster care:</p> <p>(1) Inclusion of the child in foster care in the daily life of the family, including eating meals with the family and participating in recreational activities;</p> <p>(2) ensuring that each child in foster care is provided with the same opportunities that are provided to the other children residing in the home; and</p> <p>(3) ensuring that each child in foster care is provided access to schools, church, recreational and health facilities, and other community resources.</p> <p>(b) Daily routine. Each licensee shall provide a daily routine in accordance with the age and needs of each child in foster care that includes the following:</p> <p>(1) Active and quiet play, both indoors and outdoors, weather permitting; (2) rest and sleep; and</p>			
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Family Foster Care Home (Au, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
	(3) nutritious meals and snacks. (c)			

<p>(v) Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>K.A.R. 28-4-819. Health care</p> <p>(d) Medical and dental health of each child in foster care. (1) Each licensee shall ensure that emergency and ongoing medical and dental care is obtained for each child in foster care by providing timely access to basic, emergency, and specialized medical, mental health, and dental care and treatment services provided by qualified practitioners.</p> <p>(2) Each licensee shall ensure that, at the time of the initial placement, each child in foster care has had a health assessment conducted within the past year by a physician with a current license to practice in Kansas or by a nurse with a current license to practice in Kansas who is approved to conduct assessments.</p> <p>A health assessment shall be obtained annually for each child in foster care who is less than six years of age and every two years for each child in foster care who is six years of age and older. (4) Each health assessment required in paragraphs (d)(2) and</p>	<p>[Silent] There is no provision that ensures, for the individual receiving HCBS, the foster home will facilitate individual choice of service and supports either of the foster family as a signing authority or the youth.</p>	<p><u>Regulatory Change:</u></p> <p>Add language that ensures either the youth if appropriate or foster family as a signing authority is afforded choice regarding HCBS services and supports, and who provides them.</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> ensures either the youth if appropriate or foster family as a signing authority is afforded choice regarding HCBS services and supports, and who provides them. 	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Family Foster Care Home (Au, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>(3) shall be on file at the family foster home within 30 days after the child's placement in the home.</p> <p>(5) The immunizations for each child in foster care less than 16 years of age shall be current or in process at the time the license is issued. An exemption from this requirement shall be permitted only with one of the following:</p> <p>(A) A written certification from a physician with a license to practice in Kansas stating that the physical condition of the child is such that the immunization would endanger the child's life or health; or</p> <p>a written statement from the child's parent or legal guardian that the child is an adherent of a religious denomination whose teachings are opposed to immunizations.</p>			

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Family Foster Care Home (Au, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:</p>	No value	No value	No value	<p>Draft and Processing Deadline August 1, 2022</p> <p>Implementation and Effective Date: March 1, 2023</p>

<p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a 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.</p>	<p>Not applicable in this setting. This is a foster setting for children and youths too young to contract. It is not appropriate for rental agreements nor do tenant rights apply.</p>	<p>This is a foster setting for children and youths too young to contract. It is not appropriate for rental agreements nor do tenant rights apply.</p>	<p>No value</p>	<p>Draft and Processing Deadline August 1,2022 Implementation and Effective Date: March 1, 2023</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Family Foster Care Home (Au, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
(B) Each individual has privacy in their sleeping or living unit:	K.A.R. 28-4-821 . Sleeping arrangements. (c) Privacy for the occupants of all bedrooms shall be ensured.	[Compliant]	No remediation is required.	Draft and Processing Deadline August 1, 2022 Implementation and Effective Date: March 1, 2023

<p>(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<p>K.A.R. 28-4-821 (b) Each licensee shall ensure that each bedroom used for sleeping by a child in foster care meets the following requirements:</p> <p>(1) Each bedroom shall have at least 70 square feet.</p> <p>(2) Each bedroom shall have at least 45 square feet for each individual sharing the room.</p> <p>(3) The exit path from each bed to each outside exit shall have a minimum ceiling height of six feet eight inches.</p> <p>64</p> <p>(4) Each bedroom shall have a solid door to ensure privacy.</p> <p>(5) Each bedroom shall have at least two means of escape. Each means of escape shall be easily opened from the inside.</p> <p>(A) At least one means of escape shall be an unobstructed pathway leading to an exit door to the outside.</p>	<p>[Silent] No regulation exists requiring lockable doors in this setting.</p>	<p><u>Regulatory Change:</u></p> <p>Add to the regulation that addresses individual units with lockable doors. Add regulation that ensures any units without lockable doors are addressed in the person center service plan and reflect the conclusions in the functional assessment. Add language stating any modification of the additional conditions, under paragraph (c) (4)</p> <p>(vi) (A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan.</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p>	<p>Draft and Processing</p> <p>Deadline August 1, 2022</p> <p>Implementation and Effective Date: March 1, 2023</p>
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	<p>(B) The second means of escape shall give direct access to the outside and shall be an unobstructed door or window that is able to be opened from the inside without the use of tools.</p> <p>For each window used as a means of escape, all the following requirements shall be met:</p> <p>(i) The window shall have a width of at least 20 inches and a height of at least 24 inches.</p> <p>(ii) The window shall be within 44 inches of the floor or shall have permanent steps or another immovable fixture that brings the window to within 44 inches of the top of the steps or fixture.</p> <p>(iii) If the window is screened, the screen shall be easily removed from the inside.</p> <p>(iv) The licensee shall ensure that each occupant of the bedroom can</p> <p>(v) easily exit through the window.</p>		<ul style="list-style-type: none"> ensures any units without lockable doors are addressed in the person center service plan and reflect the conclusions in the functional assessment. any modification of the additional conditions, under paragraph (c) (4) (vi) (A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. 	
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<p>(2) Individuals sharing units have a choice of roommates in that setting.</p>	<p><u>K.A.R. 28-4-821</u> (2) The children sharing the room shall be age- mates, unless the following requirements have been met:</p> <p>(A) The licensee shall notify the family foster home’s sponsoring child-placing agency of the proposed sleeping arrangement.</p> <p>(B) The licensee shall request that the sponsoring child-placing agency and the child's placing agent determine if the proposed sleeping arrangement is appropriate.</p> <p>The licensee shall maintain documentation of the approval of the sponsoring child-placing agency for the sleeping arrangement. (m) When any child in foster care five years of age or older shares a room, the following requirements shall be met:</p> <p>(1) The child shall share the room only with children of the same sex.</p>	<p>[not compliant] There is no provision ensuring choice of roommate when possible or appropriate. KARK.A.R. 28-4-821 restricts roommates based on an assessment made by the placing agency. No provision ensures this is added to the person- centered service plan.</p>	<p><u>Regulatory Change:</u></p> <p>Add regulation that ensures individual or representative choice of roommate in this setting when possible or appropriate according to an assessment of need. Add provision that ensures any restriction of an individual or representatives’ choice is reflected in the person-centered service plan and supported by an assessment of need. Add regulation stating that any modification of the additional conditions, under paragraph (c) (4) (vi)</p> <p>(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan.</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting</p>	<p>Draft and Processing</p> <p>Deadline August 1, 2022</p> <p>6/1/2020</p> <p>Implementation and Effective Date: March 1, 2023</p>
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	<p>(2) The children sharing the room shall be age-mates, unless the following requirements have been met:</p> <p>(A) The licensee shall notify the family foster home’s sponsoring child-placing agency of the proposed sleeping arrangement.</p> <p>(B) The licensee shall request that the sponsoring child-placing agency and the child's placing agent determine if the proposed sleeping arrangement is appropriate.</p> <p>(C) The licensee shall maintain documentation of the approval of the sponsoring child-placing agency for the sleeping arrangement. K.A.R. 28-4-821</p> <p>(3) A child who is known to be a sexual perpetrator, or a sexual abuse victim shall not share a room until the following conditions are met:</p> <p>(A) The potential roommate arrangements are assessed by the child’s placing agent, the home’s sponsoring child-placing agency, and the licensee; and</p>		<p>participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> ensures individual or representative choice of roommate in this setting when possible or appropriate according to an assessment of need. ensures any restriction of an individual or representatives’ choice is reflected in the person-centered service plan and supported by an assessment of need. <p>any modification of the additional conditions, under paragraph (c) (4) (vi) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan</p>	
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Family Foster Care Home (Au, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>(B) based on the assessment, a determination is made by the child's placing agency</p> <p>(C) that it is unlikely that further sexual abuse will result from the child sharing a room.</p>			

<p>(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p>K.A.R. 28-4-821 (r) Each licensee shall ensure that separate and accessible drawer space for personal belongings and closet space for clothing are available for each child in foster care.</p>	<p>[Silent] There is no provision that ensures the setting allows individuals receiving HCBS freedom to furnish or decorate their sleeping or living units within their placement agreements.</p>	<p><u>Regulatory Change:</u></p> <p>Add a provision that ensures the setting allows individuals receiving HCBS freedom to furnish or decorate their sleeping or living units within their placement agreements. Add language that states any modification of the additional conditions, under paragraph (c) (4) (vi) (A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan.</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> ensures the setting allows individuals receiving HCBS freedom to furnish or decorate their sleeping or 	<p>Draft and Processing</p> <p>Deadline August 1, 2022</p> <p>Implementation and Effective Date: March 1, 2023</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Family Foster Care Home (Au, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
			<p>living units within their placement agreements.</p> <ul style="list-style-type: none"> any modification of the additional conditions, under paragraph (c) (4) (vi) (A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. 	

<p>(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.</p>	<p>K.A.R. 28-4-810. Case plan. (a) Each licensee shall be an active participant on the case-planning team with each child’s child-placing agent, the sponsoring child-placing agency, and other appropriate parties to develop and implement the child’s case plan.</p> <p>(b) The licensee’s participation shall include the following: (1) Identifying and sharing information, as appropriate, with individuals who are directly involved in the child’s case plan, including any treatment outcomes the child achieves while in the family foster home and the attainment of 41 developmentally appropriate life skills that the child needs to become functional in the community; (3) recommending changes in the child’s case plan to the child’s child-placing agent, if needed, including any approval needed for special activities or privileges, and participating in the case-planning conferences for the child; and</p> <p>K.A.R. 28-4-814. Family life. (a) Family activities. Taking into consideration the age, needs, and case plan of each child</p>	<p>[partial compliant] The regulation ensures the youth in this setting is afforded the same opportunities to engage in family activities as any other youth in the setting. It includes in the activities those normal to the reasonable upbringing of a youth or child not receiving HCBS services and ensures the youth or child receives these opportunities at a minimum. Although the regulation ensures nutritious meals and snacks it does not ensure that the youth or child has access to them at any time.</p>	<p><u>Regulatory Change:</u></p> <p>Add language that ensures individuals in this setting receiving HCBS have access to food at any time.</p> <p>Add language that ensures any modification of the additional conditions, under paragraph (c) (4) (vi) (A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan.</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> ensures individuals in this setting receiving HCBS have access to food at any time. 	<p>Draft and Processing</p> <p>Deadline August 1, 2022</p> <p>Implementation and Effective Date: March 1, 2023</p>
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	<p>in foster care, each licensee shall provide the following opportunities for each child in foster care: (1) Inclusion of the child in foster care in the daily life of the family, including eating meals with the family and participating in recreational activities; (2) ensuring that each child in foster care is provided with the same opportunities that are provided to the other children residing in the home; and(3) ensuring that each child in foster care is provided access to schools, church, recreational and health facilities, and other community resources.</p> <p>(b) Daily routine. Each licensee shall provide a daily routine in accordance with the age and needs of each child in foster care that includes the following:</p> <p>(1) Active and quiet play, both indoors and outdoors, weather permitting; (2) rest and sleep; and</p> <p>(3) nutritious meals and snacks.</p>		<ul style="list-style-type: none"> ensures any modification of the additional conditions, under paragraph (c) (4) (vi) (B) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. 	
<p>(D) Individuals are able to have visitors of their choosing at any time.</p>	<p>K.A.R. 28-4-814. Family life. (a) Family activities. Taking into consideration the age, needs, and case plan of each</p>	<p>[Silent] K.A.R. 28-4-814 does not include a provision ensuring individuals have an age appropriate</p>	<p><u>Regulatory Change:</u></p> <p>Add language ensuring individuals have an age-</p>	<p>Draft and Processing Deadline August 1, 2022</p>

	<p>child in foster care, each licensee shall provide the following opportunities for each child in foster care: (1) Inclusion of the child in foster care in the daily life of the family, including eating meals with the family and participating in recreational activities; (2) ensuring that each child in foster care is provided with the same opportunities that are provided to the other children residing in the home; and(3) ensuring that each child in foster care is provided access to schools, church, recreational and health facilities, and other community resources.</p> <p>(b) Daily routine. Each licensee shall provide a daily routine in accordance with the age and needs of each child in foster care that includes the following:</p> <p>(1) Active and quiet play, both indoors and outdoors, weather permitting; (2) rest and sleep; and</p> <p>(3) nutritious meals and snacks.</p>	<p>degree of access to visitors of their choosing at any time similar to their non-HCBS peers.</p>	<p>appropriate degree of access to visitors of their choosing at any time similar to their non-HCBS peers.</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> ensuring individuals have an age-appropriate degree of access to visitors of their choosing at any time similar to their non-HCBS peers. 	<p>Implementation and Effective Date: March 1, 2023</p>
<p>(E) The setting is physically accessible to the individual.</p>	<p>K.A.R. 28-4-821 (b) Each licensee shall ensure that each bedroom used for</p>	<p>No value</p>	<p><u>Regulatory Change:</u></p>	<p>Draft and Processing Deadline August 1, 2022</p>

	<p>sleeping by a child in foster care meets the following requirements:</p> <p>(1) Each bedroom shall have at least 70 square feet.</p> <p>(2) Each bedroom shall have at least 45 square feet for each individual sharing the room.</p> <p>(3) The exit path from each bed to each outside exit shall have a minimum ceiling height of six feet eight inches. On mental standards.</p> <p>General requirements. (2) The building shall meet the legal requirements of the community as to building codes, zoning, and fire protection. Where local fire regulations do not exist, fire safety approval shall be obtained from the state fire marshal. (b) Premises. (1) There shall be sufficient outside play space available as determined by the number and ages of residents. (5) The structure of the facility shall be large enough to house the number of residents for which the facility was planned, the staff, substitute staff and children of the staff who are to live in it.</p>	<p>[Silent] No regulation exists requiring lockable doors in this setting.</p>	<p>Add language to K.A.R. 28-4-821(b) to ensure the setting is physically accessible to the individual</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> ensure the setting is physically accessible to the individual 	<p>Implementation and Effective Date:</p> <p>March 1, 2023</p>
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<p>(F) 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:</p>	<p>K.A.R. 28-4-800. Definitions. (e) “Case plan” means the comprehensive written plan of care developed for each child in foster care by the child’s child-placing agent.</p> <p>K.A.R. 28-4-810. Case plan. (a) Each licensee shall be an active participant on the case-planning team with each child’s child-placing agent, the sponsoring child-placing agency, and other appropriate parties to develop and implement the child’s case plan.</p>	<p>[Silent] No regulation exists ensuring 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:</p>	<p><u>Regulatory Change:</u></p> <p>Add language to the regulation ensuring 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:</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> ensuring any modification of the additional conditions, under § 441.301(c) (4) (vi) (A) through (D), must be supported by a specific 	<p>Draft and Processing</p> <p>Deadline August 1, 2022</p> <p>Implementation and Effective Date: March 1, 2023</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Family Foster Care Home (Au, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
			<p>assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan.</p>	

<p>(1) Identify a specific and individualized assessed need.</p>	<p>K.A.R. 28-4-810. Case plan. (a) Each licensee shall be an active participant on the case-planning team with each child’s child-placing agent, the sponsoring child-placing agency, and other appropriate parties to develop and implement the child’s case plan. (b) The licensee’s participation shall include the following: (1) Identifying and sharing information, as appropriate, with individuals who are directly involved in the child’s case plan, including any treatment outcomes the child achieves while in the family foster home and the attainment of 41 developmentally appropriate life skills that the child needs to become functional in the community;</p> <p>(2) reporting the child’s behaviors and other important information to the child’s child-placing agent, the sponsoring child-placing agency, and others as indicated in the child’s case plan; (3) recommending changes in the child’s case plan to the child’s child-placing agent, if needed, including any approval needed for special activities or</p>	<p>[Silent] No provision exists requiring the identification of a specific and individualized assessed need in the person- centered service plan.</p>	<p><u>Regulatory Change:</u></p> <p>Add language that reflects the requirement that the person-centered service plan Identify a specific and individualized assessed need.</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> • that reflects the requirement that the person-centered service plan Identify a specific and individualized assessed need 	<p>Draft and Processing</p> <p>Deadline August 1, 2022</p> <p>Implementation and Effective Date: March 1, 2023</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Family Foster Care Home (Au, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>privileges, and participating in the case-planning conferences for the child; and</p> <p>(4) giving the child-placing agent additional significant information about the child in foster care as it becomes known.</p>			

<p>(2) Document the positive interventions and supports used prior to any modifications to the person- centered service plan.</p>	<p>K.A.R. 28-4-810. Case plan. (a) Each licensee shall be an active participant on the case-planning team with each child’s child-placing agent, the sponsoring child-placing agency, and other appropriate parties to develop and implement the child’s case plan. (b) The licensee’s participation shall include the following: (1) Identifying and sharing information, as appropriate, with individuals who are directly involved in the child’s case plan, including any treatment outcomes the child achieves while in the family foster home and the attainment of</p> <p>41 developmentally appropriate life skills that the child needs to become functional in the community;</p> <p>(2) reporting the child’s behaviors and other important information to the child’s child-placing agent, the sponsoring child-placing agency, and others as indicated in the child’s case plan; (3) recommending changes in the child’s case plan to the child’s child-placing agent, if needed, including any approval needed for special activities or</p>	<p>[Silent] No provision exists requiring the positive interventions and supports be documented prior to a modification to the person- centered plan.</p>	<p><u>Regulatory Change:</u></p> <p>Add language that requires the documentation of positive interventions and supports used prior to any modifications to the person-centered service plan.</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> requires the documentation of positive interventions and supports used prior to any modifications to the person-centered service plan. 	<p>Draft and Processing Deadline August 1, 2022</p> <p>Implementation and Effective Date: March 1, 2023</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Family Foster Care Home (Au, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>privileges, and participating in the case-planning conferences for the child; and</p> <p>(4) giving the child-placing agent additional significant information about the child in foster care as it becomes known.</p>			

<p>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</p>	<p>K.A.R. 28-4-810. Case plan. (a) Each licensee shall be an active participant on the case-planning team with each child’s child-placing agent, the sponsoring child-placing agency, and other appropriate parties to develop and implement the child’s case plan. (b) The licensee’s participation shall include the following: (1) Identifying and sharing information, as appropriate, with individuals who are directly involved in the child’s case plan, including any treatment outcomes the child achieves while in the family foster home and the attainment of 41 developmentally appropriate life skills that the child needs to become functional in the community; (2) reporting the child’s behaviors and other important information to the child’s child-placing agent, the sponsoring child-placing agency, and others as indicated in the child’s case plan; (3) recommending changes in the child’s case plan to the child’s child-placing agent, if needed, including any approval needed for special activities or</p>	<p>[Silent] No provision exists within the regulation that requires the documentation off less intrusive methods of meeting the need that have been tried before being included within the person-centered service plan</p>	<p><u>Regulatory Change:</u></p> <p>Add language that requires the documentation of less intrusive methods of meeting the need that have been tried but did not work.</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> • requires the documentation of less intrusive methods of meeting the need that have been tried but did not work. 	<p>Draft and Processing</p> <p>Deadline August 1, 2022</p> <p>Implementation and Effective Date: March 1, 2023</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Family Foster Care Home (Au, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>privileges, and participating in the case-planning conferences for the child; and</p> <p>(4) giving the child-placing agent additional significant information about the child in foster care as it becomes known.</p>			

<p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p>	<p>K.A.R. 28-4-810. Case plan. (a) Each licensee shall be an active participant on the case-planning team with each child’s child-placing agent, the sponsoring child-placing agency, and other appropriate parties to develop and implement the child’s case plan. (b) The licensee’s participation shall include the following: (1) Identifying and sharing information, as appropriate, with individuals who are directly involved in the child’s case plan, including any treatment outcomes the child achieves while in the family foster home and the attainment of 41 developmentally appropriate life skills that the child needs to become functional in the community;</p> <p>(2) reporting the child’s behaviors and other important information to the child’s child-placing agent, the sponsoring child-placing agency, and others as indicated in the child’s case plan; (3) recommending changes in the child’s case plan to the child’s child-placing agent, if needed, including any approval needed for special activities or</p>	<p>[Silent] No provision exists within the regulation that requires the documentation of a description of the condition directly proportionate to the specific assessed need.</p>	<p><u>Regulatory Change:</u></p> <p>Add language that includes within the person- centered plan a clear description of the condition that is directly proportionate to the specific assessed need.</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> • includes within the person- centered plan a clear description of the condition that is directly proportionate to the specific assessed need. 	<p>Draft and Processing</p> <p>Deadline August 1, 2022</p> <p>Implementation and Effective Date: March 1, 2023</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Family Foster Care Home (Au, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>privileges, and participating in the case-planning conferences for the child; and</p> <p>(4) giving the child-placing agent additional significant information about the child in foster care as it becomes known.</p>			

<p>(5) Include regular collection and review of data to measure the ongoing effectiveness of the modification.</p>	<p>K.A.R. 28-4-810. Case plan. (a) Each licensee shall be an active participant on the case-planning team with each child’s child-placing agent, the sponsoring child-placing agency, and other appropriate parties to develop and implement the child’s case plan. (b) The licensee’s participation shall include the following: (1) Identifying and sharing information, as appropriate, with individuals who are directly involved in the child’s case plan, including any treatment outcomes the child achieves while in the family foster home and the attainment of 41 developmentally appropriate life skills that the child needs to become functional in the community; (2) reporting the child’s behaviors and other important information to the child’s child-placing agent, the sponsoring child-placing agency, and others as indicated in the child’s case plan; (3) recommending changes in the child’s case plan to the child’s child-placing agent, if needed, including any approval needed for special activities or privileges, and participating in the case-planning conferences for the child; and (4) giving the child-placing agent</p>	<p>[Silent] No provision exists within the regulation that establishes periodic reviews of the person-centered plan.</p>	<p><u>Regulatory Change:</u></p> <p>Add language that establishes the regular collection, documentation and review of data to measure the ongoing effectiveness of the modification.</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> • establishes the regular collection, documentation and review of data to measure the ongoing effectiveness of the modification. 	<p>Draft and Processing</p> <p>Deadline August 1, 2022</p> <p>Implementation and Effective Date: March 1, 2023</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Family Foster Care Home (Au, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
	additional significant information about the child in foster care as it becomes known.			

<p>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p>	<p>K.A.R. 28-4-810. Case plan. (a) Each licensee shall be an active participant on the case-planning team with each child’s child-placing agent, the sponsoring child-placing agency, and other appropriate parties to develop and implement the child’s case plan. (b) The licensee’s participation shall include the following: (1) Identifying and sharing information, as appropriate, with individuals who are directly involved in the child’s case plan, including any treatment outcomes the child achieves while in the family foster home and the attainment of 41 developmentally appropriate life skills that the child needs to become functional in the community; (2) reporting the child’s behaviors and other important information to the child’s child-placing agent, the sponsoring child-placing agency, and others as indicated in the child’s case plan; (3) recommending changes in the child’s case plan to the child’s child-placing agent, if needed, including any approval needed for special activities or privileges, and participating in the</p>	<p>[Silent] No provision exists within the regulation that establishes the collection and review of data to measure effectiveness of modifications to the person-centered plan.</p>	<p><u>Regulatory Change:</u></p> <p>Add language that requires the establishment of time limits for the periodic reviews of the person-centered service plan and any modifications to determine if the modification is still necessary or can be terminated.</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> requires the establishment of time limits for the periodic reviews of the person-centered service plan and any modifications to determine if the modification is still 	<p>Draft and Processing Deadline August 1, 2022</p> <p>Implementation and Effective Date: March 1, 2023</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Family Foster Care Home (Au, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>case-planning conferences for the child; and</p> <p>(4) giving the child-placing agent additional significant information about the child in foster care as it becomes known.</p>		<p>necessary or can be terminated.</p>	

<p>(7) Include the informed consent of the individual.</p>	<p>K.A.R. 28-4-810. Case plan. (a) Each licensee shall be an active participant on the case-planning team with each child’s child-placing agent, the sponsoring child-placing agency, and other appropriate parties to develop and implement the child’s case plan. (b) The licensee’s participation shall include the following: (1) Identifying and sharing information, as appropriate, with individuals who are directly involved in the child’s case plan, including any treatment outcomes the child achieves while in the family foster home and the attainment of 41 developmentally appropriate life skills that the child needs to become functional in the community;</p> <p>(2) reporting the child’s behaviors and other important information to the child’s child-placing agent, the sponsoring child-placing agency, and others as indicated in the child’s case plan; (3) recommending changes in the child’s case plan to the child’s child-placing agent, if needed, including any approval needed for special activities or</p>	<p>[Silent] No provision exists that requires the informed consent of the individual</p>	<p><u>Regulatory Change:</u></p> <p>Add language that requires informed consent of the person-centered plan.</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> • requires informed consent of the person-centered plan. 	<p>Draft and Processing</p> <p>Deadline August 1, 2022</p> <p>Implementation and Effective Date: March 1, 2023</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Family Foster Care Home (Au, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>privileges, and participating in the case-planning conferences for the child; and</p> <p>(4) giving the child-placing agent additional significant information about the child in foster care as it becomes known.</p>			

<p>(8) Include an assurance that interventions and supports will cause no harm to the individual.</p>	<p>K.A.R. 28-4-810. Case plan. (a) Each licensee shall be an active participant on the case-planning team with each child’s child-placing agent, the sponsoring child-placing agency, and other appropriate parties to develop and implement the child’s case plan. (b) The licensee’s participation shall include the following: (1) Identifying and sharing information, as appropriate, with individuals who are directly involved in the child’s case plan, including any treatment outcomes the child achieves while in the family foster home and the attainment of 41 developmentally appropriate life skills that the child needs to become functional in the community;</p> <p>(2) reporting the child’s behaviors and other important information to the child’s child-placing agent, the sponsoring child-placing agency, and others as indicated in the child’s case plan; (3) recommending changes in the child’s case plan to the child’s child-placing agent, if needed, including any approval needed for special activities or</p>	<p>[Silent] No provision exists that requires an inclusion of assurance that no harm will come to the individual as a result of interventions and supports.</p>	<p><u>Regulatory Change:</u></p> <p>Add language that provides assurance within the person-centered service plan, stating no harm will come to the individual as a result of interventions and supports listed within the plan.</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> • provides assurance within the person-centered service plan, stating no harm will come to the individual as a result of interventions and supports listed within the plan. 	<p>Draft and Processing</p> <p>Deadline August 1, 2022</p> <p>Implementation and Effective Date: March 1, 2023</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Family Foster Care Home (Au, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
	privileges, and participating in the case-planning conferences for the child; and (4) giving the child-placing agent additional significant information about the child in foster care as it becomes known.			

DISABILITY SPECIFIC CAMPS/DAY SETTINGS

Disability Specific Camps: These types of camps in Kansas are for temporary periods of time not exceeding 30 days. As such, the HCBS Settings Final Rule does not apply. Foster Settings Licensed/Managed by DCF.

FOSTER CARE RESIDENTIAL CENTER GROUP BOARDING HOME

Foster Care Residential Center Group Boarding Home: these settings are for temporary periods of time not exceeding 30 days. As such, the HCBS Settings Final Rule does not apply. Foster Settings Licensed/Managed by DCF. HCBS services cannot be provided in Foster Care Residential Center Group Boarding Homes and therefore this setting is not covered by the HCBS Final Rule.

HCBS ADULT CARE HOMES SYSTEM ASSESSMENT AND REMEDIATION

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
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<p>(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:</p>	<p>K.A.R. 26-39-103 Resident rights in adult care homes. (g) Management of financial affairs. The administrator or operator shall ensure that each resident is afforded the right to manage personal financial affairs and is not required to deposit personal funds with the adult care home.</p>	<p>[Silent]</p> <p>K.A.R. 26-30-103(g)</p> <p>This regulation ensures the resident can manage personal affairs however it does not mention any other personal effectives of the member. No provision exists within the regulation that requires the setting be integrated within the community, nor is there a provision requiring that that setting support the full access of the individual receiving HCBS services to the same degree of an individual not receiving Medicaid HCBS services.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> • references the individual’s right to manage all personal effectives and resources. • requires the setting is integrated in the community and support the full access of the individual to the greater community. Add language requiring that the degree of access be equal to those not receiving Medicaid HCBS. 	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>
<p>(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment</p>	<p>K.A.R. 26-39-103 Resident rights in adult care homes. (k) Work. (1) The administrator or operator shall ensure that each resident is afforded the right to refuse to perform services for the</p>	<p>[Silent]</p> <p>K.A.R. 26-39-103 (k)</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p>

<p>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.</p>	<p>adult care home. (2) A resident may perform services for the adult care home, if the resident wishes and if all of the following conditions are met:(A) The administrator or operator, or the designee, has documented the resident’s need or desire for work in the plan of care or negotiated service agreement. (B) The plan of care or negotiated service agreement specifies the nature of the services performed and whether the services are voluntary or paid. (C) The resident or resident’s legal representative has signed a written agreement consenting to the work arrangement described in the plan of care or negotiated service agreement.</p> <p>(g) Management of financial affairs. The administrator or operator shall ensure that each resident is afforded the right to manage personal financial affairs and is not required to deposit personal funds with the adult care home.</p>	<p>The regulation only refers to work assignments within the home itself. The gap exists between the CFR's mention of work outside of the home in the community. The regulation makes no reference to residents being allowed access to work within the community or the opportunity to seek work outside of the home environment. (g) This regulation ensures the resident can manage personal affairs however it does not mention any other personal effects of the member. No provision exists within the regulation that requires the setting be integrated within the community, nor is there a provision requiring that that setting support the full access of the individual receiving HCBS services to the same degree of an individual not receiving Medicaid HCBS services</p>	<p>setting federal regulation, the state intends to promulgate a waiver service regulation binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> • references the member’s right to seek, access, and engage in competitive employment outside of the home environment. • references the individual’s right to manage all personal effects and resources. Add language that requires the setting is integrated in the community and support the full access of the individual to the greater community. • requiring that the degree of access be equal to those not receiving Medicaid HCBS. 	<p><u>Implementation and Effective Date: March 1, 2023</u></p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
	K.A.R. 28-39-147 Removed as it was revoked in 2009	No value		

<p>(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person- centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Autism, Frail Elderly, Physical Disability, Technology Assisted and Traumatic Brain Injury Person-Centered Service Plan policy I.A.2 The Person-Centered Service Plan and all associated processes conducted to establish a participant’s finalized plan shall meet all requirements set forth in 42 CFR § 441.301 and the requirements set forth in the 1915 (c) HCBS FE, PD, TA and TBI waivers.</p>	<p>[Partial Compliance]</p> <p>Via the Person-Centered Service Plan policy. No provision exists requiring the inclusion of non-disability specific setting options. [Silent] No provision exists requiring the documentation of setting options. Additionally, no provision exists requiring the setting be selected by the individual from settings including non-disability specific settings.</p> <p>Nor is there a provision requiring the option for a private unit in a residential setting.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> • that the setting be selected by the individual from among setting options including non-disability specific settings. • that the setting be selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. 	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>
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<p>(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person- centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Autism, Frail Elderly, Physical Disability, Technology Assisted and Traumatic Brain Injury Person-Centered Service Plan policy I.A.2 The Person-Centered Service Plan and all associated processes conducted to establish a participant’s finalized plan shall meet all requirements set forth in 42 CFR § 441.301 and the requirements set forth in the 1915 (c) HCBS FE, PD, TA and TBI waivers.</p>	<p>[Partial Compliance]</p> <p>Via the Person-Centered Service Plan policy. No provision exists requiring the inclusion of non-disability specific setting options. [Silent] No provision exists requiring the documentation of setting options. Additionally, no provision exists requiring the setting be selected by the individual from settings including non-disability specific settings.</p> <p>Nor is there a provision requiring the option for a private unit in a residential setting.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> • that the setting be selected by the individual from among setting options including non-disability specific settings. <p>that the setting be selected by the individual from among setting options including non- disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
<p>(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>K.A.R 26-43-101 (d) Resident rights. Each administrator or operator shall ensure the development and implementation of written policies and procedures that incorporate the principles of individuality, autonomy, dignity, choice, privacy and a home environment for each resident. The following provisions shall be included in the policies and procedures (1) The recognition of each resident's rights, responsibilities, needs, and preferences. [Applies only to Adult Day Care]</p>	<p>[Partial Compliance]</p> <p>The regulations ensure the individuals rights of privacy dignity and autonomy.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
	<p>K.A.R. 26-43-200 (a)The administrator or operator of each home plus shall ensure the development and implementation of written admission transfer and discharge policies that protect the rights of each resident pursuant to K.A.R. 26-39-102.In addition, the administrator or operator shall ensure that any resident who has one or more of the following conditions is not admitted or retained unless the negotiated service agreement includes services sufficient to meet the needs of the resident: (b) Each administrator or operator shall ensure that any resident whose clinical condition requires the use of physical restraints is not admitted or retained.</p>	<p>[Partial Compliance]</p> <p>K.A.R. 26-39-102 Resident implies that restraints may be allowed if included within the negotiated service agreement it also implies that no individual will be admitted to an adult day care home that would need physical restraints. However, no provision exists that expressly illustrates the individuals receiving HCBS, freedom from restraint as it states that they may be required as treatment by the resident’s clinical symptoms in 28-39-430 (This regulation was revoked in 2009.)</p>	<ul style="list-style-type: none"> • ensures an individual’s right to privacy, dignity and respect. • reflects the individuals receiving HCBS have the right to be free from restraint and ensures that any modification must be consistent with 441.301c (F) 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: <ul style="list-style-type: none"> ○ Identify a specific and individualized assessed need, 	

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
	<p>K.A.R. 26-39-103 Resident rights in adult care homes. Resident rights in adult care homes. (a) (a) Protection and promotion of resident rights. Each administrator or operator shall ensure the protection and promotion of the rights of each resident as set forth in this regulation. Each resident shall have a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the adult care home. 2) The administrator or operator shall ensure that each resident is afforded the right to be free from interference coercion, discrimination, or reprisal from adult care home staff in exercising the resident's rights.</p> <p>K.A.R.-28-39-148 and K.A.R. 28-39-430 Removed as it was revoked in 2009.</p>	<p>[Partial Compliance]</p> <p>K.A.R. 26-39-103(a)</p>	<ul style="list-style-type: none"> ○ document the positive inventions and supports used prior to any modification to the person-centered service plan, ○ Document less intrusive methods of meeting the need that have been tried but did not work, ○ Include a clear description of the condition that is directly proportionate to the specific assessed need, ○ Include a regular collection and review of data to measure the ongoing effectiveness of the modification, ○ Include established time limits for periodic review to determine if the modification is till necessary or can be terminated, ○ Include informed consent of the individual, 	

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
	<p>K.A.R. 26-39-103 Resident rights in adult care homes. (b) Exercise of rights. (2) The administrator or operator shall ensure that each resident is afforded the right to be free from interference, coercion, discrimination, or reprisal from adult care home staff in exercising the resident's rights</p>	<p>[Compliant] K.A.R. 26-39-103 (b)(2)</p>	<ul style="list-style-type: none"> ○ Includes an assurance that interventions and support will cause no harm to the individual. 	

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
	Frail Elderly 1915(c) HCBS waiver Appendix G-2: Safeguards Concerning Restraints and Restricting Interventions (1 of 3) a. Use of Restraints. The state does not permit, or prohibits, the use of restraints.	[Compliant] Frail Elderly 1915(c) HCBS waiver. The administrator or operator shall ensure that each resident is afforded the right to be free from interference coercion, discrimination, or reprisal from adult care home staff in exercising the resident's rights. This citation ensures the resident of any facility under the Adult Care Home umbrella term the right to be free from interference or coercion.		
(iv) Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including	K.A.R. 26-43-101 Administration. (d) (1) The recognition of each resident’s rights, responsibilities, need and preferences;	[Compliant] K.A.R. 26-43- 101 (d)(1)	<u>Regulatory Change:</u> In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver	<u>Draft and Processing Deadline August 1, 2022</u>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
<p>but not limited to, daily activities, physical environment, and with whom to interact.</p>	<p>K.A.R. 26-39-103 Resident rights in Adult Care Homes. (a) Protection and promotion of resident rights. Each administrator or operator shall ensure the protection and promotion of the rights of each resident as set forth in this regulation. Each resident shall have a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the adult care home.</p>	<p>[Silent]</p> <p>K.A.R. 26-39-103 (a) does not include a provision exists that excludes the definition or, practice of regimented activities within the HCBS setting of daily activities, physical environment, and social interaction.</p>	<p>setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> • defines regimented activities. • requires the setting optimize but not regiment individual independence in life making choices including daily activities, physical environment and with whom to interact without regimentation of these activities. 	<p><u>Implementation and Effective Date: March 1, 2023</u></p>
	<p>K.A.R. 26-30-103 Resident right in Adult Care Homes. (m) Access and visitation rights</p>	<p>[Silent]</p> <p>K.A.R. 26-30-103 does not include a provision to ensure the individual’s right to choose with whom they interact.</p>		

<p>(v) Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>Autism, Frail Elderly, Physical Disability, Technology Assisted and Traumatic Brain Injury Person-Centered Service Plan policy II.D.2 Participant Choice Form a) The participant choice form is a standard form that educates participants on choice of services, providers, community-based vs. institutional alternatives, and self- direction vs. agency-direction models of service delivery.</p> <p>KAR 26-43-202 (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident’s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident’s legal representative, the case manager, and, if agreed to by the resident or the resident’s legal representative, the resident’s family. The negotiated service agreement shall provide the following information: (b) The negotiated service agreement shall</p>	<p>[Compliant]</p> <p>Via the Person- Centered Service Plan policy. [Compliant]</p>	<p>No remediation is required.</p>	
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
	<p>promote the dignity, privacy, choice, individuality, and autonomy of the resident. KAR 26-43-202 (j) If a resident’s negotiated service agreement includes the use of outside resources, the designated facility staff shall perform the following:</p> <p>K.A.R. 28-39-279 A Systemic Assessment Remediation work group found all regulations in the KAR 28-39 section revoked in 2009 and no longer applies.</p>			
<p>(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:</p>	<p>Not applicable. There are no provider-owned or controlled residential settings in HCBS Adult Day Care.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
<p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a 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.</p>	<p>Not applicable. There are no provider-owned or controlled residential settings in HCBS Adult Day Care.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
(B) Each individual has privacy in their sleeping or living unit:	Not applicable. There are no provider-owned or controlled residential settings in HCBS Adult Day Care.	No value	No remediation is required.	No value
(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	Not applicable. There are no provider-owned or controlled residential settings in HCBS Adult Day Care.	No value	No remediation is required.	No value
(2) Individuals sharing units have a choice of roommates in that setting.	Not applicable. There are no provider-owned or controlled residential settings in HCBS Adult Day Care.	No value	No remediation is required.	No value
(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	Not applicable. There are no provider-owned or controlled residential settings in HCBS Adult Day Care.	No value	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
<p>(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.</p>	<p>K.A.R. 26-41-203 General Services. (a) Range of services. The administrator or operator of each assisted living facility shall ensure the provision or coordination of the range of services specified in each resident’s negotiated service agreement. The range of services may include the following: (5) planned group and individual activities that meet the needs and interests of each resident; and (6) other services necessary to support the health and safety of each resident.</p>	<p>[Silent]</p> <p>K.A.R. 26-41-203 no provision exists in the regulation assuring individuals have the freedom and support to control their own schedules and activities within this setting. Nor is there a provision expressly requiring that individuals have access to food at all times.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> ensures that individuals have the freedom and support to control their own schedules and activities, and activities and have access to food at any time. 	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
<p>(D) Individuals are able to have visitors of their choosing at any time.</p>	<p>K.A.R. 26-39-103 Resident rights in adult care homes. (m)</p> <p>(1) The administrator or operator shall ensure the provision of immediate access to any resident by the following: (E,) immediate family or other relatives of the resident; and (F) others who are visiting with the consent of the resident subject to reasonable restrictions.</p>	<p>[Partial Compliance]</p> <p>K.A.R. 26-39-103 (m)</p> <p>(1) (E- F) restricts people the resident can have immediate access to as relatives or family only and places restrictions on visitation of all others visiting with the resident.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> Removes restrictions and add language that ensures HCBS members in this setting can communicate with visitors of their choosing at any time. 	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
(E) The setting is physically accessible to the individual.	K.A.R. 26-39-103 Resident rights in adult care homes.	[Silent] K.A.R. 26-39-103 does not ensure physical accessibility to the individual.	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> ensures physical accessibility to the individual. 	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

<p>(F) 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:</p>	<p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>Person-Centered Service Plan policy I.B.2 Additional Person-Centered Service Plan meetings may be necessary due to changes in condition or circumstance that require updates to the participant’s plan, which would impact the scope, amount or duration of services included in the Person-Centered Service Plan. The following changes in condition or circumstance necessitate a Person-Centered Service Plan meeting to ensure the plan meets the participant’s wishes and needs.</p> <ul style="list-style-type: none"> a) Change in functional ability to perform two or more Activities of Daily Living (ADLs) or three or more Instrumental Activities of Daily Living (IADLs) b) Change in behaviors that may lead to loss of foster placement or removal from the home; c) Significant change in informal support availability, including 	<p>[Compliant]</p> <p>Through the Person- Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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	<p>death or long-term absence of a primary caregiver, and/or any participant identified changes in informal caregiver availability that results in persistent unmet needs that are not addressed in the most recently developed Person-Centered Service Plan;</p> <ul style="list-style-type: none"> d) Post-transition from any alternate setting of care (i.e.: state hospital, nursing home, etc.), when the participant was not residing in a community-based setting for thirty days or greater; e) Upon the request of any waiver participant, guardian or legal representative; f) Any health and/or safety concern; g) Any change in needs for an HCBS recipient not listed above. <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.2. Health Screening, Health Risk Assessments, and Needs Assessments. F.3.b. A reassessment of the Member’s needs will take place within three (3) calendar days of discovery or notice of significant</p>			
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
	<p>change in condition or needs. The Person-centered Service Plan (PCSP) will be dictated by State policy or HCBS Waiver, whichever is more restrictive, for HCBS Members. The reassessment can be an update to existing information in the HRA or needs assessment or a new assessment. The PCSP shall be updated to include any new required goals, interventions, or service authorizations for the Member and shall be signed by the Member, his or her guardian, Providers and other relevant parties in accordance with PCSP requirements set forth in Section 5.4.4 or as dictated by State policy for the PCSP or the HCBS Waiver.</p>			

<p>(1) Identify a specific and individualized assessed need.</p>	<p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.2. Health Screening, Health Risk Assessments, and Needs Assessments. F.3.b. A reassessment of the Member’s needs will take place within three (3) calendar days of discovery or notice of significant change in condition or needs. The Person-centered Service Plan (PCSP) will be dictated by State policy or HCBS Waiver, whichever is more restrictive, for HCBS Members. The reassessment can be an update to existing information in the HRA or needs assessment or a new assessment. The PCSP shall be updated to include any new required goals, interventions, or service authorizations for the Member and shall be signed by the Member, his or her guardian, Providers and other relevant parties in accordance with PCSP requirements set forth in Section</p>	<p>[Compliant]</p> <p>Through the Person- Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
	5.4.4 or as dictated by State policy for the PCSP or the HCBS Waiver.			

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
<p>(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</p>	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p>	<p>[Compliant]</p> <p>Through the Person- Centered Service Plan policy and KanCare contract.</p>	<p>No remediation required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
<p>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</p>	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p>	<p>[Compliant]</p> <p>Through the Person- Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
<p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p>	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p>	<p>[Compliant]</p> <p>Through the Person- Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>

<p>(5) Include regular collection and review of data to measure the ongoing effectiveness of the modification.</p>	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>Person-Centered Service Plan policy II.M.1 Once MCO Care Coordinators complete the Person-Centered Service Plan process they shall monitor delivery of the plan, including conducting a six-month face-to-face visit with the participant or participant’s designated legal representative.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when</p>	<p>[[Compliant]</p> <p>Through the Person- Centered Service Plan policy and KanCare contract.] through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
	developing the PCSP and associated assessments.			

<p>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p>	<p>Person-Centered Service Plan policy II.M.1 Once MCO Care Coordinators complete the Person-Centered Service Plan process they shall monitor delivery of the plan, including conducting a six-month face-to-face visit with the participant or participant’s designated legal representative.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. D. The CONTRACTOR(S) shall ensure that the PCSP is reviewed during every contact with the Member and updated at least annually or more often based on changes to Member’s needs.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.5 Service Coordination</p>	<p>[Compliant]</p> <p>Through the Person- Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
	<p>Stratification Levels and Contact Schedules</p> <p>Service Coordination contacts: The CONTRACTOR(S) shall make contacts (telephonic or face-to-face) with the Member based on the Members needs and shall describe how it will comply with the following minimum contact schedule based on the Member’s assigned Service Coordination stratification level. At a minimum, each Member receiving Service Coordination will receive an in person contact by the CONTRACTOR(S) staff or a Provider within their network) during either a Service Coordination touch point meeting or other activity: 3. Level III – Chronic Long-Term Needs:</p> <ul style="list-style-type: none"> • At a minimum monthly telephonic contact and with a minimum of a face- to-face visit every three (3) months. 			

<p>(7) Include the informed consent of the individual.</p>	<p>Person-Centered Service Plan policy I.A.4. No Person- Centered Service Plan shall be amended or otherwise changed without the participation of the individual and in compliance with 42 CFR § 441.301 and the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan policy II.G.5. A participant or participant’s legal representative shall sign to acknowledge understanding and agreement or disagreement with the Person-Centered Service Plan whenever content adjustments are made that change the scope, amount or duration of services within the plan, including interim changes.</p> <p>Person-Centered Service Plan policy II.D.3.e During the meeting, the MCO Care Coordinator shall review the PII and provide education and explore the following:</p> <ul style="list-style-type: none"> i. service options that will assist the participant in progress toward established goals, ii. identified care gaps, including assessing the participant’s 	<p>[Compliant]</p> <p>Through the Person- Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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	<p>understanding of risks and consequences if gaps remain.</p> <p>iii. The MCO Care Coordinator shall, in instances where a participant's preferences may put him or her at health or safety risk, verify, to the best of their ability, that the participant demonstrates understanding of risk, strategies to mitigate risks, consequences, and shall make appropriate referrals to address risks.</p> <p>iv. restrictions to the participant's preferences, as stated in the PII or verbally,</p> <p>v. additional community and social supports available to the participant, that may not be furnished directly by the MCO.</p> <p>vi. Participants may use the assistance of non-paid supports and shall be encouraged to engage with non-paid supports when completing the PII.</p> <ul style="list-style-type: none">• Person-Centered Service Plan policy II.D.3.f. PII components shall be documented within the Person-Centered Service Plan document.			
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Adult Day Care K.S.A/K.A.R. (Frail Elderly)	Gap	Remediation Strategy	Timeline
<p>(8) Include an assurance that interventions and supports will cause no harm to the individual.</p>	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p>	<p>[Compliant]</p> <p>Through the Person- Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>

HCBS ASSISTED LIVING SYSTEM ASSESSMENT AND REMEDIATION

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan: (i) The setting is integrated in and supports full access of</p>	<p>K.A.R. 26-39-103 Resident rights in adult care homes. (g) Management of financial affairs. The administrator or operator shall ensure that each resident is afforded the right to manage personal financial affairs and is not required to deposit personal funds with the adult care home.</p>	<p>[Silent]</p> <p>K.A.R. 26-39-103(g) does not mention any other personal resources of the individual. No provision exists within the regulation that requires the setting be integrated within the community, nor is there a provision requiring that that setting support the full access of the individual receiving HCBS services to the same degree of an individual not receiving Medicaid HCBS services.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

<p>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.</p>	<p>K.A.R. 26-39-103 Resident rights in adult care homes. (k) Work. (1) The administrator or operator shall ensure that each resident is afforded the right to refuse to perform services for the adult care home. (2) A resident may perform services for the adult care home, if the resident wishes and if all of the following conditions are met:</p> <p>(A) The administrator or operator, or the designee, has documented the resident’s need or desire for work in the plan of care or negotiated service agreement. (B) The plan of care or negotiated service agreement specifies the nature of the services performed and whether the services are voluntary or paid. (C) The resident or resident’s legal representative has signed a written agreement consenting to the work arrangement described in the plan of care or negotiated service agreement. (g) Management of financial affairs. The administrator or operator shall ensure that each resident is afforded the right to manage personal financial affairs and is</p>	<p>[Silent]</p> <p>K.A.R. 26-39-103(k) makes no reference to residents being allowed access to work within the community or the opportunity to seek work outside of the home environment.</p>	<p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> • that references the individual’s right to manage all personal effectives and resources. • requires the setting is integrated in the community and support the full access of the individual to the greater community. Add language requiring that the degree of access be equal to those not receiving Medicaid HCBS. • reference the member’s right to seek, access, and engage in competitive employment outside of the home environment. • (g) Add language that references the individual’s right to manage all personal effects and resources. Add language that requires the setting is integrated in the community and support the full access of the individual to the greater community. Add language requiring that the degree of access be equal to those not receiving Medicaid HCBS. 	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>not required to deposit personal funds with the adult care home.</p> <p>K.A.R. 28-39-147 All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply.</p>			

<p>(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Autism, Frail Elderly, Physical Disability, Technology Assisted and Traumatic Brain Injury Person- Centered Service Plan policy I.A.2 The Person-Centered Service Plan and all associated processes conducted to establish a participant’s finalized plan shall meet all requirements set forth in 42 CFR § 441.301 and the requirements set forth in the 1915(c) HCBS FE, PD, TA and TBI waivers.</p>	<p>[Partial Compliance]</p> <p>Via the Person-Centered Service Plan policy. [Silent] No provision exists requiring the documentation of setting options within the person-centered service plan.</p> <p>Additionally, no provision exists requiring the requiring the setting be selected by the individual from settings including non-disability specific setting options. Nor is there a provision requiring the option for a private unit in a residential setting.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> the setting be selected by the individual from among setting options including non-disability specific settings. and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. 	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>
<p>(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom</p>	<p>K.A.R. 26-39-103 Resident Rights in Adult Care Homes. (b)(2) The administrator or operator shall ensure that each resident is afforded the right to be free from interference coercion,</p>	<p>[Silent]</p> <p>K.A.R.26-39-103(b)(2) does not allow for freedom from restraint.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
from coercion and restraint.	discrimination, or reprisal from adult care home staff in exercising the resident's rights.		the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).	<u>Implementation and Effective Date: March 1, 2023</u>
	K.A.R. 26-41-101 Administration. (d) Resident rights. Each administrator or operator shall ensure the development and implementation of written policies and procedures that incorporate the principles of individuality, autonomy, dignity, choice, privacy and a home environment for each resident. The following provisions shall be included in the policies and procedures (1) The recognition of each resident's rights, responsibilities, needs, and preferences.	[Partial Compliance] K.A.R. 26-41-101(d) does not include a provision to ensure an individual's right to respect.	<p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> ensuring an individual's right to respect and freedom from restraint. 	

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>K.A.R.-28-39-148, K.A.R. 28-39-430 All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply.</p> <p>Frail Elderly 1915(c) HCBS waiver Appendix G-2: Safeguards Concerning Restraints and Restricting Interventions (1 of 3) a. Use of Restraints. The state does not permit, or prohibits, the use of restraints.</p>	No remediation required		
(iv) Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but	K.A.R. 26-43-101 Administration. (d)(1) The recognition of each resident’s rights, responsibilities, need and preferences;	[Compliant] K.A.R. 26-43-101(d)(1)	<u>Regulatory Change:</u> In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with	<u>Draft and Processing Deadline</u> <u>August 1, 2022</u>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
not limited to, daily activities, physical environment, and with whom to interact.	K.A.R. 26-39-103 Resident rights in Adult Care Homes. (a) Protection and promotion of resident rights. Each administrator or operator shall ensure the protection and promotion of the rights of each resident as set forth in this regulation. Each resident shall have a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the adult care home.	<p>[Silent]</p> <p>K.A.R. 26-39-103 (a) does not include a provision that allows for but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, and physical environment.</p>	<p>the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> • defines regimented activities. • requires the setting optimize but not regiment individual independence in life making choices including daily activities, physical environment and with whom to interact without regimentation of these activities. 	<p><u>Implementation and Effective Date: March 1, 2023</u></p>
	K.A.R. 26-30-103 Resident right in Adult Care Homes. (m) Access and visitation rights	<p>[Silent]</p> <p>K.A.R. 26-30-103(m) does not include a provision to ensure the individual's right to choose with whom they interact.</p>		

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(v) Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>Autism, Frail Elderly, Physical Disability, Technology Assisted and Traumatic Brain Injury Person- Centered Service Plan II.D.2 Participant Choice Form a)</p> <p>The participant choice form is a standard form that educates participants on choice of services, providers, community-based vs. institutional alternatives, and self-direction vs. agency-direction models of service delivery.</p>	<p>[Compliant]</p> <p>Through the Person- Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:</p> <p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and</p>	<p>K.A.R. 26-39-102 Admission, transfer, and discharge rights of residents in adult care homes. (d) (1) The transfer or discharge is necessary for the resident’s welfare, and the resident’s needs cannot be met in the current adult care home. (2) The safety of other individuals in the adult care home is endangered. (3) The health of other individuals in the adult care home is endangered. (4) The resident has failed, after reasonable and appropriate notice, to pay the rates and charges imposed by the adult care home. (5) The adult care home ceases to operate. (2) (3) (4) (5)</p>	<p>{Non-compliant} [Silent]</p> <p>K.A.R 26-39-102(d) (1-5) The regulation describes an eviction like process however no provision exists in the regulation requiring a leasing or residency agreement establishing a minimum of equality in regard to protections from eviction under state county or city entities for HCBS participants.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>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,</p>	<p>K.A.R. 26-39-102 Admission, transfer, and discharge rights of residents in adult care homes. (e) (1) Notify the resident, the resident’s legal representative, and if known, a designated family member of the transfer or discharge and the reasons; and</p>	<p>[Non-compliant] [Silent] K.A.R 26-39-102(e)(1) no provision exists in the regulation requiring a leasing or residency agreement establishing a minimum of equality in regard to protections from eviction under state county or city entities for HCBS participants.</p>	<ul style="list-style-type: none"> reflects the unit or dwelling be a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. 	

<p>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.</p>	<p>K.A.R. 26-39-102 Admission, transfer, and discharge rights of residents in adult care homes. (g) Each written transfer or discharge notice shall include the following: (1) The reason for the transfer or discharge; (2) the effective date of the transfer or discharge; (3) the address and telephone number of the Compliant program of the Kansas department on aging where a complaint related to involuntary transfer or discharge can be registered; (4) the address and telephone number of the state long-term care ombudsman; and (5) for residents who have developmental disabilities or who are mentally ill, the address and telephone number of the Kansas advocacy and protection organization.1)(2) (3) (4) (5) [Applies to Adult Day Care, Assisted Living, and Home Plus Settings]</p>	<p>[Silent]</p> <p>K.A.R 26-39-102(g) (1-5) no provision exists in the regulation requiring a leasing or residency agreement establishing a minimum of equality in regard to protections from eviction under state county or city entities for HCBS participants.</p>	<ul style="list-style-type: none"> For settings in which landlord tenant laws do not apply, 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. 	
<p>(B) Each individual has privacy in their sleeping or living unit:</p>	<p>K.A.R. 26-41-101 Administration (d) (5) the recognition of each resident's personal space as private and the sharing of an apartment or individual</p>	<p>[Compliant]</p> <p>K.A.R. 26-41-101</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings,</p>	<p><u>Draft and Processing</u></p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	living unit only when agreed to by the resident.		<p>or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> specifically addresses the individual’s right to privacy in their sleeping or living unit. 	<p><u>Deadline</u> <u>August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>
<p>K.A.R. 26-41-202</p> <p>Negotiated Service Agreement. (b) The negotiated service agreement shall promote the dignity, privacy, choice, individuality, and autonomy of the resident.</p>	<p>[Compliant]</p> <p>K.A.R. 26-41-202</p>			
<p>K.A.R. 26-41-201</p> <p>(b) The negotiated service agreement shall support the dignity, privacy, choice, individuality, and autonomy of the resident.</p>	<p>[Partial compliance]</p> <p>Although 26-42-101 recognizes the residents’ personal space as private, these regulations lack any provision that specifically address the individual’s right to privacy in their sleeping or living unit.</p>			

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	K.A.R. 28-39-244 All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply.	No value		

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<p>[Silent]</p> <p>K.A.R. 28-39-148 All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply.</p>	<p>[Silent]</p> <p>K.A.R. 26-41-101 does not include a provision ensuring Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> • requiring units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. 	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
(2) Individuals sharing units have a choice of roommates in that setting.	K.A.R. 26-41-101 Administration (d) (5) the recognition of each resident’s personal space as private and the sharing of an apartment or individual living unit only when agreed to by the resident;	[Silent] K.A.R. 26-41-101(d)(5) Indicates that a change in roommate can occur without the individuals consent or knowledge.	<p><u>Regulatory Change:</u></p> In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c). <p><u>Policy Change:</u></p> KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that: ensures individuals receiving HCBS have a choice of roommates in that setting.	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	K.A.R. 26-39-103 Resident rights in adult care homes. (o) Personal property. The administrator or operator shall ensure that each resident is afforded the right to retain and use personal possessions including furnishings and appropriate clothing as space permits, unless doing so would infringe upon the rights or health and safety of other residents.	[Compliant] K.A.R. 26-39-103(o).	<u>Regulatory Change:</u> In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).	<u>Draft and Processing Deadline August 1, 2022</u> <u>Implementation and Effective Date: March 1, 2023</u>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>K.A.R. 26-41-101</p> <p>Administration. (d) Resident rights. Each administrator or operator shall ensure the development and implementation of written policies and procedures that incorporate the principles of individuality, autonomy, dignity, choice, privacy, and a home environment for each resident. The following provisions shall be included in the policies and procedures: (4) furnishing and decorating each resident's personal space;</p>	<p>[Partial Compliance]</p> <p>K.A.R. 26-41-101 fails to ensure that individuals can furnish and decorate their sleeping units</p>	<p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> ensures that individuals receiving HCBS in this setting have the freedom furnish and decorate their sleeping or living units within the lease or other agreement. 	
	<p>K.A.R. 28-39-148</p> <p>All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply.</p>	<p>No value</p>		

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.</p>	<p>K.A.R. 26-41-203</p> <p>General Services. (a) Range of services. The administrator or operator of each assisted living facility shall ensure the provision or coordination of the range of services specified in each resident’s negotiated service agreement. The range of services may include the following: (5) planned group and individual activities that meet the needs and interests of each resident; and (6) other services necessary to support the health and safety of each resident.</p>	<p>[Silent]</p> <p>K.A.R. 26-41-203 no provision exists in the regulation assuring individuals have the freedom and support to control their own schedules and activities within this setting. Nor is there a provision expressly requiring that individuals have access to food at all times.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> reflects the final rule stating that Individuals have the freedom and support to control their own schedules and activities, and activities and have access to food at any time. 	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(D) Individuals are able to have visitors of their choosing at any time.</p>	<p>K.A.R. 26-39-103</p> <p>Resident rights in adult care homes. (m) (1) The administrator or operator shall ensure the provision of immediate access to any resident by the following: (E,) immediate family or other relatives of the resident; and (F) others who are visiting with the consent of the resident subject to reasonable restrictions.</p> <p>K.A.R. 28-39-148</p> <p>All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply.</p>	<p>[Partial Compliance]</p> <p>K.A.R. 26-39-103 (m) (1) (E-, F) restricts people the resident can have immediate access to as relatives or family only and places restrictions on visitation of all others visiting with the resident.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> Remove restrictions and add language that ensures HCBS members in this setting can communicate with visitors of their choosing at any time. 	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
(E) The setting is physically accessible to the individual.	<p>[Silent]</p> <p>K.A.R. 28-39-225 All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply</p> <p>K.A.R. 28-39-253 All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply.</p>	<p>[Silent]</p> <p>The regulation has no reference to physical accessibility or ADA compliance.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> • requiring the setting to be physically accessible to the individual. 	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

<p>(F) 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:</p>	<p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>Person-Centered Service Plan policy</p> <p>I.B.2 Additional Person-Centered Service Plan meetings may be necessary due to changes in condition or circumstance that require updates to the participant’s plan, which would impact the scope, amount or duration of services included in the Person-Centered Service Plan. The following changes in condition or circumstance necessitate a Person-Centered Service Plan meeting to ensure the plan meets the participant’s wishes and needs.</p> <p>a) Change in functional ability to perform two or more Activities of Daily Living (ADLs) or three or more Instrumental Activities of Daily Living (IADLs) compared to the most recently assessed functional ability;</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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	<ul style="list-style-type: none"> b) Change in behaviors that may lead to loss of foster placement or removal from the home; c) Significant change in informal support availability, including death or long-term absence of a primary caregiver, and/or any participant identified changes in informal caregiver availability that results in persistent unmet needs that are not addressed in the most recently developed Person- Centered Service Plan; d) Post-transition from any alternate setting of care (i.e.: state hospital, nursing home, etc.), when the participant was not residing in a community-based setting for thirty days or greater; e) Upon the request of any waiver participant, guardian or legal representative; f) Any health and/or safety concern; g) Any change in needs for an HCBS recipient not listed above. <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.2. Health Screening,</p>			
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	<p>Health Risk Assessments, and Needs Assessments. F.3.b. A reassessment of the Member’s needs will take place within three (3) calendar days of discovery or notice of significant change in condition or needs. The Person-centered Service Plan (PCSP) will be dictated by State policy or HCBS Waiver, whichever is more restrictive, for HCBS Members. The reassessment can be an update to existing information in the HRA or needs assessment or a new assessment. The PCSP shall be updated to include any new required goals, interventions, or service authorizations for the Member and shall be signed by the Member, his or her guardian, Providers and other relevant parties in accordance with PCSP requirements set forth in Section 5.4.4 or as dictated by State policy for the PCSP or the HCBS Waiver.</p>			
<p>1) Identify a specific and individualized assessed need.</p>	<p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>

	<p>KanCare 2.0 RFP Specifications EVT0005464 5.4.2. Health Screening, Health Risk Assessments, and Needs Assessments. F.3.b. A reassessment of the Member’s needs will take place within three (3) calendar days of discovery or notice of significant change in condition or needs. The Person-centered Service Plan (PCSP) will be dictated by State policy or HCBS Waiver, whichever is more restrictive, for HCBS Members. The reassessment can be an update to existing information in the HRA or needs assessment or a new assessment. The PCSP shall be updated to include any new required goals, interventions, or service authorizations for the Member and shall be signed by the Member, his or her guardian, Providers and other relevant parties in accordance with PCSP requirements set forth in Section 5.4.4 or as dictated by State policy for the PCSP or the HCBS Waiver.</p>			
<p>(2) Document the positive interventions and supports used prior to any modifications to the</p>	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating</p>	<p>[Compliant]</p>	<p>No remediation required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>person- centered service plan.</p>	<p>compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p>	<p>Through the Person-Centered Service Plan policy and KanCare contract.</p>		

<p>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</p>	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
<p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p>	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>the requirements found within the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p>			

<p>(5) Include regular collection and review of data to measure the ongoing effectiveness of the modification.</p>	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>Person-Centered Service Plan policy</p> <p>II.M.1 Once MCO Care Coordinators complete the Person-Centered Service Plan process they shall monitor delivery of the plan, including conducting a six-month face-to-face visit with the participant or participant’s designated legal representative.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c)</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.			

<p>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p>	<p>Person-Centered Service Plan policy</p> <p>II.M.1 Once MCO Care Coordinators complete the Person-Centered Service Plan process they shall monitor delivery of the plan, including conducting a six-month face-to-face visit with the participant or participant’s designated legal representative.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning D. The CONTRACTOR(S) shall ensure that the PCSP is reviewed during every contact with the Member and updated at least annually or more often based on changes to Member’s needs.</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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	<p>KanCare 2.0 RFP Specifications EVT0005464 5.4.5 Service Coordination Stratification Levels and Contact Schedules G. Service Coordination contacts: The CONTRACTOR(S) shall make contacts (telephonic or face-to-face) with the Member based on the Members needs and shall describe how it will comply with the following minimum contact schedule based on the Member’s assigned Service Coordination stratification level. At a minimum, each Member receiving Service Coordination will receive an in person contact by the CONTRACTOR(S) staff or a Provider within their network) during either a Service Coordination touch point meeting or other activity:</p> <p>3. Level III – Chronic Long-Term Needs:</p> <p>At a minimum monthly telephonic contact and with a minimum of a face-to-face visit every three (3) months.</p>			
<p>(7) Include the informed consent of the individual.</p>	<p>Person-Centered Service Plan policy</p> <p>I.A.4. No Person-Centered Service Plan shall be amended or otherwise</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>

	<p>changed without the participation of the individual and in compliance with 42 CFR § 441.301 and the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan policy</p> <p>II.G.5. A participant or participant’s legal representative shall sign to acknowledge understanding and agreement or disagreement with the Person-Centered Service Plan whenever content adjustments are made that change the scope, amount or duration of services within the plan, including interim changes.</p> <p>Person-Centered Service Plan policy</p> <p>During the meeting, the MCO Care Coordinator shall review the PII and provide education and explore the following:</p> <ul style="list-style-type: none"> i. service options that will assist the participant in progress toward established goals, identified care gaps, including assessing the participant’s understanding of risks and consequences if gaps remain. 	<p>[Silent]</p> <p>No provision exists that requires the informed consent of the individual</p>		
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	<ul style="list-style-type: none">ii. The MCO Care Coordinator shall, in instances where a participant's preferences may put him or her at health or safety risk, verify, to the best of their ability, that the participant demonstrates understanding of risk, strategies to mitigate risks, consequences, and shall make appropriate referrals to address risks.iii. restrictions to the participant's preferences, as stated in the PII or verballyiv. additional community and social supports available to the participant, that may not be furnished directly by the MCO.v. Participants may use the assistance of non-paid supports and shall be encouraged to engage with non-paid supports when completing the PII.vi. Person-Centered Service Plan policy II.D.3.f. PII components shall be documented within			
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Assisted Living Facilities/ Residential Health Care Facilities K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	the Person- Centered Service Plan document.			
(8) Include an assurance that interventions and supports will cause no harm to the individual.	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract</p>	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan: (i) 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</p>	<p>K.A.R. 26-39-103 Resident rights in adult care homes (g) Management of financial affairs. The administrator or operator shall ensure that each resident is afforded the right to manage personal financial affairs and is not required to deposit personal funds with the adult care home.</p>	<p>[Silent]</p> <p>K.A.R. 26-39-103(g)</p> <p>No provision exists within the regulation that requires the setting be integrated within the community, nor is there a provision requiring that that setting support the full access of the individual receiving HCBS services to the same degree of an individual not receiving Medicaid HCBS services.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that references the individual’s right to manage all personal effectives and resources. Add language that requires the setting is integrated in the community and support the full access of the individual to the greater community. Add language requiring that the degree of access be equal to those not receiving Medicaid HCBS.</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

<p>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.</p>	<p>K.A.R. 26-39-103 Resident rights in adult care homes (k) Work. (1) The administrator or operator shall ensure that each resident is afforded the right to refuse to perform services for the adult care home. (2) A resident may perform services for the adult care home, if the resident wishes and if all of the following conditions are met:(A) The administrator or operator, or the designee, has documented the resident’s need or desire for work in the plan of care or negotiated service agreement. (B) The plan of care or negotiated service agreement specifies the nature of the services performed and whether the services are voluntary or paid. (C) The resident or resident’s legal representative has signed a written agreement consenting to the work arrangement described in the plan of care or negotiated service agreement. (g) Management of financial affairs.</p>	<p>[Silent]</p> <p>K.A.R. 26-39-103 (k)</p> <p>The regulation only refers to work assignments within the home itself. The gap exists between the CFR's mention of work outside of the home in the community. The regulation makes no reference to residents being allowed access to work within the community or the opportunity to seek work outside of the home environment. (g) This regulation ensures the resident can manage personal affairs however it does not mention any other personal effects of the member. No provision exists within the regulation that requires the setting be integrated within the community, nor is there a provision requiring that that setting support the full access of the individual receiving HCBS services to the same degree of an</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that reference the member’s right to seek, access, and engage in competitive employment outside of the home environment. (g) Add language that references the individual’s right to manage all personal effects and resources. Add language that requires the setting is integrated in the community and support the full access of the individual to the greater community. Add language requiring that the degree of access be equal to those not receiving Medicaid HCBS.</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>The administrator or operator shall ensure that each resident is afforded the right to manage personal financial affairs and is not required to deposit personal funds with the adult care home.</p>	<p>individual not receiving Medicaid HCBS services</p>		
	<p>K.A.R. 28-39-147 All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply.</p>	<p>No value</p>	<p>No value</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Silent</p>	<p>[Silent]</p> <p>No provision exists requiring the documentation of setting options. Additionally, no provision exists requiring the setting be selected by the individual from settings including non-disability specific settings. Nor is there a provision requiring the option for a private unit in a residential setting.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that requires the setting be selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	K.A.R. 26-39-103 Resident rights in adult care homes. (b) (2) The administrator or operator shall ensure that each resident is afforded the right to be free from interfere coercion, discrimination, or reprisal from adult care home staff in exercising the resident's rights.	[Compliant] K.A.R. 26-39-103 (b)(2)	No remediation required	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>K.A.R. 26-42-101 Administration. (d) Resident rights. Each administrator or operator shall ensure the development and implementation of written policies and procedures that incorporate the principles of individuality, autonomy, dignity, choice, privacy and a home environment for each resident. The following provisions shall be included in the policies and procedures (1) The recognition of each resident's rights, responsibilities, needs, and preferences.</p>	<p>[Compliant]</p> <p>K.A.R. 26-42-101(d)(1)</p>		

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>K.A.R. 26-42-200 Resident criteria. (b) Each administrator or operator shall ensure that any resident whose clinical condition requires the use of physical restraints is not admitted or retained.</p> <p>K.A.R.-28-39-148 All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply.</p> <p>K.A.R. 28-39-430 All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply.</p>	<p>[Partial Compliance]</p> <p>K.A.R. 26-42-200 (b) does not include a provision that expressly illustrates the individuals receiving HCBS, freedom from restraint as it states that they may be required as treatment by the resident’s clinical symptoms. in 28-39-430</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that reflects the individuals receiving HCBS have the right to be free from restraint and ensures that any restraint of individuals must be consistent with 42 CFR §441.301c (F) Any modification of the additional conditions, under 42 CFR § 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.</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

<p>(iv) 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.</p>	<p>K.A.R. 26-42-101 Administration (d) Resident rights. Each administrator or operator shall ensure the development and implementation of written policies and procedures that incorporate the principles of individuality, autonomy, dignity, choice, privacy and a home environment for each resident. The following provisions shall be included in the policies and procedures (1) The recognition of each resident's rights, responsibilities, needs, and preferences.</p> <p>K.A.R. 26-39-103 Resident rights in adult care homes.</p> <p>(a) Protection and promotion of resident rights.</p> <p>Each administrator or operator shall ensure the protection and promotion of the rights of each resident as set forth in this regulation. Each resident shall have a right to a dignified existence, self-determination,</p>	<p>[Silent]</p> <p>K.A.R. 26-42-101 (d) and (d)(1) No provision exists that includes the definition or, practice of regimented activities within the HCBS setting of daily activities, physical environment, and social interaction.</p> <p>[Silent]</p> <p>K.A.R. 26-39-103 (a-m) The regulation does not recognize the individual's right to choose with whom they interact.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that defines regimented activities. Add language that requires the setting optimize but not regiment individual independence in life making choices including daily activities, physical environment and with whom to interact without regimentation of these activities.</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>
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	<p>and communication with and access to persons and services inside and outside the adult care home.</p> <p>(b) Exercise of rights.</p> <p>(1) The administrator or operator shall ensure that each resident is afforded the right to exercise the resident's rights as a resident of the adult care home and as a citizen. (2) The administrator or operator shall ensure that each resident is afforded the right to be free from interference, coercion, discrimination, or reprisal from adult care home staff in exercising the resident's rights. (3) If a resident is adjudged incompetent under the laws of the state of Kansas, the resident's legal representative shall have the power to exercise rights on behalf of the resident. (4) In the case of a resident who has executed a durable power of attorney for health care decisions, the agent may</p>			
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	<p>exercise the rights of the resident to the extent provided by K.S.A. 58-625 et seq. and amendments thereto.</p> <p>(c) Notice of rights and services.</p> <p>(1) Before admission, the administrator or operator shall ensure that each resident or the resident's legal representative is informed, both orally and in writing, of the following in a language the resident or the resident's legal representative understands: (A) The rights of the resident;(B) the rules governing resident conduct and responsibility; (C)the current rate for the level of care and services to be provided; and (D) if applicable, any additional fees that will be charged for optional services. (2) The administrator or operator shall ensure that each resident or the resident's legal representative is notified in writing of any changes in charges or services that occur after admission and at least 30</p>			
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	<p>days before the effective date of the change. The changes shall not take place until notice is given unless the change is due to a change in level of care.</p> <p>(d) Inspection of records.</p> <p>(1) The administrator or operator shall ensure that each resident or resident's legal representative is afforded the right to inspect records pertaining to the resident. The administrator or operator, or the designee, shall provide a photocopy of the resident's record or requested sections of the resident's record to each resident or resident's legal representative within two working days of the request. If a fee is charged for the copy, the fee shall be reasonable and not exceed actual cost, including staff time. (2) The administrator or operator shall ensure access to each resident's records for inspection and photocopying by</p>			
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	<p>any representative of the department.</p> <p>(e) Informed of health status.</p> <p>The administrator or operator shall ensure that each resident and the resident's legal representative are afforded the right to be fully informed of the resident's total health status, including the resident's medical condition.</p> <p>(f) Free choice.</p> <p>The administrator or operator shall ensure that each resident, or resident's legal representative on behalf of the resident, is afforded the right to perform the following: (1) Choose a personal attending physician; (2) participate in the development of an individual care plan or negotiated service agreement; (3) refuse treatment; (4) refuse to participate in experimental research; and (5) choose the pharmacy where prescribed</p>			
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	<p>medications are purchased. If the adult care home uses a unit-dose or similar medication distribution system, the resident shall have the right to choose among pharmacies that offer or are willing to offer the same or a compatible system.</p> <p>(g) Management of financial affairs.</p> <p>The administrator or operator shall ensure that each resident is afforded the right to manage personal financial affairs and is not required to deposit personal funds with the adult care home.</p> <p>(h) Notification of changes.</p> <p>(1) The administrator or operator shall ensure that designated facility staff inform the resident, consult with the resident's physician, and notify the resident's legal representative or designated family member, if known, upon occurrence of any of the following: (A) An accident</p>			
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	<p>involving the resident that results in injury and has the potential for requiring a physician's intervention; (B) a significant change in the resident's physical, mental, or psychosocial status; (C) a need to alter treatment significantly; or (D) a decision to transfer or discharge the resident from the adult care home. (2) The administrator or operator shall ensure that a designated staff member informs the resident, the resident's legal representative, or authorized family members whenever the designated staff member learns that the resident will have a change in room or roommate assignment.</p> <p>(i) Privacy and confidentiality.</p> <p>The administrator or operator shall ensure that each resident is afforded the right to personal privacy and confidentiality of personal and clinical records. (1) The administrator or operator</p>			
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	<p>shall ensure that each resident is provided privacy during medical and nursing treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. (2) The administrator or operator shall ensure that the personal and clinical records of the resident are maintained in a confidential manner. (3) The administrator or operator shall ensure that a release signed by the resident or the resident's legal representative is obtained before records are released to anyone outside the adult care home, except in the case of transfer to another health care institution or as required by law.</p> <p>(j) Grievances.</p> <p>The administrator or operator shall ensure that each resident is afforded the right to the following: (1) Voice grievances with respect to treatment or care that was or was not furnished; (2) be free from</p>			
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	<p>discrimination or reprisal for voicing the grievances; and (3) receive prompt efforts by the administrator or operator, or the designee, to resolve any grievances that the resident could have, including any grievance with respect to the behavior of other residents.</p> <p>(k) Work.</p> <p>(1) The administrator or operator shall ensure that each resident is afforded the right to refuse to perform services for the adult care home. (2) A resident may perform services for the adult care home, if the resident wishes and if all of the following conditions are met: (A) The administrator or operator, or the designee, has documented the resident's need or desire for work in the plan of care or negotiated service agreement. (B) The plan of care or negotiated service agreement specifies the nature of the services performed and whether</p>			
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	<p>the services are voluntary or paid. (C) The resident or resident's legal representative has signed a written agreement consenting to the work arrangement described in the plan of care or negotiated service agreement.</p> <p>(l)Mail.</p> <p>The administrator or operator shall ensure that each resident is afforded the right to privacy in written communications, including the right to the following: (1) Have unopened mail sent and received promptly; and (2) have access to stationery, postage, and writing implements at the residents own expense.</p> <p>(m) Access and visitation rights.</p> <p>(1)The administrator or operator shall ensure the provision of immediate access to any resident by the following: (A)Any representative of the secretary of the Kansas department on</p>			
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>aging; (B) the resident’s attending medical care provider; (C) the state long-term care ombudsman; (D) any representative of the secretary of the Kansas department of social and rehabilitation services;(E) immediate family or other relatives of the resident; and (F) others who are visiting with the consent of the resident subject to reasonable restrictions. (2) The administrator or operator shall ensure that each resident is afforded the right to deny or withdraw visitation consent for any person at any time-(m) [Applies to Adult Day Care, Assisted Living, Home Plus, and Boarding Care Home Settings] (m) Access and visitation rights.</p>			

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(v) Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>AU, FE, PD, TA, TBI Person-Centered Service Plan policy II.D.2.a) and b)</p> <p>D. Participant Choice Form a) The participant choice form is a standard form that educates participants on choice of services, providers, community-based vs. institutional alternatives, and self-direction vs. agency-direction models of service delivery. b) MCOs, or their designee, shall provide the form to participants or their legal representatives prior to the Person- Centered Service Plan meeting.</p> <p>K.A.R. 28-39-428 All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply.</p>	<p>[Compliant]</p> <p>AU, FE, PD, TA, TBI Person-Centered Service Plan policy II.D.2.a) and b)</p>	<p>No remediation is required.</p>	<p>No value</p>

<p>(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met: (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be</p>	<p>K.A.R. 26-39-102 Admission, transfer and discharge rights of residents in adult care homes. (d) The administrator or operator of each adult care home shall ensure that each resident is permitted to remain in the adult care home and is not transferred or discharged from the adult care home unless one of the following conditions is met: (1) The transfer or discharge is necessary for the resident’s welfare, and the resident’s needs cannot be met in the current adult care home. (2) The safety of other individuals in the adult care home is endangered. (3) The health of other individuals in the adult care home is endangered. (4) The resident has failed, after reasonable and appropriate notice, to pay the rates and charges imposed by the adult care home. (5) The adult care home ceases to operate.</p>	<p>[Silent]</p> <p>K.A.R. 26-39-102(d) (1-5) does not contain a provision exists in the regulation requiring a leasing or residency agreement establishing a minimum of equality in regard to protections from eviction under state, county, or city entities for HCBS participants.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that reflects the unit or dwelling be a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity; and 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.</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>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.(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v),</p>	<p>K.A.R. 26-39-102 Admission, transfer and discharge rights of residents in adult care homes. (d) (1) (2) (3) (4) (5)(e) (1) Before a resident is transferred or discharged involuntarily, the administrator or operator, or the designee, shall perform the following:</p> <p>(1) Notify the resident, the resident's legal representative, and if known, a designated family member of the transfer or discharge and the reasons;</p>	<p>[Silent]</p> <p>K.A.R. 26-39-102(e)(1) does not contain a provision requiring a leasing or residency agreement establishing a minimum of equality in regard to protections from eviction under state, county, or city entities for HCBS participants.</p>		

the following additional conditions must be met:

[K.A.R. 26-39-102](#) Admission, transfer and discharge rights of residents in adult care homes. (g) Each written transfer or discharge notice shall include the following: (1) The reason for the transfer or discharge; (2) the effective date of the transfer or discharge; (3) the address and telephone number of the complaint program of the Kansas department on aging where a complaint related to involuntary transfer or discharge can be registered; (4) the address and telephone number of the state long-term care ombudsman; and (5) for residents who have developmental disabilities or who are mentally ill, the address and telephone number of the Kansas advocacy and protection organization. (1)(2) (3) (4) (5)
[Applies to Adult Day Care, Assisted Living, and Home Plus Settings]

[Silent]
[K.A.R. 26-39-102 \(g\) \(1-5\)](#) does not contain a provision requiring a leasing or residency agreement establishing a minimum of equality in regard to protections from eviction under state, county, or city entities for HCBS participants.

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(B) Each individual has privacy in their sleeping or living unit:(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord</p>	<p>K.A.R. 26-42-101(d) (5) the recognition of each resident’s personal space as private and the sharing of a bedroom only when agreed to by the resident;</p>	<p>[Partial Compliance]</p> <p>K.A.R. 26-42-101(d)(5) recognizes lacks any provision that specifically address the individual’s right to privacy in their sleeping or living unit.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that specifically addresses the individual’s right to privacy in their sleeping or living unit. Language will also be included to reflect the unit or dwelling be a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>
	<p>K.A.R. 26-42-202 (b) The negotiated service agreement shall promote the dignity, privacy, choice, individuality, and autonomy of the resident.</p>	<p>[Non-compliant] [Silent]</p> <p>K.A.R. 26-42-202(b) No provision exists in the regulation requiring a leasing or residency agreement establishing a minimum of equality in regard to protections from eviction under state, county, or city entities for HCBS participants.</p>		

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>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.</p>	<p>K.A.R. 28-39-428 All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply.</p>	<p>No value</p>	<p>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. Additionally, settings in which landlord tenant laws do not apply, 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.</p>	

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. (B) Each individual has privacy in their sleeping or living unit:</p>	<p>K.A.R. 26-42-101 (5) the recognition of each resident’s personal space as private and the sharing of a bedroom only when agreed to by the resident;</p> <p>K.A.R. 28-39-428 All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply.</p>	<p>[Partial Compliance]</p> <p>K.A.R. 26-42-101 lacks a provision that specifically address the individual’s right to privacy in their sleeping or living unit as well as ensuring units have lockable entrance doors.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p> <ul style="list-style-type: none"> • Requires that units have entrance doors lockable by the individual, with only appropriate staff having keys to doors • specifically addresses the individual’s right to privacy in their sleeping or living unit. 	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(2) Individuals sharing units have a choice of roommates in that setting. (1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<p>K.A.R. 26-42-101 (d) (5) the recognition of each resident’s personal space as private and the sharing of a bedroom only when agreed to by the resident;</p>	<p>[Partial Compliance]</p> <p>K.A.R. 26-42-101 (d) (5) lacks a provision ensuring units have lockable entrance doors.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that requires units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. (2) Individuals sharing units have a choice of roommates in that setting.</p>	<p>K.A.R. 26-42-101 (d) Resident rights. Each administrator or operator shall ensure the development and implementation of written policies and procedures that incorporate the principles of individuality, autonomy, dignity, choice, privacy, and a home environment for each resident. The following provisions shall be included in the policies and procedures: (4) furnishing and decorating each resident's personal space; (5) the recognition of each resident's personal space as private and the sharing of a bedroom only when agreed to by the resident;</p>	<p>[Partial Compliance]</p> <p>K.A.R. 26-42-101(d) (4-5) lacks a provision to ensure that individuals can furnish and decorate their sleeping units.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that ensures that individuals receiving HCBS in this setting have the freedom furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>K.A.R. 26-39-103 (o) Personal property. The administrator or operator shall ensure that each resident is afforded the right to retain and use personal possessions including furnishings and appropriate clothing as space permits, unless doing so would infringe upon the rights or health and safety of other residents.</p>	<p>[Compliant] K.A.R. 26-39-103(o)</p>		
	<p>K.A.R. 28-39-148 All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply.</p>	<p>No value</p>		

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.</p> <p>(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p>K.A.R. 26-42-203 General Services (a) Range of services. The administrator or operator of each home plus shall ensure the provision or coordination of the range of services specified in each resident’s negotiated service agreement. The range of services may include the following: (5) planned group and individual activities that meet the needs and interests of each resident; and (6) other services necessary to support the health and safety of each resident.</p>	<p>[Silent]</p> <p>K.A.R. 26-42-203 lacks a provision ensuring individuals have the freedom and support to control their own schedules and have access to food at all times.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>K.A.R. 26-42-101 (d) Resident rights. Each administrator or operator shall ensure the development and implementation of written policies and procedures that incorporate the principles of individuality, autonomy, dignity, choice, privacy, and a home environment for each resident. The following provisions shall be included in the policies and procedures: (4) furnishing and decorating each resident's personal space;</p>	<p>[Partial Compliance]</p> <p>K.A.R. 26-42-101 (d) does not ensure that individuals can furnish and decorate their sleeping units</p>	<ul style="list-style-type: none"> reflects the final rule stating that Individuals have the freedom and support to control their own schedules and activities and have access to food at any time. ensures that individuals receiving HCBS in this setting have the freedom furnish and decorate their sleeping or living units within the lease or other agreement. 	<p>No value</p>
	<p>K.A.R. 28-39-148 All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply.</p>	<p>No value</p>		

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(D) Individuals are able to have visitors of their choosing at any time.</p>	<p>K.A.R. 26-39-103 Resident rights in adult care homes. (m) (1) The administrator or operator shall ensure the provision of immediate access to any resident by the following: (E,) immediate family or other relatives of the resident; and (F) others who are visiting with the consent of the resident subject to reasonable restrictions.</p> <p>K.A.R. 28-39-148 All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply.</p>	<p>[Partial Compliance]</p> <p>K.A.R. 26-39-103 (m) (1) (E-, F) restricts people the resident can have immediate access to as relatives or family only and places restrictions on visitation of all others visiting with the resident.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that ensures HCBS members in this setting can communicate with visitors of their choosing at any time.</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
(E) The setting is physically accessible to the individual.	<p>[Silent]</p> <p>K.A.R. 28-39-289 All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply.</p> <p>K.A.R. 28-39-437 All regulations in K.A.R chapter 28 section 39 were revoked in 2009 and do not apply.</p>	[Silent]	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that ensures the HCBS setting is physically accessible to the individual.</p>	<p><u>Draft and Processing Deadline</u> <u>August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

<p>(F) 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:(E) The setting is physically accessible to the individual.</p>	<p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>Person-Centered Service Plan policy I.B.2 Additional Person-Centered Service Plan meetings may be necessary due to changes in condition or circumstance that require updates to the participant’s plan, which would impact the scope, amount or duration of services included in the Person-Centered Service Plan. The following changes in condition or circumstance necessitate a Person- Centered Service Plan meeting to ensure the plan meets the participant’s wishes and needs.</p> <ul style="list-style-type: none"> • Change in functional ability to perform two or more Activities of Daily Living (ADLs) or three or more Instrumental Activities of 	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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	<p>Daily Living (IADLs) compared to the most recently assessed functional ability;</p> <ul style="list-style-type: none">• Change in behaviors that may lead to loss of foster placement or removal from the home;• Significant change in informal support availability, including death or long-term absence of a primary caregiver, and/or any participant identified changes in informal caregiver availability that results in persistent unmet needs that are not addressed in the most recently developed Person-Centered Service Plan;• Post-transition from any alternate setting of care (i.e.: state hospital, nursing home, etc.), when the participant was not residing in a community-based setting for thirty days or greater;			
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	<ul style="list-style-type: none">• Upon the request of any waiver participant, guardian or legal representative;• Any health and/or safety concern;• Any change in needs for an HCBS recipient not listed above. <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.2. Health Screening, Health Risk Assessments, and Needs Assessments. F.3.b. A reassessment of the Member’s needs will take place within three (3) calendar days of discovery or notice of significant change in condition or needs. The Person-centered Service Plan (PCSP) will be dictated by State policy or HCBS Waiver, whichever is more restrictive, for HCBS Members. The reassessment can be an update to existing information in the HRA or needs assessment or a new assessment.</p>			
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>The PCSP shall be updated to include any new required goals, interventions, or service authorizations for the Member and shall be signed by the Member, his or her guardian, Providers and other relevant parties in accordance with PCSP requirements set forth in Section 5.4.4 or as dictated by State policy for the PCSP or the HCBS Waiver.</p>			

<p>(1) Identify a specific and individualized assessed need. (F) 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:</p>	<p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p><u>KanCare 2.0 RFP Specifications EVT0005464</u> 5.4.2. Health Screening, Health Risk Assessments, and Needs Assessments. F.3.b. A reassessment of the Member’s needs will take place within three (3) calendar days of discovery or notice of significant change in condition or needs. The Person-centered Service Plan (PCSP) will be dictated by State policy or HCBS Waiver, whichever is more restrictive, for HCBS Members. The reassessment can be an update to existing information in the HRA or needs assessment or a new assessment. The PCSP shall be updated to include any new required goals, interventions, or service authorizations for the Member and shall be signed by</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	the Member, his or her guardian, Providers and other relevant parties in accordance with PCSP requirements set forth in Section 5.4.4 or as dictated by State policy for the PCSP or the HCBS Waiver			

<p>(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan. (1) Identify a specific and individualized assessed need.</p>	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B.</p> <p>The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and</p> <p>K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p> <p>[Silent]</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	No provision exists requiring the positive interventions and supports be documented prior to any modifications to the person-centered plan.			

<p>(3) Document less intrusive methods of meeting the need that have been tried but did not work. (2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</p>	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B.</p> <p>The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and</p> <p>K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p> <p>[Silent]</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>No provision exists within the regulation that requires the documentation off less intrusive methods of meeting the need that have been tried before being included within the person- centered service plan [Silent] No provision exists requiring the positive interventions and supports be documented prior to a modification to the person-centered plan.</p>			

<p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need. (3) Document less intrusive methods of meeting the need that have been tried but did not work.</p>	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B.</p> <p>The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p> <p>[Silent]</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	No provision exists within the regulation that requires the documentation of a description of the condition directly proportionate to the specific assessed need.			

<p>(5) Include regular collection and review of data to measure the ongoing effectiveness of the modification. (4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p>	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>Person-Centered Service Plan policy II.M.1 Once MCO Care Coordinators complete the Person-Centered Service Plan process they shall monitor delivery of the plan, including conducting a six-month face-to-face visit with the participant or participant’s designated legal representative.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p><u>Centered Service Planning. B.</u> The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p>			

<p>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. (5) Include regular collection and review of data to measure the ongoing effectiveness of the modification.</p>	<p>Person-Centered Service Plan policy II.M.1 Once MCO Care Coordinators complete the Person-Centered Service Plan process they shall monitor delivery of the plan, including conducting a six-month face-to-face visit with the participant or participant’s designated legal representative.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B.</p> <p>The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning D.</p> <p>The CONTRACTOR(S) shall ensure that the PCSP is reviewed during every contact with the Member and updated at least</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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	<p>annually or more often based on changes to Member's needs.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.5 Service Coordination Stratification Levels and Contact Schedules</p> <p>Service Coordination contacts: The CONTRACTOR(S) shall make contacts (telephonic or face-to-face) with the Member based on the Members needs and shall describe how it will comply with the following minimum contact schedule based on the Member's assigned Service Coordination stratification level. At a minimum, each Member receiving Service Coordination will receive an in person contact by the CONTRACTOR(S) staff or a Provider within their network) during either a Service Coordination touch point meeting or other activity: 3. Level III – Chronic Long-Term Needs:</p> <p>At a minimum monthly telephonic contact and with a</p>			
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	minimum of a face-to-face visit every three (3) months.			

<p>(7) Include the informed consent of the individual.</p> <p>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p>	<p>Person-Centered Service Plan policy I.A.4. No Person-Centered Service Plan shall be amended or otherwise changed without the participation of the individual and in compliance with 42 CFR § 441.301 and the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan policy II.G.5. A participant or participant’s legal representative shall sign to acknowledge understanding and agreement or disagreement with the Person-Centered Service Plan whenever content adjustments are made that change the scope, amount or duration of services within the plan, including interim changes.</p> <p>Person-Centered Service Plan policy</p> <p>During the meeting, the MCO Care Coordinator shall review the PII and provide education and explore the following:</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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	<ul style="list-style-type: none">• service options that will assist the participant in progress toward established goals,• identified care gaps, including assessing the participant's understanding of risks and consequences if gaps remain.• The MCO Care Coordinator shall, in instances where a participant's preferences may put him or her at health or safety risk, verify, to the best of their ability, that the participant demonstrates understanding of risk, strategies to mitigate risks, consequences, and shall make appropriate referrals to address risks.• restrictions to the participant's preferences, as stated in the PII or verbally,• additional community and social supports available to the participant, that may			
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
	<p>not be furnished directly by the MCO.</p> <ul style="list-style-type: none"> Participants may use the assistance of non-paid supports and shall be encouraged to engage with non-paid supports when completing the PII. 			

<p>(8) Include an assurance that interventions and supports will cause no harm to the individual. (7) Include the informed consent of the individual.</p>	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B.</p> <p>The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p> <p>[Silent]</p> <p>No provision exists that requires an inclusion of assurance that no harm will come to the individual as a result of interventions and supports.</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Home Plus K.S.A./K.A.R. (FE, IDD, PD, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(8) Include an assurance that interventions and supports will cause no harm to the individual.</p>	<p>Silent</p>	<p>[Silent]</p> <p>No provision exists that requires an inclusion of assurance that no harm will come to the individual as a result of interventions and supports.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that provides assurance within the person-centered service plan, stating no harm will come to the individual as a result of interventions and supports listed within the plan.</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>

HCBS IDD SPECIFIC SERVICES SYSTEM ASSESSMENT AND REMEDIATION

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
<p>(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan: (i) 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.</p>	<p>K.S.A. 44-1136 (2) "Integrated setting" means with respect to an employment outcome, a setting typically found in the community in which applicants or eligible individuals interact with non-disabled individuals, other than non-disabled individuals who are providing services to those applicants or eligible individuals, to the same extent that non-disabled individuals in comparable positions interact with other persons. (b) It is hereby declared to be the policy of the state of Kansas that competitive and integrated employment shall be considered its first option when serving persons with disabilities who are of working age to obtain employment. This policy applies to programs and services that provide services and support to help obtain employment for persons with disabilities. All state agencies shall follow this policy and ensure that it is effectively implemented in their programs and services. Nothing in this section shall be construed to require any employer to give preference to hiring people with a disability.</p>	<p>[Compliant] K.S.A. 44-1136</p>	<p>No remediation required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
	<p>K.A.R. 30-63-21 Person-centered support planning; implementation. (a) The provider shall prepare a written person-centered support plan for each person served that shall meet these requirements: (2) contain a description of the person’s preferred lifestyle, including describing the following: (A) In what type of setting the person wants to live; (C) what work or other valued activity the person wants to do; (E) in what social, leisure, religious, or other activities the person wants to participate</p>	<p>[Compliant] K.A.R. 30-63-21 (a)</p>	<p>No remediation required.</p>	<p>No value</p>
	<p>K.A.R. 30-63-22 Individual rights and responsibilities. (a) Each provider shall at all times encourage and assist each person served to understand and exercise the person’s individual rights and to assume the responsibilities that accompany these rights.</p>	<p>[Compliant] K.A.R. 30-63-22 (a)</p>	<p>No remediation required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
	<p>K.A.R. 30-63-22 Individual rights and responsibilities. (b) Each person served shall be guaranteed the same rights afforded to individuals without disabilities. These rights may be limited only by provisions of law or court order, including guardianship, conservatorship, power of attorney or other judicial determination. (8) being free from the inappropriate use of a physical or chemical restraint, medication, or isolation as punishment, for the convenience of a provider or agent, in conflict with a physician's orders or as a substitute for treatment, except when physical restraint is in furtherance of the health and safety of the person; (9) not being required to work without compensation, except when the person is living and being provided services outside of the home of a member of the person's family, and then only for the purposes of the upkeep of the person's own living space and of common living areas and grounds that the person shares with others;</p>	<p>[Compliant] K.A.R. 30-63-22 (b) (8-9)</p>	<p>No remediation required.</p>	<p>No value</p>

<p>(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>K.A.R. 30-63-21 Person-centered support planning; implementation. (a) (4) describe how opportunities of choice will be provided, including specifying means for the following: (A) Permitting the person to indicate the person's preferences among options presented to the person, by whatever communication methods that person may possess, including a description of the effective communication methods utilized by the person;</p>	<p>[Partial Compliance]</p> <p>K.A.R. 30-63- 21(a)(4)(A) lacks a provision stating that the options offered include non- disability settings or private units in a residential setting.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that ensures the setting is selected by</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
			<p>the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person- centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	

<p>(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>K.A.R. 30-63-22 Individual rights and responsibilities. (a) Each provider shall at all times encourage and assist each person served to understand and exercise the person’s individual rights and to assume the responsibilities that accompany these rights.</p> <p>K.A.R. 30-63-22 Individual rights and responsibilities. (b) Each person served shall be guaranteed the same rights afforded to individuals without disabilities. These rights may be limited only by provisions of law or court order, including guardianship, conservatorship, power of attorney or other Judicial determination. These rights shall include</p> <p>the following (1) Being free from physical or psychological abuse or neglect, and from financial exploitation; abuse or neglect, and from financial exploitation; (2) having control over the person’s own financial resources; (3) being able to receive, purchase, have, and use the person’s personal property; (4) actively and meaningfully making decisions affecting the person’s life; (5) having privacy; (8) being free from the inappropriate use of a physical or chemical restraint, medication, or isolation as punishment, for the convenience of a provider or agent, in conflict with a physician’s orders or as a substitute for treatment, except when physical restraint is in furtherance of the health and safety of the person; (9) not being required to work without compensation, except when the person is living and being provided services outside of the home of a member of the person’s family, and then only for the purposes of the</p>	<p>[Silent]</p> <p>K.A.R. 30-63-22(a) lacks language ensuring protection against coercion.</p> <p>[Silent]</p> <p>K.A.R. 30-63-22(b) (1-5, 8-12)</p> <p>there is no provision ensuring the individual in this setting has the right to be free from coercion. The provision implies the inclusion of restraint under specific circumstances and is in conflict with the final rule.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that the restraint of individuals</p>	<p><u>Draft and Processing</u></p> <p><u>Deadline</u></p> <p><u>August 1, 2022</u></p> <p><u>Implementation and Effective</u></p> <p><u>Date: March 1, 2023</u></p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
	<p>upkeep of the person’s own living space and of common living areas and grounds that the person shares with others;</p> <p>(10) being treated with dignity and respect; (11) receiving due process; and (12) having access to the person’s own records, including information about how the person’s funding is accessed and utilized and what services were billed for on the person’s behalf.</p>		<p>must be consistent with 42 CFR §441.301c (F). Any modification of the additional conditions, under 42 CFR §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: Additionally, add language ensuring the individual’s right to be free from coercion.</p>	

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
<p>(iv) 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.</p>	<p>K.A.R. 30-63-21 Person-centered support planning; implementation. (a) The provider shall prepare a written person-centered support plan for each person served that shall meet these requirements: (2) contain a description of the person’s preferred lifestyle, including describing the following: (A) In what type of setting the person wants to live; (B) with whom the person wants to live;</p> <p>(C) what work or other valued activity the person wants to do; (D) with whom the person wants to socialize; and (E) in what social, leisure, religious, or other activities the person wants to participate;</p>	<p>[Compliant]</p> <p>K.A.R. 30-63-21 (a)(2) (A-E)</p>	<p>No Remediation Required</p>	<p>No value</p>
	<p>K.A.R. 30-63-21 Person-centered support planning; implementation. (a) The provider shall prepare a written person-centered support plan for each person served that shall meet these requirements: (3) list and describe the necessary activities, training, materials, equipment, assistive technology, and services that are needed to assist the person to achieve the person’s preferred lifestyle;</p>	<p>[Compliant]</p> <p>K.A.R. 30-63-21 (a)(3)</p>	<p>No Remediation Required</p>	

	<p>K.A.R. 30-63-22 Person-centered support planning; implementation. (a) Each provider shall at all times encourage and assist each person served to understand and exercise the person’s individual rights and to assume the responsibilities that accompany these rights.</p>	<p>[Partial Compliance]</p> <p>K.A.R. 30-63- 22(a)no provision exists ensuring activities are not regimented.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
			ensures that individuals receiving HCBS do not have their activities regimented.	

	<p>K.A.R. 30-63-22 Person-centered support planning; implementation. (b)(4) actively and meaningfully making decisions affecting the person’s life; (6) being able to associate and communicate publicly or privately with any person or group of people of the person’s choice; (7) being able to practice the religion or faith of the person’s choice</p>	<p>[Partial Compliance]</p> <p>K.A.R. 30-63- 22(b) (4,6,7) no provision exists ensuring activities are not regimented.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that:</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
			Ensures that individuals receiving HCBS do not have their activities regimented.	
(v) Facilitates individual choice regarding services and supports, and who provides them.	<p>K.A.R. 30-63-21 Person-centered support planning; implementation. (a) The provider shall prepare a written person-centered support plan for each person served that shall meet these requirements: (2) contain a description of the person’s preferred lifestyle, including describing the following: (A) In what type of setting the person wants to live; (B) with whom the person wants to live;</p> <p>(C) what work or other valued activity the person wants to do; (D) with whom the person wants to socialize; and (E) in what social, leisure, religious, or other activities the person wants to participate;</p>	<p>[Compliant]</p> <p>K.A.R. 30-64-26(a)(2) (A-E)</p>	No remediation required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
	<p>K.A.R. 30-63-21 Person-centered support planning; implementation. (a) The provider shall prepare a written person-centered support plan for each person served that shall meet these requirements: (6) prioritize and structure the delivery of services toward the goal of achieving the person’s preferred lifestyle;</p> <p>[Applies to IDD Specific Service, and Sheltered Employment settings]</p>	<p>[Compliant]</p> <p>K.A.R. 30-63-21(a)(6)</p>	<p>No remediation required.</p>	<p>No value</p>
	<p>K.A.R. 30-64-26 Quality enhancement. (a) Each contracting CDDO shall ensure that each service provided by the CDDO or by any affiliate shall be: (1) provided as specified within, and in a manner that is responsive to, the person-centered support plan under which that service is being provided; (2) provided in a manner that offers opportunities of choice to the person being served; and (3) performed in a manner that ensures that all of the person's rights are observed and protected.</p>	<p>[Compliant]</p> <p>K.A.R. 30-64-26 (a) (1-3)</p>	<p>No remediation required.</p>	<p>No value</p>

<p>(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met: (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a 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.</p>	<p>K.A.R. 30-63-22</p> <p>Individual rights and responsibilities.</p> <p>(b) Each person served shall be guaranteed the same rights afforded to individuals without disabilities. These rights may be limited only by provisions of law or court order, including guardianship, conservatorship, power of attorney or other judicial determination. These rights shall include the following:</p> <p>(1) Being free from physical or psychological abuse or neglect, and from financial exploitation;</p> <p>(2) having control over the person's own financial resources;</p> <p>(3) being able to receive, purchase, have, and use the person's personal property;</p> <p>(4) actively and meaningfully making decisions affecting the person's life;</p> <p>(5) having privacy;</p> <p>(6) being able to associate and communicate publicly or privately with any person or group of people of the person's choice;</p> <p>(7) being able to practice the religion or faith of the person's choice;</p>	<p>[Silent]</p> <p>No provision exists in the regulation requiring a leasing or residency agreement establishing a minimum of equality in regard to protections from eviction under state county or city entities for HCBS participants that is equal to those establishing the landlord tenant law and providing the equivalent protections against eviction. This provision is not applicable for day services.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that reflects the unit or dwelling be a</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>
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	<p>(8) being free from the inappropriate use of a physical or chemical restraint, medication, or isolation as punishment, for the convenience of a provider or agent, in conflict with a physician’s orders or as a substitute for treatment, except when physical restraint is in furtherance of the health and safety of the person;</p> <p>(9) not being required to work without compensation, except when the person is living and being provided services outside of the home of a member of the person’s family, and then only for the purposes of the upkeep of the person’s own living space and of common living areas and grounds that the person shares with others;</p> <p>(10) being treated with dignity and respect;</p> <p>(11) receiving due process; and</p> <p>(12) having access to the person’s own records, including information about how the person’s funding is accessed and utilized and what services were billed for on the person’s behalf.</p>		<p>specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, 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</p>	
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
			the jurisdiction's landlord tenant law.	

<p>(B) Each individual has privacy in their sleeping or living unit:</p>	<p>K.A.R. 30-63-22 Person-centered support planning; implementation. (a) Each provider shall at all times encourage and assist each person served to understand and exercise the person’s individual rights and to assume the responsibilities that accompany these rights. (5) having privacy;</p>	<p>[Partial Compliance]</p> <p>K.A.R. 30-63- 22(a)(5) lacks a provision to ensure privacy within each individual sleeping unit.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that includes</p>	<p><u>Draft and Processing</u> <u>Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
			privacy in each individual sleeping or living unit.	

<p>(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<p>Silent</p>	<p>[Silent]</p> <p>No regulation exists ensuring that residents in these settings have units with doors lockable by the individual. This provision is not applicable for day services.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that ensures HCBS members in this</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
			setting have units with entrance doors lockable by the individual, with only appropriate staff having keys to doors.	

<p>(2) Individuals sharing units have a choice of roommates in that setting.</p>	<p>K.A.R. 30-63-21 (a) The provider shall prepare a written person-centered support plan for each person served that shall meet these requirements: (2) contain a description of the person’s preferred lifestyle, including describing the following: (A) In what type of setting the person wants to live; (B) with whom the person wants to live;</p>	<p>[Not Compliant] [Silent]</p> <p>K.A.R. 30-63-21 (a)(2) (A, B) is not specific regarding a choice of roommates within a specific setting.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that ensures HCBS members in this</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
			setting have a choice of roommate.	

<p>(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p>K.A.R. 30-63-22 (a) Each provider shall at all times encourage and assist each person served to understand and exercise the person’s individual rights and to assume the responsibilities that accompany these rights. (3) being able to receive, purchase, have, and use the person’s personal property;</p>	<p>[Silent]</p> <p>K.A.R. 30-63-22 (a)(3) does not include a provision ensuring the individual’s right to furnish and decorate their sleeping or living units in this setting.</p> <p>This provision is not applicable for day services.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that ensures HCBS members in this</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
			setting have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	
(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	K.A.R. 30-63-21 (a) The provider shall prepare a written person-centered support plan for each person served that shall meet these requirements: (2) (E) in what social, leisure, religious, or other activities the person wants to participate;	[Silent] No provision exists within the regulation allowing access to food at any time.	<u>Regulatory Change:</u> In the event an existing regulation is silent regarding a substantive	<u>Draft and Processing Deadline August 1, 2022</u>

	<p>K.A.R. 30-63-21 (a) The provider shall prepare a written person-centered support plan for each person served that shall meet these requirements: (3) list and describe the necessary activities, training, materials, equipment, assistive technology, and services that are needed to assist the person to achieve the person’s preferred lifestyle;</p>	<p>[Silent]</p> <p>No provision exists within the regulation allowing access to food at any time.</p>	<p>matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that ensures HCBS participants have access to food at any time.</p>	<p><u>Implementation and Effective</u> <u>Date: March 1, 2023</u></p>
<p>(D) Individuals are able to have visitors of their choosing at any time.</p>	<p>K.A.R. 30-63-22 (a) Each provider shall at all times encourage and assist each person served to understand and exercise the</p>	<p>[Partial Compliance]</p>	<p><u>Regulatory Change:</u></p>	<p><u>Draft and Processing</u></p>

	<p>person's individual rights and to assume the responsibilities that accompany these rights.</p> <p>(6) being able to associate and communicate publicly or privately with any person or group of people of the person's choice;</p>	<p>K.A.R. 30-63- 22(a)(6) lacks a provision to ensure that HCBS members in this setting can communicate with visitors at any time.</p>	<p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that ensures HCBS members in this setting can communicate with</p>	<p><u>Deadline</u> <u>August 1, 2022</u></p> <p><u>Implementation and Effective</u> <u>Date: March 1, 2023</u></p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
			visitors of their choosing at any time.	
(E) The setting is physically accessible to the individual.	K.A.R. 30-63-30 (a) A provider shall maintain each site in which services are provided to any person and that is owned, leased, or made available by contract to be operated by a provider, any employee or board member of a provider, or any entity owned or controlled by a provider, a provider's employee or a provider's board member, so that the site shall meet these requirements:(10) have appropriate assistive devices and any necessary structural modifications so that the facility meets the needs of persons with physical disabilities;	[Compliant] K.A.R. 30-63-30(a)(10)	No remediation required.	No value

<p>(F) 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:</p>	<p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>Person-Centered Service Plan policy I.B.2 Additional Person-Centered Service Plan meetings may be necessary due to changes in condition or circumstance that require updates to the participant’s plan, which would impact the scope, amount or duration of services included in the Person-Centered Service Plan. The following changes in condition or circumstance necessitate a Person-Centered Service Plan meeting to ensure the plan meets the participant’s wishes and needs.</p> <ul style="list-style-type: none"> a) Change in functional ability to perform two or more Activities of Daily Living (ADLs) or three or more Instrumental Activities of Daily Living (IADLs) compared to the most recently assessed functional ability; b) Change in behaviors that may lead to loss of foster placement or removal from the home; c) Significant change in informal support availability, including death or long-term absence of a primary caregiver, and/or any participant identified changes in informal caregiver availability that results in persistent unmet needs that are not addressed in the most recently developed Person-Centered Service Plan; d) Post-transition from any alternate setting of care (i.e.: state hospital, nursing home, etc.), when the 	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
	<p>participant was not residing in a community-based setting for thirty days or greater;</p> <ul style="list-style-type: none"> e) Upon the request of any waiver participant, guardian or legal representative; f) Any health and/or safety concern; g) Any change in needs for an HCBS recipient not listed above. <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.2. Health Screening, Health Risk Assessments, and Needs Assessments. F.3.b. A reassessment of the Member’s needs will take place within three (3) calendar days of discovery or notice of significant change in condition or needs. The Person-centered Service Plan (PCSP) will be dictated by State policy or HCBS Waiver, whichever is more restrictive, for HCBS Members. The reassessment can be an update to existing information in the HRA or needs assessment or a new assessment. The PCSP shall be updated to include any new required goals, interventions, or service authorizations for the Member and shall be signed by the Member, his or her guardian, Providers and other relevant parties in accordance with PCSP requirements set forth in Section 5.4.4 or as dictated by State policy for the PCSP or the HCBS waivers.</p>			

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
(1) Identify a specific and individualized assessed need.	<p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p><u>KanCare 2.0 RFP Specifications EVT0005464 5.4.2. Health Screening, Health Risk Assessments, and Needs Assessments.</u> F.3.b. A reassessment of the Member’s needs will take place within three (3) calendar days of discovery or notice of significant change in condition or needs. The Person-centered Service Plan (PCSP) will be dictated by State policy or HCBS Waiver, whichever is more restrictive, for HCBS Members. The reassessment can be an update to existing information in the HRA or needs assessment or a new assessment. The PCSP shall be updated to include any new required goals, interventions, or service authorizations for the Member and shall be signed by the Member, his or her guardian, Providers and other relevant parties in accordance with PCSP requirements set forth in Section 5.4.4 or as dictated by State policy for the PCSP or the HCBS Waiver.</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
<p>(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</p>	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p> <p>[Silent]</p> <p>No provision exists requiring the positive interventions and supports be documented prior to a modification to the person-centered plan. [Silent] No provision exists requiring the identification of a specific and individualized assessed need in the person-centered service plan.</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
<p>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</p>	<p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p> <p>[Silent]</p> <p>No provision exists within the regulation that requires the documentation off less intrusive methods of meeting the need that have been tried before being included within the person-centered service plan [Silent] No provision exists requiring the positive interventions and supports be documented prior to a modification to the person-centered plan.</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
<p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p>	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p> <p>[Silent] No provision exists within the regulation that requires the documentation of a description of the condition directly proportionate to the specific assessed need.</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
<p>(5) Include regular collection and review of data to measure the ongoing Effectiveness of the modification.</p>	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan I.A.5. All participants of a 1915(c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.</p> <p>Person-Centered Service Plan policy II.M.1 Once MCO Care Coordinators complete the Person-Centered Service Plan process they shall monitor delivery of the plan, including conducting a six-month face-to-face visit with the participant or participant’s designated legal representative.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>

<p>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p>	<p>Person-Centered Service Plan policy II.M.1 Once MCO Care Coordinators complete the Person-Centered Service Plan process they shall monitor delivery of the plan, including conducting a six-month face-to-face visit with the participant or participant’s designated legal representative.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning D. The CONTRACTOR(S) shall ensure that the PCSP is reviewed during every contact with the Member and updated at least annually or more often based on changes to Member’s needs.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.5 Service Coordination Stratification Levels and Contact Schedules G. Service Coordination contacts: The CONTRACTOR(S) shall make contacts (telephonic or face-to-face) with the Member based on the Members needs and shall describe how it will comply with the following minimum contact schedule based on the Member’s assigned Service Coordination stratification level. At a minimum, each Member receiving Service Coordination will receive an in person contact by the CONTRACTOR(S) staff or a Provider within their network)</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
	<p>during either a Service Coordination touch point meeting or other activity: 3. Level III – Chronic Long-Term Needs:</p> <p>a. At a minimum monthly telephonic contact and with a minimum of a face-to-face visit every three (3) months.</p>			

<p>(7) Include the informed consent of the individual.</p>	<p>Person-Centered Service Plan policy I.A.4. No Person-Centered Service Plan shall be amended or otherwise changed without the participation of the individual and in compliance with 42 CFR § 441.301 and the 1915 (c) HCBS waivers.</p> <p>Person-Centered Service Plan policy II.G.5. A participant or participant’s legal representative shall sign to acknowledge understanding and agreement or disagreement with the Person-Centered Service Plan whenever content adjustments are made that change the scope, amount or duration of services within the plan, including interim changes.</p> <p>Person-Centered Service Plan policy II.D.3.e During the meeting, the MCO Care Coordinator shall review the PII and provide education and explore the following:</p> <ul style="list-style-type: none"> i. service options that will assist the participant in progress toward established goals, ii. identified care gaps, including assessing the participant’s understanding of risks and consequences if gaps remain. iii. The MCO Care Coordinator shall, in instances where a participant’s preferences may put him or her at health or safety risk, verify, to the best of their ability, that the participant demonstrates understanding of risk, strategies to mitigate risks, consequences, and shall make appropriate referrals to address risks. iv. restrictions to the participant’s preferences, as stated in the PII or verbally, 	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	IDD/ Residential Group Home / Day Services/ Shared Living/Host Homes/Extended Family Teaching Model K.S.A./K.A.R. (IDD waiver)	Gap	Remediation Strategy	Timeline
	<ul style="list-style-type: none"> v. additional community and social supports available to the participant, that may not be furnished directly by the MCO. vi. Participants may use the assistance of non-paid supports and shall be encouraged to engage with non-paid supports when completing the PII. 			
<p>(8) Include an assurance that interventions and supports will cause no harm to the individual.</p>	<p>Person-Centered Service Plan I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p>	<p>[Compliant]</p> <p>Through the Person-Centered Service Plan policy and KanCare contract.</p>	<p>No remediation is required.</p>	<p>No value</p>

HCBS-BOARDING CARE HOME

Boarding Care Home: HCBS services are not provided in Boarding Care Homes. Therefore, this is not a HCBS setting, and the Final Rule would not apply.

HCBS DAY SUPPORTS/PREVOCAATIONAL SERVICES (SHELTERED EMPLOYMENT)

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Sheltered Employment Regulation K.S.A./K.A.R. (IDD Waiver)	Gap	Remediation Strategy	Timeline
<p>(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person- centered service plan: (i) 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.</p>	<p>K.A.R. 30-63-21 (a) The provider shall prepare a written person-centered support plan for each person served that shall meet these requirements:(A) In what type of setting the person wants to live; (C) what work or other valued activity the person wants to do; (E) in what social, leisure, religious, or other activities the person wants to participate.</p>	<p>[Partial Compliance] K.A.R.30-62-21(a) lacks a provision ensuring that individual’s right to seek competitive employment within an integrated setting.</p>	<p>No remediation required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Sheltered Employment Regulation K.S.A./K.A.R. (IDD Waiver)	Gap	Remediation Strategy	Timeline
	<p>K.A.R. 30-63-22 (b) Each person served shall be guaranteed the same rights afforded to individuals without disabilities. These rights may be limited only by provisions of law or court order, including guardianship, conservatorship, power of attorney or other judicial determination. (8) being free from the inappropriate use of a physical or chemical restraint, medication, or isolation as punishment, for the convenience of a provider or agent, in conflict with a physician's orders or as a substitute for treatment, except when physical restraint is in furtherance of the health and safety of the person; (9) not being required to work without compensation, except when the person is living and being provided services outside of the home of a member of the person's family, and then only for the purposes of the upkeep of the person's own living space and of common living areas and grounds that the person shares with others;</p>	<p>[Compliant] K.A.R 30-63-22(b)</p>	<p>No remediation required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Sheltered Employment Regulation K.S.A./K.A.R. (IDD Waiver)	Gap	Remediation Strategy	Timeline
	<p>K.S.A. 44-1136 Kansas employment first initiative act; definitions; policy declaration. (b) It is hereby declared to be the policy of the state of Kansas that competitive and integrated employment shall be considered its first option when serving persons with disabilities who are of working age to obtain employment. This policy applies to programs and services that provide services and support to help obtain employment for persons with disabilities. All state agencies shall follow this policy and ensure that it is effectively implemented in their programs and services. Nothing in this section shall be construed to require any employer to give preference to hiring people with a disability.</p>	<p>[Compliant] K.S.A. 44-1136 (b)</p>	<p>No remediation required.</p>	<p>No value</p>

<p>(ii) The setting is selected by the individual from among setting options including non- disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>K.A.R. 30-63-21 (a)(2)(A) Person-centered support planning; implementation. (a) The provider shall prepare a written person-centered support plan for each person served that shall meet these requirements: (2) contain a description of the person's preferred lifestyle, including describing the following: (A) In what type of setting the person wants to live;</p>	<p>[Partial Compliance] K.A.R. 30-63-21 (a)(2)(A) does not include a provision to allow the individual to choose from non-disability specific settings.</p>	<p><u>Regulatory Change:</u> In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c). <u>Policy Change:</u> KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that allows the individual to</p>	<p><u>Draft and Processing Deadline August 1, 2022</u> <u>Implementation and Effective Date: March 1, 2023</u></p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Sheltered Employment Regulation K.S.A./K.A.R. (IDD Waiver)	Gap	Remediation Strategy	Timeline
			choose from non-disability specific settings.	

<p>(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>K.A.R. 30-63-22 Individual rights and responsibilities.</p> <p>(a) Each provider shall at all times encourage and assist each person served to understand and exercise the person’s individual rights and to assume the responsibilities that accompany these rights. (1) Being free from physical or psychological abuse or neglect, and from financial exploitation; (5) having privacy; (8) being free from the inappropriate use of a physical or chemical restraint, medication, or isolation as punishment, for the convenience of a provider or agent, in conflict with a physician’s orders or as a substitute for treatment, except when physical restraint is in furtherance of the health and safety of the person; (10) being treated with dignity and respect;</p>	<p>[Partial Compliance]</p> <p>K.A.R. 30-63-22 (a) lacks a provision to ensure protection against coercion.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Sheltered Employment Regulation K.S.A./K.A.R. (IDD Waiver)	Gap	Remediation Strategy	Timeline
			ensures the individual's right to be free from coercion.	

	<p>K.A.R. 30-63-22 Individual rights and responsibilities.</p> <p>(b) Each person served shall be guaranteed the same rights afforded to individuals without disabilities. These rights may be limited only by provisions of law or court order, including guardianship, conservatorship, power of attorney or other judicial determination. These rights shall include the following: (5) having privacy;</p>	<p>[Silent]</p> <p>K.A.R. 30-63-22(b) The provision implies the inclusion of restraint under specific circumstances and is in conflict silent with the final rule requirements.</p>	<p><u>Regulatory Change:</u></p> <p>In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c).</p> <p><u>Policy Change:</u></p> <p>KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that</p>	<p><u>Draft and Processing Deadline August 1, 2022</u></p> <p><u>Implementation and Effective Date: March 1, 2023</u></p>
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			<p>the restraint of individuals must be consistent with 441.301c (F) 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: “(A) Identify a specific and individualized assessed need, (B) document the positive interventions and supports used prior to any modification to the person-centered service plan, (C) Document less intrusive methods of meeting the need that</p>	
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			<p>have been tried but did not work, (D) Include a clear description of the condition that is directly proportionate to the specific assessed need, (E) Include a regular collection and review of data to measure the ongoing effectiveness of the modification, (F) Include established time limits for periodic review to determine if the modification is still necessary or can be terminated, (G) Include informed consent of the individual, (H) Includes an assurance that interventions and support will cause no harm to the individual.</p>	
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<p>(iv) 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.</p>	<p>K.A.R. 30-63-21 Person-Centered support planning; implementation. (a) The provider shall prepare a written person-centered support plan for each person served that shall meet these requirements: (2) contain a description of the person’s preferred lifestyle, including describing the following: (A) In what type of setting the person wants to live; (B) with whom the person wants to live; (C) what work or other valued activity the person wants to do; (D) with whom the person wants to socialize; and (E) in what social, leisure, religious, or other activities the person wants to participate; (3) list and describe the necessary activities, training, materials, equipment, assistive technology, and services that are needed to assist the person to achieve the person’s preferred lifestyle;</p>	<p>[Partial Compliance] K.A.R. 30-63-21(a) lacks a provision ensuring activities are not regimented.</p>	<p><u>Regulatory Change:</u> In the event an existing regulation is silent regarding a substantive matter for waiver settings, or the existing regulation partially complies with the waiver setting federal regulation, the state intends to promulgate a waiver service regulation that binds service providers to comply with the Home and Community Based Setting in accord with federal regulation 42 C.F.R. 441.301 (c). <u>Policy Change:</u> KDADS HCBS waivers policies impacting participants served in these types of settings will be revised to include language that</p>	<p><u>Draft and Processing Deadline August 1, 2022</u> <u>Implementation and Effective Date: March 1, 2023</u></p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Sheltered Employment Regulation K.S.A./K.A.R. (IDD Waiver)	Gap	Remediation Strategy	Timeline
			ensures daily activities are not regimented.	
	K.A.R. 30-63-22 (a) Each provider shall at all times encourage and assist each person served to understand and exercise the person's individual rights and to assume the responsibilities that accompany these rights.	[Compliant] K.A.R. 30-63-22(a)	No remediation required	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Sheltered Employment Regulation K.S.A./K.A.R. (IDD Waiver)	Gap	Remediation Strategy	Timeline
	<p>K.A.R. 30-63-22 Individual rights and responsibilities.</p> <p>(b) Each person served shall be guaranteed the same rights afforded to individuals without disabilities. These rights may be limited only by provisions of law or court order, including guardianship, conservatorship, power of attorney or other judicial determination. These rights shall include the following:</p> <p>(4) actively and meaningfully making decisions affecting the person’s life; (6) being able to associate and communicate publicly or privately with any person or group of people of the person’s choice; (7) being able to practice the religion or faith of the person’s choice</p>	<p>[Compliant] K.A.R. 30-63-22(b)</p>	<p>No remediation required</p>	<p>No value</p>
<p>(v) Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>K.A.R. 30-63-21 Person-Centered support planning; implementation. (a) The provider shall prepare a written person-centered support plan for each person served that shall meet these requirements: (2) contain a description of the person’s preferred lifestyle, including describing the following: (A) In what type of setting the person wants to live; (B) with whom the person wants to live; (C) what work or other valued activity the person wants to do; (D) with whom the person wants to socialize; and (E) in what social, leisure, religious, or other activities the person wants to participate;</p>	<p>[Compliant] K.A.R. 30-63-21(a)(2) (A-e)</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Sheltered Employment Regulation K.S.A./K.A.R. (IDD Waiver)	Gap	Remediation Strategy	Timeline
	<p>K.A.R. 30-63-21 Person-Centered support planning; implementation. (a)(3) list and describe the necessary activities, training, materials, equipment, assistive technology, and services that are needed to assist the person to achieve the person’s preferred lifestyle; (6) prioritize and structure the delivery of services toward the goal of achieving the person’s preferred lifestyle;</p>	<p>[Compliant] K.A.R. 30-63-21(a)(3)(6)</p>	<p>No remediation is required.</p>	<p>No value</p>
	<p>K.A.R. 30-64-26 Quality enhancement. (a) Each contracting CDDO shall ensure that each service provided by the CDDO or by any affiliate shall be: (1) provided as specified within, and in a manner that is responsive to, the person-centered support plan under which that service is being provided; (2) provided in a manner that offers opportunities of choice to the person being served; and (3) performed in a manner that ensures that all of the person's rights are observed and protected.</p>	<p>[Compliant] K.A.R. 30-64-26 (a) (1-3)</p>	<p>No remediation is required.</p>	<p>No value</p>
<p>(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:</p>	<p>Not applicable. Sheltered Employment Workshops are not residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Sheltered Employment Regulation K.S.A./K.A.R. (IDD Waiver)	Gap	Remediation Strategy	Timeline
<p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a 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.</p>	<p>Not applicable. Sheltered Employment Workshops are not residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>
<p>(B) Each individual has privacy in their sleeping or living unit:</p>	<p>Not applicable. Sheltered Employment Workshops are not residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Sheltered Employment Regulation K.S.A./K.A.R. (IDD Waiver)	Gap	Remediation Strategy	Timeline
<p>(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<p>Not applicable. Sheltered Employment Workshops are not residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>
<p>(2) Individuals sharing units have a choice of roommates in that setting.</p>	<p>Not applicable. Sheltered Employment Workshops are not residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>
<p>(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p>Not applicable. Sheltered Employment Workshops are not residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Sheltered Employment Regulation K.S.A./K.A.R. (IDD Waiver)	Gap	Remediation Strategy	Timeline
(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	Not applicable. Sheltered Employment Workshops are not residential settings.	No value	No remediation is required.	No value
(D) Individuals are able to have visitors of their choosing at any time.	Not applicable. Sheltered Employment Workshops are not residential settings.	No value	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Sheltered Employment Regulation K.S.A./K.A.R. (IDD Waiver)	Gap	Remediation Strategy	Timeline
(E) The setting is physically accessible to the individual.	K.A.R. 30-63-30 (a) A provider shall maintain each site in which services are provided to any person and that is owned, leased, or made available by contract to be operated by a provider, any employee or board member of a provider, or any entity owned or controlled by a provider, a provider’s employee or a provider’s board member, so that the site shall meet these requirements: (10) have appropriate assistive devices and any necessary structural modifications so that the facility meets the needs of persons with physical disabilities;	[Compliant]	No remediation is required.	No value
(F) 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:	Not applicable. Sheltered Employment Workshops are not residential settings.	No value	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Sheltered Employment Regulation K.S.A./K.A.R. (IDD Waiver)	Gap	Remediation Strategy	Timeline
(1) Identify a specific and individualized assessed need.	Not applicable. Sheltered Employment Workshops are not residential settings.	No value	No remediation is required.	No value
(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	Not applicable. Sheltered Employment Workshops are not residential settings.	No value	No remediation is required.	No value
(3) Document less intrusive methods of meeting the need that have been tried but did not work.	Not applicable. Sheltered Employment Workshops are not residential settings.	No value	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Sheltered Employment Regulation K.S.A./K.A.R. (IDD Waiver)	Gap	Remediation Strategy	Timeline
<p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p>	<p>Not applicable. Sheltered Employment Workshops are not residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>
<p>(5) Include regular collection and review of data to measure the ongoing Effectiveness of the modification.</p>	<p>Not applicable. Sheltered Employment Workshops are not residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>
<p>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p>	<p>Not applicable. Sheltered Employment Workshops are not residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Sheltered Employment Regulation K.S.A./K.A.R. (IDD Waiver)	Gap	Remediation Strategy	Timeline
(7) Include the informed consent of the individual.	Not applicable. Sheltered Employment Workshops are not residential settings.	No value	No remediation is required.	No value
(8) Include an assurance that interventions and supports will cause no harm to the individual.	Not applicable. Sheltered Employment Workshops are not residential settings.	No value	No remediation is required.	No value

HCBS SYSTEM CONTRACTS ASSESSMENT AND REMEDIATION

REQUEST FOR PROPOSAL KANCARE 2.0

**42 C.F.R. 441.301 (c)(4)-(5)
Final Rule**

**Request for Proposal KanCare 2.0 Contract Language
(AU, IDD, FE, PD, TBI, TA, SED)**

Gap

Remediation Strategy

Timeline

<p>(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person- centered service plan:</p>	<p>KanCare 2.0 RFP Specifications EVT0005464 5.1.4. Functions and Duties of the Contractor (5) Comply with all other applicable Federal and State statutes and regulations governing CONTRACTOR(S), including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 (regarding education programs and activities), the Age Discrimination Act of 1975, the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 as amended, section 1557 of the Patient Protection and Affordable Care Act (PPACA), and Titles XIX and XXI of the SSA.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.11. Special Needs Populations (D)(9) The CONTRACTOR(S) shall monitor the success of the Member’s community transition and ensure if enrolled in a HCBS program that the new setting is Compliant with the CMS HCBS Setting Final Rule</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.5.1 Credentialing and Re-Credentialing (B) The CONTRACTOR shall: Develop written policies and procedures for identification, recruitment, and retention of Participating Providers to include the establishment and implementation of a uniform credentialing and re-credentialing policy that addresses acute, primary, Behavioral Health and LTSS Providers and meets all applicable State and CMS (42 CFR § 438.214) requirements and comply with the HCBS Settings Final Rule (42 CFR § 441.301(c)(4)).</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.5.1</p>	<p>[Compliant]</p>	<p>No remediation is required.</p>	<p>Completion date: 1/1/2019</p>
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	<p>Credentialing and Re-Credentialing (F) (1-5) CONTRACTOR(S) are required to credential and re-credential HCBS Providers consistent with applicable Waiver Provider qualification requirements and credentialing standards identified by the State for HCBS Providers and verify HCBS Provider compliance with Federal settings requirements at 42 CFR § 441.301(c)(4). The CONTRACTOR(S) shall extend consultation and support to its Participating Providers and any Subcontractors to demonstrate compliance with the home- and community-based settings criteria by March 17, 2022 for settings in which the criteria apply. The CONTRACTOR(S) shall identify a process for achieving compliance with the Federal HCBS Settings requirements as follows:</p> <ol style="list-style-type: none">1. In the plan of care process, including expectations pertaining to employment and community integration.2. In verifying Provider compliance with the Rule when credentialing and re-credentialing HCBS Providers.3. In its CONTRACTOR(S)' Provider Agreements by including language requiring Providers to maintain compliance with the Rule.4. In furnishing Provider education and training on the Rule to establish and maintain ongoing compliance.			
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Request for Proposal KanCare 2.0 Contract Language (AU, IDD, FE, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
	5. Ensure 1915(c) Provider qualifications are met both initially and ongoing.			
(i) 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.	KanCare 2.0 RFP Specifications EVT0005464 5.4.11. Special Needs Populations (E) (2) the CONTRACTOR(S) shall ensure that the Member’s Person-Centered Service Plan or Plan of Service shall support full access 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.	[Compliant] KanCare 2.0 RFP Specifications EVT0005464 5.4.11. Special Needs Populations (E) (2)	No remediation required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Request for Proposal KanCare 2.0 Contract Language (AU, IDD, FE, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
<p>(ii) The setting is selected by the individual from among setting options including non- disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>KanCare 2.0 RFP Specifications EVT0005464 5.1.4. Functions and Duties of the Contractor (5) Comply with all other applicable Federal and State statutes and regulations governing CONTRACTOR(S), including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 (regarding education programs and activities), the Age Discrimination Act of 1975, the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 as amended, section 1557 of the Patient Protection and Affordable Care Act (PPACA), and Titles XIX and XXI of the SSA.</p>	<p>[Compliant] The State is amending multiple regulations to ensure 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 required to be identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Request for Proposal KanCare 2.0 Contract Language (AU, IDD, FE, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
<p>(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>KanCare 2.0 RFP Specifications EVT0005464 5.10.12 A. In Amendment 6.1 Policies/Procedures, the OR(S) must have written policies regarding the Member rights specified in this section. In Amendment 6.1 Policies/Procedures, the OR(S) must comply with any applicable Federal and State laws that pertain to Member rights and ensure that its staff and affiliated Providers take those rights into account when furnishing services to Members. All Members shall be guaranteed the following rights and protection: 2.</p> <p>Dignity and privacy. Each Member is guaranteed the right to be treated with respect and with due consideration for his or her dignity and privacy.5. Free from restraint or seclusion. Each Member is guaranteed the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.</p>	<p>[Compliant]</p>	<p>No remediation is required.</p>	<p>No value</p>

<p>(iv) 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.</p>	<p>KanCare 2.0 RFP Specifications EVT0005464 5.4.11. Special Needs Populations (D)(9) The CONTRACTOR(S) shall monitor the success of the Member’s community transition and ensure if enrolled in a HCBS program that the new setting is Compliant with the CMS HCBS Setting Final Rule</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.5.1 Credentialing and Re-Credentialing (F) (1-5) CONTRACTOR(S) are required to credential and re-credential HCBS Providers consistent with applicable Waiver Provider qualification requirements and credentialing standards identified by the State for HCBS Providers and verify HCBS Provider compliance with Federal settings requirements at 42 CFR § 441.301(c)(4). The CONTRACTOR(S) shall extend consultation and support to its Participating Providers and any Subcontractors to demonstrate compliance with the home- and community-based settings criteria by March 17, 2022 for settings in which the criteria apply. The CONTRACTOR(S) shall identify a process for achieving compliance with the Federal HCBS Settings requirements as follows:</p> <ol style="list-style-type: none"> 1. In the plan of care process, including expectations pertaining to employment and community integration. 2. In verifying Provider compliance with the Rule when credentialing and re-credentialing HCBS Providers. 	<p>[Compliant]</p>	<p>No remediation is required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Request for Proposal KanCare 2.0 Contract Language (AU, IDD, FE, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
	<ol style="list-style-type: none"> 3. In its CONTRACTOR(S)' Provider Agreements by including language requiring Providers to maintain compliance with the Rule. 4. In furnishing Provider education and training on the Rule to establish and maintain ongoing compliance. 5. Ensure 1915(c) Provider qualifications are met both initially and ongoing. 			
(v) Facilitates individual choice regarding services and supports, and who provides them.	<p>MCOs are required to do this via the HCBS waivers. Cite language requiring MCOs to comply with HCBS waivers and the specific waiver language?</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.10.12 4. Participate in decisions. Each Member is guaranteed the right to participate in decisions regarding his or her health care, including the right to refuse treatment.</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the policy implies the individual's right to choice of treatment and the right to refuse treatment. In Amendment 6.1 Policies/Procedures, the policy does not imply the settings responsibility to facilitate these choices.</p>	<p>Add a provision that ensures the setting will facilitates individual choice regarding services and supports, and who provides them.</p>	<p>Completion date: 1/01/2019</p>

<p>(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:</p> <p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a 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</p>	<p>KanCare 2.0 RFP Specifications EVT0005464 5.4.11. Special Needs Populations (D)(9) The CONTRACTOR(S) shall monitor the success of the Member’s community transition and ensure if enrolled in a HCBS program that the new setting is Compliant with the CMS HCBS Setting Final Rule</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.5.1 Credentialing and Re-Credentialing (F) (1-5) CONTRACTOR(S) are required to credential and re-credential HCBS Providers consistent with applicable Waiver Provider qualification requirements and credentialing standards identified by the State for HCBS Providers and verify HCBS Provider compliance with Federal settings requirements at 42 CFR § 441.301(c)(4). The CONTRACTOR(S) shall extend consultation and support to its Participating Providers and any Subcontractors to demonstrate compliance with the home- and community-based settings criteria by March 17, 2022 for settings in which the criteria apply. The CONTRACTOR(S) shall identify a process for achieving compliance with the Federal HCBS Settings requirements as follows:</p> <ol style="list-style-type: none"> 6. In the plan of care process, including expectations pertaining to employment and community integration. 7. In verifying Provider compliance with the Rule when credentialing and re-credentialing HCBS Providers. 	<p>[Compliant]</p>	<p>No remediation required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Request for Proposal KanCare 2.0 Contract Language (AU, IDD, FE, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
provided under the jurisdiction's landlord tenant law.	<ul style="list-style-type: none"> 8. In its CONTRACTOR(S)' Provider Agreements by including language requiring Providers to maintain compliance with the Rule. 9. In furnishing Provider education and training on the Rule to establish and maintain ongoing compliance. 10. Ensure 1915(c) Provider qualifications are met both initially and ongoing. 			

<p>(B) Each individual has privacy in their sleeping or living unit:</p>	<p>KanCare 2.0 RFP Specifications EVT0005464 5.5.1 Credentialing and Re-Credentialing (F) (1-5) CONTRACTOR(S) are required to credential and re-credential HCBS Providers consistent with applicable Waiver Provider qualification requirements and credentialing standards identified by the State for HCBS Providers and verify HCBS Provider compliance with Federal settings requirements at 42 CFR § 441.301(c)(4). The CONTRACTOR(S) shall extend consultation and support to its Participating Providers and any Subcontractors to demonstrate compliance with the home- and community-based settings criteria by March 17, 2022 for settings in which the criteria apply. The CONTRACTOR(S) shall identify a process for achieving compliance with the Federal HCBS Settings requirements as follows:</p> <ol style="list-style-type: none"> 11. In the plan of care process, including expectations pertaining to employment and community integration. 12. In verifying Provider compliance with the Rule when credentialing and re-credentialing HCBS Providers. 13. In its CONTRACTOR(S)' Provider Agreements by including language requiring Providers to maintain compliance with the Rule. 	<p>[Compliant]</p>	<p>No remediation required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Request for Proposal KanCare 2.0 Contract Language (AU, IDD, FE, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
	<p>14. In furnishing Provider education and training on the Rule to establish and maintain ongoing compliance.</p> <p>15. Ensure 1915(c) Provider qualifications are met both initially and ongoing.</p>			

<p>(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<p>KanCare 2.0 RFP Specifications EVT0005464 5.5.1 Credentialing and Re-Credentialing (F) (1-5) CONTRACTOR(S) are required to credential and re-credential HCBS Providers consistent with applicable Waiver Provider qualification requirements and credentialing standards identified by the State for HCBS Providers and verify HCBS Provider compliance with Federal settings requirements at 42 CFR § 441.301(c)(4). The CONTRACTOR(S) shall extend consultation and support to its Participating Providers and any Subcontractors to demonstrate compliance with the home- and community-based settings criteria by March 17, 2022 for settings in which the criteria apply. The CONTRACTOR(S) shall identify a process for achieving compliance with the Federal HCBS Settings requirements as follows:</p> <ul style="list-style-type: none"> 16. In the plan of care process, including expectations pertaining to employment and community integration. 17. In verifying Provider compliance with the Rule when credentialing and re-credentialing HCBS Providers. 18. In its CONTRACTOR(S)' Provider Agreements by including language requiring Providers to maintain compliance with the Rule. 	<p>[Compliant]</p>	<p>No remediation required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Request for Proposal KanCare 2.0 Contract Language (AU, IDD, FE, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
	<p>19. In furnishing Provider education and training on the Rule to establish and maintain ongoing compliance.</p> <p>20. Ensure 1915(c) Provider qualifications are met both initially and ongoing.</p>			

<p>(2) Individuals sharing units have a choice of roommates in that setting.</p>	<p>KanCare 2.0 RFP Specifications EVT0005464 5.5.1 Credentialing and Re-Credentialing (F) (1-5) CONTRACTOR(S) are required to credential and re-credential HCBS Providers consistent with applicable Waiver Provider qualification requirements and credentialing standards identified by the State for HCBS Providers and verify HCBS Provider compliance with Federal settings requirements at 42 CFR § 441.301(c)(4). The CONTRACTOR(S) shall extend consultation and support to its Participating Providers and any Subcontractors to demonstrate compliance with the home- and community-based settings criteria by March 17, 2022 for settings in which the criteria apply. The CONTRACTOR(S) shall identify a process for achieving compliance with the Federal HCBS Settings requirements as follows:</p> <ol style="list-style-type: none"> 21. In the plan of care process, including expectations pertaining to employment and community integration. 22. In verifying Provider compliance with the Rule when credentialing and re-credentialing HCBS Providers. 23. In its CONTRACTOR(S)' Provider Agreements by including language requiring Providers to maintain compliance with the Rule. 24. In furnishing Provider education and training on the Rule to establish and maintain ongoing compliance. 	<p>[Compliant]</p>	<p>No remediation required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Request for Proposal KanCare 2.0 Contract Language (AU, IDD, FE, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
	25. Ensure 1915(c) Provider qualifications are met both initially and ongoing.			

<p>(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p>KanCare 2.0 RFP Specifications EVT0005464 5.5.1 Credentialing and Re-Credentialing (F) (1-5) CONTRACTOR(S) are required to credential and re-credential HCBS Providers consistent with applicable Waiver Provider qualification requirements and credentialing standards identified by the State for HCBS Providers and verify HCBS Provider compliance with Federal settings requirements at 42 CFR § 441.301(c)(4). The CONTRACTOR(S) shall extend consultation and support to its Participating Providers and any Subcontractors to demonstrate compliance with the home- and community-based settings criteria by March 17, 2022 for settings in which the criteria apply. The CONTRACTOR(S) shall identify a process for achieving compliance with the Federal HCBS Settings requirements as follows:</p> <ul style="list-style-type: none"> 26. In the plan of care process, including expectations pertaining to employment and community integration. 28. In verifying Provider compliance with the Rule when credentialing and re-credentialing HCBS Providers. In its CONTRACTOR(S)' Provider Agreements by including language requiring Providers to maintain compliance with the Rule. 29. In furnishing Provider education and training on the Rule to establish and maintain ongoing compliance. 	<p>[Compliant]</p>	<p>No remediation required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Request for Proposal KanCare 2.0 Contract Language (AU, IDD, FE, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
	27. Ensure 1915(c) Provider qualifications are met both initially and ongoing.			

<p>(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.</p>	<p>KanCare 2.0 RFP Specifications EVT0005464 5.5.1 Credentialing and Re-Credentialing (F) (1-5) CONTRACTOR(S) are required to credential and re-credential HCBS Providers consistent with applicable Waiver Provider qualification requirements and credentialing standards identified by the State for HCBS Providers and verify HCBS Provider compliance with Federal settings requirements at 42 CFR § 441.301(c)(4). The CONTRACTOR(S) shall extend consultation and support to its Participating Providers and any Subcontractors to demonstrate compliance with the home- and community-based settings criteria by March 17, 2022 for settings in which the criteria apply. The CONTRACTOR(S) shall identify a process for achieving compliance with the Federal HCBS Settings requirements as follows:</p> <ul style="list-style-type: none"> 31. In the plan of care process, including expectations pertaining to employment and community integration. 32. In verifying Provider compliance with the Rule when credentialing and re-credentialing HCBS Providers. 33. In its CONTRACTOR(S)' Provider Agreements by including language requiring Providers to maintain compliance with the Rule. 	<p>[Compliant]</p>	<p>No remediation required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Request for Proposal KanCare 2.0 Contract Language (AU, IDD, FE, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
	<p>34. In furnishing Provider education and training on the Rule to establish and maintain ongoing compliance.</p> <p>35. Ensure 1915(c) Provider qualifications are met both initially and ongoing.</p>			

<p>(D) Individuals are able to have visitors of their choosing at any time.</p>	<p>KanCare 2.0 RFP Specifications EVT0005464 5.5.1 Credentialing and Re-Credentialing (F) (1-5) CONTRACTOR(S) are required to credential and re-credential HCBS Providers consistent with applicable Waiver Provider qualification requirements and credentialing standards identified by the State for HCBS Providers and verify HCBS Provider compliance with Federal settings requirements at 42 CFR § 441.301(c)(4). The CONTRACTOR(S) shall extend consultation and support to its Participating Providers and any Subcontractors to demonstrate compliance with the home- and community-based settings criteria by March 17, 2022 for settings in which the criteria apply. The CONTRACTOR(S) shall identify a process for achieving compliance with the Federal HCBS Settings requirements as follows:</p> <p>36. In the plan of care process, including expectations pertaining to employment and community integration.</p> <p>37. In verifying Provider compliance with the Rule when credentialing and re-credentialing HCBS Providers.</p> <p>38. In its CONTRACTOR(S)' Provider Agreements by including language requiring Providers to maintain compliance with the Rule.</p> <p>39. In furnishing Provider education and training on the Rule to establish and maintain ongoing compliance.</p>	<p>[Compliant]</p>	<p>No remediation required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Request for Proposal KanCare 2.0 Contract Language (AU, IDD, FE, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
	40. Ensure 1915(c) Provider qualifications are met both initially and ongoing.			

<p>(E) The setting is physically accessible to the individual.</p>	<p>KanCare 2.0 RFP Specifications EVT0005464 5.5.1 Credentialing and Re-Credentialing (F) (1-5) CONTRACTOR(S) are required to credential and re-credential HCBS Providers consistent with applicable Waiver Provider qualification requirements and credentialing standards identified by the State for HCBS Providers and verify HCBS Provider compliance with Federal settings requirements at 42 CFR § 441.301(c)(4). The CONTRACTOR(S) shall extend consultation and support to its Participating Providers and any Subcontractors to demonstrate compliance with the home- and community-based settings criteria by March 17, 2022 for settings in which the criteria apply. The CONTRACTOR(S) shall identify a process for achieving compliance with the Federal HCBS Settings requirements as follows:</p> <ol style="list-style-type: none"> 41. In the plan of care process, including expectations pertaining to employment and community integration. 42. In verifying Provider compliance with the Rule when credentialing and re-credentialing HCBS Providers. 43. In its CONTRACTOR(S)' Provider Agreements by including language requiring Providers to maintain compliance with the Rule. 44. In furnishing Provider education and training on the Rule to establish and maintain ongoing compliance. 45. Ensure 1915(c) Provider qualifications are met both initially and ongoing. 	<p>[Compliant]</p>	<p>No remediation required.</p>	<p>No value</p>
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<p>(F) 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:</p>	<p>KanCare 2.0 RFP Specifications EVT0005464 5.1.4. Functions and Duties of the Contractor (5) Comply with all other applicable Federal and State statutes and regulations governing CONTRACTOR(S), including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 (regarding education programs and activities), the Age Discrimination Act of 1975, the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 as amended, section 1557 of the Patient Protection and Affordable Care Act (PPACA), and Titles XIX and XXI of the SSA.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.2. Health Screening, Health Risk Assessments, and Needs Assessments. F.3.b. A reassessment of the Member’s needs will take place within three (3) calendar days of discovery or notice of significant change in condition or needs. The Person-centered Service Plan (PCSP) will be dictated by State policy or HCBS Waiver, whichever is more restrictive, for HCBS Members. The reassessment can be an update to existing information in the HRA or needs assessment or a new assessment. The PCSP shall be updated to include any new required goals, interventions, or service authorizations for the Member and shall be signed by the Member, his or her guardian, Providers and other relevant parties in accordance with PCSP requirements set forth in Section 5.4.4 or as dictated by State policy for the PCSP or the HCBS Waiver.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c)</p>	<p>[Compliant]</p>	<p>No remediation is required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Request for Proposal KanCare 2.0 Contract Language (AU, IDD, FE, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
	<p>and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p> <p>M2018-041 and M2018-042 Person-Centered Service Plan policy. I.A.3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers. 4. No Person-Centered Service Plan shall be amended or otherwise changed without the participation of the individual and in compliance with 42 CFR § 441.301 and the 1915 (c) HCBS waivers.</p>			

<p>(1) Identify a specific and individualized assessed need.</p>	<p>KanCare 2.0 RFP Specifications EVT0005464 5.1.4. Functions and Duties of the Contractor (5) Comply with all other applicable Federal and State statutes and regulations governing CONTRACTOR(S), including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 (regarding education programs and activities), the Age Discrimination Act of 1975, the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 as amended, section 1557 of the Patient Protection and Affordable Care Act (PPACA), and Titles XIX and XXI of the SSA.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.2 Health Screening, Health Risk Assessments, and Needs Assessments. (F)(2) The CONTRACTOR(S) shall complete identified needs assessments as indicated by the HRA, in person, within fourteen (14) days of the completed HRA or as directed by HCBS Waiver or State policy for LTSS and Behavioral Health. (See 42 CFR § 438.210(b)(2)(iii) for requirement for LTSS.) (a) The CONTRACTOR(S) shall use the State prescribed tool designated for each Waiver program for the assessment of HCBS needs after the Member has been determined functionally eligible for the Waiver program.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p>	<p>[Compliant]</p>	<p>No remediation is required.</p>	<p>No value</p>
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<p>(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</p>	<p>KanCare 2.0 RFP Specifications EVT0005464 5.4.2. Health Screening, Health Risk Assessments, and Needs Assessments. F.3.b. A reassessment of the Member’s needs will take place within three (3) calendar days of discovery or notice of significant change in condition or needs. The Person-centered Service Plan (PCSP) will be dictated by State policy or HCBS Waiver, whichever is more restrictive, for HCBS Members. The reassessment can be an update to existing information in the HRA or needs assessment or a new assessment. The PCSP shall be updated to include any new required goals, interventions, or service authorizations for the Member and shall be signed by the Member, his or her guardian, Providers and other relevant parties in accordance with PCSP requirements set forth in Section 5.4.4 or as dictated by State policy for the PCSP or the HCBS Waiver.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p> <p>M2018-041 and M2018-042 Person-Centered Service Plan policy. I.A.4. No Person-Centered Service Plan shall be amended or otherwise changed without the participation of the individual and in compliance with 42 CFR § 441.301 and the 1915 (c) HCBS waivers.</p>	<p>[Compliant]</p>	<p>No remediation is required.</p>	<p>No value</p>
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<p>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</p>	<p>KanCare 2.0 RFP Specifications EVT0005464 5.4.2. Health Screening, Health Risk Assessments, and Needs Assessments. F.3.b. A reassessment of the Member’s needs will take place within three (3) calendar days of discovery or notice of significant change in condition or needs. The Person-centered Service Plan (PCSP) will be dictated by State policy or HCBS Waiver, whichever is more restrictive, for HCBS Members. The reassessment can be an update to existing information in the HRA or needs assessment or a new assessment. The PCSP shall be updated to include any new required goals, interventions, or service authorizations for the Member and shall be signed by the Member, his or her guardian, Providers and other relevant parties in accordance with PCSP requirements set forth in Section 5.4.4 or as dictated by State policy for the PCSP or the HCBS Waiver.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p> <p>M2018-041 and M2018-042 Person-Centered Service Plan policy. I.A.4. No Person-Centered Service Plan shall be amended or otherwise changed without the participation of the individual and in compliance with 42 CFR § 441.301 and the 1915 (c) HCBS waivers.</p>	<p>[Compliant]</p>	<p>No remediation is required.</p>	<p>No value</p>
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<p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p>	<p>KanCare 2.0 RFP Specifications EVT00054645 5.4.2. Health Screening, Health Risk Assessments, and Needs Assessments. F.3.b. A reassessment of the Member’s needs will take place within three (3) calendar days of discovery or notice of significant change in condition or needs. The Person-centered Service Plan (PCSP) will be dictated by State policy or HCBS Waiver, whichever is more restrictive, for HCBS Members. The reassessment can be an update to existing information in the HRA or needs assessment or a new assessment. The PCSP shall be updated to include any new required goals, interventions, or service authorizations for the Member and shall be signed by the Member, his or her guardian, Providers and other relevant parties in accordance with PCSP requirements set forth in Section 5.4.4 or as dictated by State policy for the PCSP or the HCBS Waiver.</p> <p>M2018-041 and M2018-042 Person-Centered Service Plan policy. I.A.4. No Person-Centered Service Plan shall be amended or otherwise changed without the participation of the individual and in compliance with 42 CFR § 441.301 and the 1915 (c) HCBS waivers.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 <u>Person-Centered Service Planning. B.</u> The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p>	<p>[Compliant]</p>	<p>No remediation is required.</p>	<p>No value</p>
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<p>(5) Include regular collection and review of data to measure the ongoing effectiveness of the modification.</p>	<p>KanCare 2.0 RFP Specifications EVT00054645 5.4.2. Health Screening, Health Risk Assessments, and Needs Assessments. F.3.b. A reassessment of the Member’s needs will take place within three (3) calendar days of discovery or notice of significant change in condition or needs. The Person-centered Service Plan (PCSP) will be dictated by State policy or HCBS Waiver, whichever is more restrictive, for HCBS Members. The reassessment can be an update to existing information in the HRA or needs assessment or a new assessment. The PCSP shall be updated to include any new required goals, interventions, or service authorizations for the Member and shall be signed by the Member, his or her guardian, Providers and other relevant parties in accordance with PCSP requirements set forth in Section 5.4.4 or as dictated by State policy for the PCSP or the HCBS Waiver.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 <u>Person-Centered Service Planning. B.</u> The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the PCSP and associated assessments.</p> <p>M2018-041 and M2018-042 Person-Centered Service Plan policy. I.A.4. No Person-Centered Service Plan shall be amended or otherwise changed without the participation of the individual and in compliance with 42 CFR § 441.301 and the 1915 (c) HCBS waivers.</p> <p>M2018-041 and M2018-042 Person-Centered Service Plan policy. II.M.1. Once MCO Care Coordinators complete the</p>	<p>[Compliant]</p>	<p>No remediation is required.</p>	<p>No value</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Request for Proposal KanCare 2.0 Contract Language (AU, IDD, FE, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
	Person-Centered Service Plan process they shall monitor delivery of the plan.			
(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	KanCare 2.0 RFP Specifications EVT0005464 5.4.5 Service Coordination Stratification Levels and Contact Schedules G. Service Coordination contacts: The CONTRACTOR(S) shall make contacts (telephonic or face-to-face) with the Member based on the Members needs and shall describe how it will comply with the following minimum contact schedule based on the Member’s assigned Service Coordination stratification level. At a minimum, each Member receiving Service Coordination will receive an in person contact by the CONTRACTOR(S) staff or a Provider within their network) during either a Service Coordination touch point meeting or other activity: 3. Level III – Chronic Long-Term Needs: b. At a minimum monthly telephonic contact and with a minimum of a face- to-face visit every three (3) months.	[Compliant]	No remediation needed.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Request for Proposal KanCare 2.0 Contract Language (AU, IDD, FE, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
(7) Include the informed consent of the individual.	<p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the Person-Centered Service Plan and associated assessments.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.10.12 3. Receive information on available treatment options. Each Member is guaranteed the right to receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.</p> <p>M2018-041 and M2018-042 Person-Centered Service Plan policy. I.A.4. No Person-Centered Service Plan shall be amended or otherwise changed without the participation of the individual and in compliance with 42 CFR § 441.301 and the 1915 (c) HCBS waivers.</p>	[Compliant]	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	Request for Proposal KanCare 2.0 Contract Language (AU, IDD, FE, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
(8) Include an assurance that interventions and supports will cause no harm to the individual.	<p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. The Person- centered Service Plan (PCSP) is a written service plan developed in accordance with the person-centered planning requirements set forth in Federal regulations and State policy. The PCSP is a written document that describes and records the person-centered Member’s goals and service needs. The PCSP records the strategies to meet the goals and interventions selected by the Member and team to support them in improving the Member’s health and wellness and in addressing Social Determinants of Health and Independence.</p> <p>KanCare 2.0 RFP Specifications EVT0005464 5.4.4.2 Person-Centered Service Planning. B. The CONTRACTOR shall comply with applicable State and Federal rules (42 CFR. §, 441.301(c) and K.A.R. 30-63-1 Article 63) when developing the Person-Centered Service Plan and associated assessments.</p>	[Compliant]	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	KVC 36678 Contract \ Licensed Foster Care Homes (AU, IDD, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
<p>(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person- centered service plan:</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021</p> <p>Completion Date 12/31/2021</p>
<p>(i) 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.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual.</p> <p>This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021</p> <p><i>Completion Date</i> 12/31/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	KVC 36678 Contract \ Licensed Foster Care Homes (AU, IDD, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
<p>(ii) The setting is selected by the individual from among setting options including non- disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021 Completion Date 12/31/2021</p>
<p>(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021 Completion Date 12/31/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	KVC 36678 Contract \ Licensed Foster Care Homes (AU, IDD, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
<p>(iv) 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.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021 Completion Date 12/31/2021</p>
<p>(v) Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021 Completion Date 12/31/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	KVC 36678 Contract \ Licensed Foster Care Homes (AU, IDD, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
<p>(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021</p> <p>Completion Date 12/31/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	KVC 36678 Contract \ Licensed Foster Care Homes (AU, IDD, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
<p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a 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.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021</p> <p>Completion Date 12/31/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	KVC 36678 Contract \ Licensed Foster Care Homes (AU, IDD, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
(B) Each individual has privacy in their sleeping or living unit:	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021
(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	KVC 36678 Contract \ Licensed Foster Care Homes (AU, IDD, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
(2) Individuals sharing units have a choice of roommates in that setting.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021
(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	KVC 36678 Contract \ Licensed Foster Care Homes (AU, IDD, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021
(D) Individuals are able to have visitors of their choosing at any time.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	KVC 36678 Contract \ Licensed Foster Care Homes (AU, IDD, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
<p>(E) The setting is physically accessible to the individual.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021 Completion Date 12/31/2021</p>
<p>(F) 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:</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021 Completion Date 12/31/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	KVC 36678 Contract \ Licensed Foster Care Homes (AU, IDD, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
(1) Identify a specific and individualized assessed need.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021
(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	KVC 36678 Contract \ Licensed Foster Care Homes (AU, IDD, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
<p>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021 Completion Date 12/31/2021</p>
<p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021 Completion Date 12/31/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	KVC 36678 Contract \ Licensed Foster Care Homes (AU, IDD, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
(5) Include regular collection and review of data to measure the ongoing Effectiveness of the modification.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021
(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	KVC 36678 Contract \ Licensed Foster Care Homes (AU, IDD, PD, TBI, TA, SED)	Gap	Remediation Strategy	Timeline
(7) Include the informed consent of the individual.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021
(8) Include an assurance that interventions and supports will cause no harm to the individual.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021

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<p>(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021</p> <p>Completion Date 12/31/2021</p>
<p>(i) 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.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021</p> <p>Completion Date 12/31/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	KVC 37679 Contract \ Licensed Foster Care Homes (AU, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(ii) The setting is selected by the individual from among setting options including non- disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021</p> <p>Completion Date 12/31/2021</p>
<p>(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021</p> <p>Completion Date 12/31/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	KVC 37679 Contract \ Licensed Foster Care Homes (AU, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(iv) 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.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021</p> <p>Completion Date 12/31/2021</p>
<p>(v) Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021</p> <p>Completion Date 12/31/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	KVC 37679 Contract \ Licensed Foster Care Homes (AU, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021</p> <p>Completion Date 12/31/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	KVC 37679 Contract \ Licensed Foster Care Homes (AU, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a 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.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 1/1/2021</p> <p>Completion Date 12/31/2021</p>

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(B) Each individual has privacy in their sleeping or living unit:	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021
(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	KVC 37679 Contract \ Licensed Foster Care Homes (AU, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
(2) Individuals sharing units have a choice of roommates in that setting.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021
(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021

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(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021
(D) Individuals are able to have visitors of their choosing at any time.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021

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(E) The setting is physically accessible to the individual.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021
(F) 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:	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021

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(1) Identify a specific and individualized assessed need.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021
(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021

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(3) Document less intrusive methods of meeting the need that have been tried but did not work.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021
(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021

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(5) Include regular collection and review of data to measure the ongoing Effectiveness of the modification.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021
(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021

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(7) Include the informed consent of the individual.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021
(8) Include an assurance that interventions and supports will cause no harm to the individual.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 1/1/2021 Completion Date 12/31/2021

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<p>(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person- centered service plan:</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 7/1/2021 Completion Date 06/30/2021</p>
<p>(i) 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.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 7/1/2021 Completion Date 06/30/2021</p>

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<p>(ii) The setting is selected by the individual from among setting options including non- disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 7/1/2021 Completion Date 06/30/2021</p>
<p>(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 7/1/2021 Completion Date 06/30/2021</p>

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(iv) 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.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021
(v) Facilitates individual choice regarding services and supports, and who provides them.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	St. Francis Contact 37677 Contract \ Licensed Foster Care Homes (AU, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	St. Francis Contact 37677 Contract \ Licensed Foster Care Homes (AU, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a 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.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 7/1/2021</p> <p>Completion Date 06/30/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	St. Francis Contact 37677 Contract \ Licensed Foster Care Homes (AU, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
(B) Each individual has privacy in their sleeping or living unit:	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021
(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

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(2) Individuals sharing units have a choice of roommates in that setting.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021
(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

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(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021
(D) Individuals are able to have visitors of their choosing at any time.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

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(E) The setting is physically accessible to the individual.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021
(F) 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:	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	St. Francis Contact 37677 Contract \ Licensed Foster Care Homes (AU, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
(1) Identify a specific and individualized assessed need.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021
(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

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(3) Document less intrusive methods of meeting the need that have been tried but did not work.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021
(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

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(5) Include regular collection and review of data to measure the ongoing Effectiveness of the modification.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021
(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	St. Francis Contact 37677 Contract \ Licensed Foster Care Homes (AU, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
(7) Include the informed consent of the individual.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021
(8) Include an assurance that interventions and supports will cause no harm to the individual.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	St. Francis Contact 37680 Contract \ Licensed Foster Care Homes (AU, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person- centered service plan:</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 7/1/2021</p> <p>Completion Date 06/30/2021</p>
<p>(i) 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.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 7/1/2021</p> <p>Completion Date 06/30/2021</p>

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<p>(ii) The setting is selected by the individual from among setting options including non- disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 7/1/2021</p> <p>Completion Date 06/30/2021</p>
<p>(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 7/1/2021</p> <p>Completion Date 06/30/2021</p>

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(iv) 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.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021
(v) Facilitates individual choice regarding services and supports, and who provides them.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	St. Francis Contact 37680 Contract \ Licensed Foster Care Homes (AU, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	St. Francis Contact 37680 Contract \ Licensed Foster Care Homes (AU, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
<p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a 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.</p>	<p>Silent</p>	<p>[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule</p>	<p>Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).</p>	<p>Start Date 7/1/2021</p> <p>Completion Date 06/30/2021</p>

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(B) Each individual has privacy in their sleeping or living unit:	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021
(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

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(2) Individuals sharing units have a choice of roommates in that setting.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021
(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

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(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021
(D) Individuals are able to have visitors of their choosing at any time.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

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(E) The setting is physically accessible to the individual.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021
(F) 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:	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	St. Francis Contact 37680 Contract \ Licensed Foster Care Homes (AU, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
(1) Identify a specific and individualized assessed need.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021
(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

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(3) Document less intrusive methods of meeting the need that have been tried but did not work.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021
(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	St. Francis Contact 37680 Contract \ Licensed Foster Care Homes (AU, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
(5) Include regular collection and review of data to measure the ongoing Effectiveness of the modification.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021
(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	St. Francis Contact 37680 Contract \ Licensed Foster Care Homes (AU, IDD, PD, SED, TA, TBI)	Gap	Remediation Strategy	Timeline
(7) Include the informed consent of the individual.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021
(8) Include an assurance that interventions and supports will cause no harm to the individual.	Silent	[Silent] In Amendment 6.1 Policies/Procedures, the states that KVC is subject to all policies and procedures in but not limited to the DCF_PPS PPM Manual. This implies that KVC is therefore subject to any changes to the manual in regard to HCBS settings and 42 CFR §441.301(c) Final Rule	Change policy and DCF_PPS PPM manuals to reflect the final rule in accordance with 42 CFR §441.301(c).	Start Date 7/1/2021 Completion Date 06/30/2021

HCBS WAIVER PROGRAM MANUALS AND DCF MANUALS

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Autism (AU) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:</p>	<p>Autism Manual There are no provider owned or controlled HCBS Autism residential settings.</p>	<p>Silent</p>	<p>Change manual to reflect the final rule in accordance with §.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>
<p>(i) 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.</p>	<p>Silent</p>	<p>[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).</p>	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures 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</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Autism (AU) Waiver Manual	Gap	Remediation Strategy	Timeline
			degree of access as individuals not receiving Medicaid HCBS.	
<p>(ii) The setting is selected by the individual from among setting options including non- disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Silent</p>	<p>[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).</p>	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures 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,</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Autism (AU) Waiver Manual	Gap	Remediation Strategy	Timeline
			resources available for room and board.	
(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint'	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(iv) 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.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Autism (AU) Waiver Manual	Gap	Remediation Strategy	Timeline
			environment, and with whom to interact.	
(v) Facilitates individual choice regarding services and supports, and who provides them.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures the individual choice regarding services and supports, and who provides them.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:	Not applicable. There is no provider owned or controlled HCBS Autism residential settings.	No value	No remediation is required.	No value
(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that	Not applicable. There is no provider owned or controlled HCBS Autism residential settings.	No value	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Autism (AU) Waiver Manual	Gap	Remediation Strategy	Timeline
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.				
(B) Each individual has privacy in their sleeping or living unit:	Not applicable. There is no provider owned or controlled HCBS Autism residential settings.	No value	No remediation is required.	No value
(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	Not applicable. There is no provider owned or controlled HCBS Autism residential settings.	No value	No remediation is required.	No value
(2) Individuals sharing units have a choice of roommates in that setting.	Not applicable. There is no provider owned or controlled HCBS Autism residential settings.	No value	No remediation is required.	No value
(3) Individuals have the freedom to furnish and decorate their sleeping or	Not applicable. There is no provider owned or controlled HCBS Autism residential settings.	No value	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Autism (AU) Waiver Manual	Gap	Remediation Strategy	Timeline
living units within the lease or other agreement.				
(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	Not applicable. There is no provider owned or controlled HCBS Autism residential settings.	No value	No remediation is required.	No value
(D) Individuals are able to have visitors of their choosing at any time.	Not applicable. There is no provider owned or controlled HCBS Autism residential settings.	No value	No remediation is required.	No value
(E) The setting is physically accessible to the individual.	Not applicable. There is no provider owned or controlled HCBS Autism residential settings.	No value	No remediation is required.	No value
(F) 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:	Not applicable. There is no provider owned or controlled HCBS Autism residential settings.	No value	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Autism (AU) Waiver Manual	Gap	Remediation Strategy	Timeline
(1) Identify a specific and individualized assessed need.	Not applicable. There is no provider owned or controlled HCBS Autism residential settings.	No value	No remediation is required.	No value
(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	Not applicable. There is no provider owned or controlled HCBS Autism residential settings.	No value	No remediation is required.	No value
(3) Document less intrusive methods of meeting the need that have been tried but did not work.	Not applicable. There is no provider owned or controlled HCBS Autism residential settings.	No value	No remediation is required.	No value
(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.	Not applicable. There is no provider owned or controlled HCBS Autism residential settings.	No value	No remediation is required.	No value
(5) Include regular collection and review of data to measure the ongoing Effectiveness of the modification.	Not applicable. There is no provider owned or controlled HCBS Autism residential settings.	No value	No remediation is required.	No value
(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	Not applicable. There is no provider owned or controlled HCBS Autism residential settings.	No value	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Autism (AU) Waiver Manual	Gap	Remediation Strategy	Timeline
(7) Include the informed consent of the individual.	Not applicable. There is no provider owned or controlled HCBS Autism residential settings.	No value	No remediation is required.	No value
(8) Include an assurance that interventions and supports will cause no harm to the individual.	Not applicable. There is no provider owned or controlled HCBS Autism residential settings.	No value	No remediation is required.	No value

BRAIN INJURY MANUAL

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Brain Injury (BI) Waiver Manual	Gap	Remediation Strategy	Timeline
(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person- centered service plan:	TBI Provider Manual	Silent	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c) (4) Setting Final Rule.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Brain Injury (BI) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(i) 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.</p>	<p>Silent</p>	<p>[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).</p>	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures 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.</p>	<p>Revision Date: 1/1/2021 Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Brain Injury (BI) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(ii) The setting is selected by the individual from among setting options including non- disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Silent</p>	<p>[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).</p>	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures the setting is selected by the individual from among setting options including non- disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Revision Date: 1/1/2021 Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Brain Injury (BI) Waiver Manual	Gap	Remediation Strategy	Timeline
(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(iv) 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.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that 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.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Brain Injury (BI) Waiver Manual	Gap	Remediation Strategy	Timeline
(v) Facilitates individual choice regarding services and supports, and who provides them.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures the individual choice regarding services and supports, and who provides them.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:	Not Applicable. There are no HCBS TBI provider-owned or controlled residential settings.	No value	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Brain Injury (BI) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a 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.</p>	<p>Not Applicable. There are no HCBS TBI provider-owned or controlled residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>
<p>(B) Each individual has privacy in their sleeping or living unit:</p>	<p>Not Applicable. There are no HCBS TBI provider-owned or controlled residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Brain Injury (BI) Waiver Manual	Gap	Remediation Strategy	Timeline
(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	Not Applicable. There are no HCBS TBI provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(2) Individuals sharing units have a choice of roommates in that setting.	Not Applicable. There are no HCBS TBI provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	Not Applicable. There are no HCBS TBI provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	Not Applicable. There are no HCBS TBI provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(D) Individuals are able to have visitors of their choosing at any time.	Not Applicable. There are no HCBS TBI provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(E) The setting is physically accessible to the individual.	Not Applicable. There are no HCBS TBI provider-owned or controlled residential settings.	No value	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Brain Injury (BI) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(F) 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:</p>	<p>Not Applicable. There are no HCBS TBI provider-owned or controlled residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>
<p>(1) Identify a specific and individualized assessed need.</p>	<p>Not Applicable. There are no HCBS TBI provider-owned or controlled residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>
<p>(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</p>	<p>Not Applicable. There are no HCBS TBI provider-owned or controlled residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>
<p>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</p>	<p>Not Applicable. There are no HCBS TBI provider-owned or controlled residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>
<p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p>	<p>Not Applicable. There are no HCBS TBI provider-owned or controlled residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Brain Injury (BI) Waiver Manual	Gap	Remediation Strategy	Timeline
(5) Include regular collection and review of data to measure the ongoing Effectiveness of the modification.	Not Applicable. There are no HCBS TBI provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	Not Applicable. There are no HCBS TBI provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(7) Include the informed consent of the individual.	Not Applicable. There are no HCBS TBI provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(8) Include an assurance that interventions and supports will cause no harm to the individual.	Not Applicable. There are no HCBS TBI provider-owned or controlled residential settings.	No value	No remediation is required.	No value

FRAIL AND ELDERLY MANUAL

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Frail and Elderly (FE) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person- centered service plan:</p>	<p>FE Manual Applies to Assisted Living, Home Plus, Boarding Care Home, and Adult Day Care settings.</p>	<p>Silent</p>	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c) (4) Setting Final Rule.</p>	<p>Revision Date: 1/1/2021 Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Frail and Elderly (FE) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(i) 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.</p>	<p>Silent</p>	<p>[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).</p>	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures 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.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Frail and Elderly (FE) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(ii) The setting is selected by the individual from among setting options including non- disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Silent</p>	<p>[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).</p>	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c)(4). Add language that ensures the setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Frail and Elderly (FE) Waiver Manual	Gap	Remediation Strategy	Timeline
(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c)(4). Add language that Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint'	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Frail and Elderly (FE) Waiver Manual	Gap	Remediation Strategy	Timeline
(iv) 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.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c)(4). Add language that 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.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(v) Facilitates individual choice regarding services and supports, and who provides them.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c)(4). Add language that ensures the individual choice regarding services and supports, and who provides them.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

<p>(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met: (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a 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.</p>	<p>Silent</p>	<p>[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).</p>	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c)(4). Add language that ensures the unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.</p> <p>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</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Frail and Elderly (FE) Waiver Manual	Gap	Remediation Strategy	Timeline
			eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.	
(B) Each individual has privacy in their sleeping or living unit:	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c)(4).	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c)(4).	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Frail and Elderly (FE) Waiver Manual	Gap	Remediation Strategy	Timeline
(2) Individuals sharing units have a choice of roommates in that setting.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c)(4).	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c)(4).	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c)(4).	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Frail and Elderly (FE) Waiver Manual	Gap	Remediation Strategy	Timeline
(D) Individuals are able to have visitors of their choosing at any time.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c)(4).	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(E) The setting is physically accessible to the individual.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c)(4).	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Frail and Elderly (FE) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(F) 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:</p>	<p>Silent</p>	<p>[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).</p>	<p>Add language establishing a requirement that 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:</p>	<p>Revision Date: 1/1/2021 Completion Date: 6/01/2021</p>
<p>(1) Identify a specific and individualized assessed need.</p>	<p>Silent</p>	<p>[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).</p>	<p>Add language that reflects the requirement that the person-centered service plan Identify a specific and individualized assessed need.</p>	<p>Revision Date: 1/1/2021 Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Frail and Elderly (FE) Waiver Manual	Gap	Remediation Strategy	Timeline
(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Add language that requires the documentation of positive interventions and supports used prior to any modifications to the person-centered service plan.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(3) Document less intrusive methods of meeting the need that have been tried but did not work.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Add language that requires the documentation of less intrusive methods of meeting the need that have been tried but did not work.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Add language that includes within the person-centered plan a clear description of the condition that is directly proportionate to the specific assessed need.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Frail and Elderly (FE) Waiver Manual	Gap	Remediation Strategy	Timeline
(5) Include regular collection and review of data to measure the ongoing Effectiveness of the modification.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Add language that establishes the regular collection, documentation and review of data to measure the ongoing Effectiveness of the modification.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Add language that requires the establishment of time limits for the periodic reviews of the person- centered service plan and any modifications to determine if the modification is still necessary or can be terminated.	Revision Date: 1/1/2021 <i>Completion Date: 6/01/2021</i>
(7) Include the informed consent of the individual.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Add language that requires informed consent of the person-centered plan.	Revision Date: 1/1/2021 <i>Completion Date: 6/01/2021</i>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Frail and Elderly (FE) Waiver Manual	Gap	Remediation Strategy	Timeline
(8) Include an assurance that interventions and supports will cause no harm to the individual.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Add language that provides assurance within the person-centered service plan, stating no harm will come to the individual as a result of interventions and supports listed within the plan.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

INTELLECTUAL DEVELOPMENTAL DISABILITY MANUAL

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Intellectual Developmental Disability (IDD) Waiver Manual	Gap	Remediation Strategy	Timeline
(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:	IDD Provider Manual	Silent	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c) (4) Setting Final Rule.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Intellectual Developmental Disability (IDD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(i) 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.</p>	<p>IDD Provider Manual p. 8-4; Day Supports Provider Requirements A provider of HCBS I/DD Day Supports must be a recognized CDDO or an affiliate, as well as licensed by the Kansas Department for Aging and Disability Services (KDADS) to provide this service.</p>	<p>[Non-compliant] Does not state services provided in settings must be integrated in and support full access to greater community.</p>	<p>Amend requirements section to meet requirement.</p> <p>Change language in the manual to ensure 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.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Intellectual Developmental Disability (IDD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(ii) The setting is selected by the individual from among setting options including non- disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>IDD Provider Manual p. 8-4; This applies to Applies to Foster Care Residential Group Home, Foster Licensed/Managed by DCF, Home Plus, Boarding Care homes, Residential Care Facilities, IDD Residential Care shared and Group, IDD Day Services, Sheltered Employment, and Disability Specific Day Camp/Day Settings.</p>	<p>[Non-compliant] Does not state individual will have the ability to select the setting.</p>	<p>Amend requirements section to ensure the setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Revision Date: 1/1/2021 Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Intellectual Developmental Disability (IDD) Waiver Manual	Gap	Remediation Strategy	Timeline
(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint'	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(iv) 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.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that 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.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Intellectual Developmental Disability (IDD) Waiver Manual	Gap	Remediation Strategy	Timeline
(v) Facilitates individual choice regarding services and supports, and who provides them.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures the individual choice regarding services and supports, and who provides them.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:	No value	No value	No value	No value

<p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a 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.</p>	<p>Silent</p>	<p>[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).</p>	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures the unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a 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</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Intellectual Developmental Disability (IDD) Waiver Manual	Gap	Remediation Strategy	Timeline
			jurisdiction's landlord tenant law.	
(B) Each individual has privacy in their sleeping or living unit:	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures Each individual has privacy in their sleeping or living unit	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Intellectual Developmental Disability (IDD) Waiver Manual	Gap	Remediation Strategy	Timeline
(2) Individuals sharing units have a choice of roommates in that setting.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures Individuals sharing units have a choice of roommates in that setting.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Intellectual Developmental Disability (IDD) Waiver Manual	Gap	Remediation Strategy	Timeline
(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(D) Individuals are able to have visitors of their choosing at any time.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures Individuals are able to have visitors of their choosing at any time.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Intellectual Developmental Disability (IDD) Waiver Manual	Gap	Remediation Strategy	Timeline
(E) The setting is physically accessible to the individual.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures the setting is physically accessible to the individual (ADA Compliance).	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(F) 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:	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Add language establishing a requirement that 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:	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Intellectual Developmental Disability (IDD) Waiver Manual	Gap	Remediation Strategy	Timeline
(1) Identify a specific and individualized assessed need.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Add language that reflects the requirement that the person-centered service plan Identify a specific and individualized assessed need	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Add language that requires the documentation of positive interventions and supports used prior to any modifications to the person- centered service plan.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(3) Document less intrusive methods of meeting the need that have been tried but did not work.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Add language that requires the documentation of less intrusive methods of meeting the need that have been tried but did not work.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Intellectual Developmental Disability (IDD) Waiver Manual	Gap	Remediation Strategy	Timeline
(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Add language that includes within the person-centered plan a clear description of the condition that is directly proportionate to the specific assessed need.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(5) Include regular collection and review of data to measure the ongoing Effectiveness of the modification.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Add language that establishes the regular collection, documentation and review of data to measure the ongoing Effectiveness of the modification.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Add language that requires the establishment of time limits for the periodic reviews of the person-centered service plan and any modifications to determine if the modification is still necessary or can be terminated.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Intellectual Developmental Disability (IDD) Waiver Manual	Gap	Remediation Strategy	Timeline
(7) Include the informed consent of the individual.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Add language that requires informed consent of the person-centered plan.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(8) Include an assurance that interventions and supports will cause no harm to the individual.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Add language that provides assurance within the person- centered service plan, stating no harm will come to the individual as a result of interventions and supports listed within the plan.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

PHYSICAL DISABILITY MANUAL

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person- centered service plan:</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(i) 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.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(ii) The setting is selected by the individual from among setting options including non- disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(iv) 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.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(v) Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual. Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a 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.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(B) Each individual has privacy in their sleeping or living unit:</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(2) Individuals sharing units have a choice of roommates in that setting.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual. Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(D) Individuals are able to have visitors of their choosing at any time.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(E) The setting is physically accessible to the individual.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(F) 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:</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(1) Identify a specific and individualized assessed need.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(5) Include regular collection and review of data to measure the ongoing Effectiveness of the modification.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
(7) Include the informed consent of the individual.	PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.	[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual. Therefore, the policy is partially compliant in regard to the final rule	Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Physical Disability (PD) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(8) Include an assurance that interventions and supports will cause no harm to the individual.</p>	<p>PD Provider manual under Personal Care Services p. 8- 10 and 8-11; the policy reads the service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>[Partially-Compliant] Although the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule” and this includes all items in 42 CFR §441.301(c) (4). There is on statement that ensures this portion of the policy extends to the remaining services under the manual.</p> <p>Therefore, the policy is partially compliant in regard to the final rule.</p>	<p>Clarify what the setting requirements are in accordance with 42 CFR 441.401c. Add language that extends the Personal Care Service assurance throughout the other services listed in the manual</p> <p>e.g., The service must occur in the home or community location meeting the setting requirements as defined in the HCBS Setting Final Rule.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

SERIOUS EMOTIONAL DISTURBANCE WAIVER MANUAL

The SED Manual is complete and published on the KDADS website.

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Serious Emotional Disturbance (SED) Waiver Manual	Gap	Remediation Strategy	Timeline
(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person- centered service plan:	SED Waiver Manual	[Silent] No language exists in the policy that ensures HCBS settings will have qualities based on the needs of the individual as indicated in the person-centered service plan.	Add language that ensures individuals receiving HCBS will be in a setting that will have qualities based on the needs of the individual as indicated in the person-centered service plan.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person- centered service plan:	Silent	Silent No language exists in the policy that ensures the SED setting will have qualities appropriate based on the needs of the individual as indicated in the person- centered service plan.	Add language that ensures the SED setting will have qualities appropriate based on the needs of the individual as indicated in the person-centered service plan in compliance with 42CFR441.301c.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Serious Emotional Disturbance (SED) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(i) 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.</p>	<p>Silent</p>	<p>Silent No provision exists that ensures the SED setting supports the full access of the individual receiving HCBS in the setting to the greater community, employment opportunities to engage in community life, or receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>Add language that ensures SED setting supports the full access of the individual receiving HCBS in the setting to the greater community, employment opportunities to engage in community life, or receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Serious Emotional Disturbance (SED) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Silent</p>	<p>[Silent] There is no provision in the policy that ensures the setting is selected by the individual. There is no provision that ensures the setting include non- disability specific settings or options for residential settings or that the choices are recorded in the person-centered service plan. SED waiver participants are juveniles and these choices are deferred to their guardians. The SED Waiver Manual makes no reference to these choices in regard to the guardians of the HCBS members and is therefore silent.</p>	<p>Add language to the policy that ensures either the individual or guardian of the individual will be placed in a setting receiving HCBS will have the right to select the setting from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Serious Emotional Disturbance (SED) Waiver Manual	Gap	Remediation Strategy	Timeline
(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Silent	[Silent] No provision exists within the waiver manual that Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Add language to the policy that Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. Add language stating that the restraint of individuals must be consistent with 441.301c (F) 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:	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Serious Emotional Disturbance (SED) Waiver Manual	Gap	Remediation Strategy	Timeline
(iv) 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.	Silent	[Silent] No provision exists within the waiver manual that 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	Add language to the policy that 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	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(v) Facilitates individual choice regarding services and supports, and who provides them.	Silent	[Silent] No Provision exists within the waiver manual that ensures the setting will facilitates individual choice regarding services and supports, and who provides them. SED waiver participants are juveniles and these choices are deferred to their guardians. The SED Waiver Manual makes no reference to these choices in regard to the guardians of the HCBS members and is therefore silent.	Add language that ensures either the individual or guardian of the individual will be placed in a setting that facilitates individual choice regarding services and supports, and who provides them.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Serious Emotional Disturbance (SED) Waiver Manual	Gap	Remediation Strategy	Timeline
(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:	Not Applicable. There is no SED provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a 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.	Not Applicable. There is no SED provider-owned or controlled residential settings.	No value	No value	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Serious Emotional Disturbance (SED) Waiver Manual	Gap	Remediation Strategy	Timeline
(B) Each individual has privacy in their sleeping or living unit:	Not Applicable. There is no SED provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	Not Applicable. There is no SED provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(2) Individuals sharing units have a choice of roommates in that setting.	Not Applicable. There is no SED provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	Not Applicable. There is no SED provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	Not Applicable. There is no SED provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(D) Individuals are able to have visitors of their choosing at any time.	Not Applicable. There is no SED provider-owned or controlled residential settings.	No value	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Serious Emotional Disturbance (SED) Waiver Manual	Gap	Remediation Strategy	Timeline
(E) The setting is physically accessible to the individual.	Not Applicable. There is no SED provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(F) 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:	Not Applicable. There is no SED provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(1) Identify a specific and individualized assessed need.	Not Applicable. There is no SED provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(2) Document the positive interventions and supports used prior to any modifications to the person- centered service plan.	Not Applicable. There is no SED provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(3) Document less intrusive methods of meeting the need that have been tried but did not work.	Not Applicable. There is no SED provider-owned or controlled residential settings.	No value	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Serious Emotional Disturbance (SED) Waiver Manual	Gap	Remediation Strategy	Timeline
(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.	Not Applicable. There is no SED provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(5) Include regular collection and review of data to measure the ongoing Effectiveness of the modification.	Not Applicable. There is no SED provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	Not Applicable. There is no SED provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(7) Include the informed consent of the individual.	Not Applicable. There is no SED provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(8) Include an assurance that interventions and supports will cause no harm to the individual.	Not Applicable. There is no SED provider-owned or controlled residential settings.	No value	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Technology Assisted (TA) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person- centered service plan:</p>	<p>TA Provider Manual</p>	<p>Silent</p>	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c) (4) Setting Final Rule.</p>	<p>Revision Date: 1/1/2021 Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Technology Assisted (TA) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(i) 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.</p>	<p>Silent</p>	<p>[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).</p>	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures 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.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Technology Assisted (TA) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(ii) The setting is selected by the individual from among setting options including non- disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Silent</p>	<p>[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).</p>	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures the setting is selected by the individual from among setting options including non- disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Technology Assisted (TA) Waiver Manual	Gap	Remediation Strategy	Timeline
(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint'	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(iv) 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.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that 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.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Technology Assisted (TA) Waiver Manual	Gap	Remediation Strategy	Timeline
(v) Facilitates individual choice regarding services and supports, and who provides them.	Silent	[Silent] There is no provision in the manual that ensures the setting is compliant with 42 CFR §441.301(c)(4).	Change manual to reflect the final rule in accordance with 42 CFR §441.301(c). Add language that ensures the individual choice regarding services and supports, and who provides them.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(vi) In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:	Not Applicable. There are no HCBS TA provider-owned or controlled residential settings.	No value	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Technology Assisted (TA) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a 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.</p>	<p>Not Applicable. There are no HCBS TA provider-owned or controlled residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>
<p>(B) Each individual has privacy in their sleeping or living unit:</p>	<p>Not Applicable. There are no HCBS TA provider-owned or controlled residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Technology Assisted (TA) Waiver Manual	Gap	Remediation Strategy	Timeline
(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	Not Applicable. There are no HCBS TA provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(2) Individuals sharing units have a choice of roommates in that setting.	Not Applicable. There are no HCBS TA provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	Not Applicable. There are no HCBS TA provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	Not Applicable. There are no HCBS TA provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(D) Individuals are able to have visitors of their choosing at any time.	Not Applicable. There are no HCBS TA provider-owned or controlled residential settings.	No value	No remediation is required.	No value
(E) The setting is physically accessible to the individual.	Not Applicable. There are no HCBS TA provider-owned or controlled residential settings.	No value	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Technology Assisted (TA) Waiver Manual	Gap	Remediation Strategy	Timeline
<p>(F) 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:</p>	<p>Not Applicable. There are no HCBS TA provider-owned or controlled residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>
<p><i>(1) Identify a specific and individualized assessed need.</i></p>	<p>Not Applicable. There are no HCBS TA provider-owned or controlled residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>
<p><i>(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</i></p>	<p>Not Applicable. There are no HCBS TA provider-owned or controlled residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>
<p><i>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</i></p>	<p>Not Applicable. There are no HCBS TA provider-owned or controlled residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>
<p><i>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</i></p>	<p>Not Applicable. There are no HCBS TA provider-owned or controlled residential settings.</p>	<p>No value</p>	<p>No remediation is required.</p>	<p>No value</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	HCBS Technology Assisted (TA) Waiver Manual	Gap	Remediation Strategy	Timeline
<i>(5) Include regular collection and review of data to measure the ongoing Effectiveness of the modification.</i>	Not Applicable. There are no HCBS TA provider-owned or controlled residential settings.	No value	No remediation is required.	No value
<i>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</i>	Not Applicable. There are no HCBS TA provider-owned or controlled residential settings.	No value	No remediation is required.	No value
<i>(7) Include the informed consent of the individual.</i>	Not Applicable. There are no HCBS TA provider-owned or controlled residential settings.	No value	No remediation is required.	No value
<i>(8) Include an assurance that interventions and supports will cause no harm to the individual.</i>	Not Applicable. There are no HCBS TA provider-owned or controlled residential settings.	No value	No remediation is required.	No value

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	DCF Policy for Licensed Foster Care Homes	Gap	Remediation Strategy	Timeline
<p>(4) Home and Community-Based Settings. Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person- centered service plan:</p>	<p>DCF PPS PPM</p>	<p>No value</p>	<p>No value</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

<p>(i) 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.</p>	<p>3371 Reasonable Efforts A. Reasonable efforts shall be made to prevent the removal of the child from the home. The legal documents (journal entries), prepared by the court, must articulate reasonable efforts the agency made to keep the child at home or demonstrate that an emergency existed, and the child's safety was in jeopardy, requiring out of home placement. B. Efforts to Return Child Home: In those situations where a child has been removed from his/her home, the Child Welfare Case Management Provider is responsible for the provision of services to facilitate reintegration. The decision to recommend reintegration is a decision made by and communicated to the court. The primary factors in this decision are the safety and well-being of the child. Demonstrating reasonable efforts to return a child home when there is a concurrent plan is especially important.</p> <p>Services to the family and/or child, which facilitate reintegration, include but are not limited to:</p> <ol style="list-style-type: none"> 1. Assistance in building a family support network; 2. Family counseling/therapy; 3. Assistance in accessing school resources; 4. Parenting Classes; 	<p>[Partially-Compliant] This section is found compliant as the focus of reintegrating the individual back into the home environment implies integration within the greater community to the same degree of access as individuals not receiving Medicaid HCBS. Employment options do not apply to specific age groups. However, it is not clear if employment services apply to individuals receiving HCBS or the families as a whole. In any case reintegration into the home environment implies the same access to potential employment opportunities in competitive integrated settings.</p> <p>The manual lists no policy with similar guidelines for youths being placed within the Foster Care environment.</p>	<p>Add language to the policy that ensures individual youths receiving HCBS are placed in environments that 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.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	DCF Policy for Licensed Foster Care Homes	Gap	Remediation Strategy	Timeline
	<p>5. Referral to Drug/Alcohol Treatment;</p> <p>6. Individual Therapy;</p> <p>7. In Home Services;</p> <p>8. Budgeting instruction;</p> <p>9. Employment services;</p> <p>10. Housing assistance;</p> <p>12. Assistance in accessing all applicable community resources; Assistance with transportation and in developing the family's transportation resources;</p> <p>13. Development of a safety plan at reintegration;</p> <p>14. Development of a crisis intervention plan.</p>			

<p>(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>5922 Waiver Information A. Home and Community Based Services (HCBS) The Medicaid waivers are all considered HCBS waivers. The following is a list of HCBS waivers potentially available to youth served by PPS:</p> <ol style="list-style-type: none"> 1. Physically Disabled - HCBS/PD 2. Mental Retardation or Development Disabilities - HCBS/MRDD 3. Technology Assisted - HCBS/TA 4. Head Injury - HCBS/HI 5. Severely Emotionally Disturbed - HCBS/SED <p>B. Waivers and Child Welfare Contract Management Provider PPS Child Welfare Contract Management Provider are responsible for referring youth under their case management to the appropriate community resource for a clinical evaluation if they believe the youth may need to utilize the HCBS waiver program. The Child Welfare Contract Management Provider shall also participate in and support implementation of the waiver plan of care, while coordinating total services to the child.</p> <p>7040 Self-Sufficiency Planning A. Self-Sufficiency planning is a continuous and ongoing process integral to decision making in partnership with the youth. Self-Sufficiency planning is based on evidence-based</p>	<p>[Silent] The manual details specific instructions on the entity responsible for referring the youth to HCBS waiver services. The manual does not mention the youth's right to settings including non-disability specific settings or options identified within the person-centered plan. There is no mention in the manual concerning an option for private units within a residential setting where they may apply. However Self Sufficiency planning details the individual needs of the youth</p>	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c).</p> <p>Add language that ensures the setting is selected by the individual or guardian from among setting options including non-disability specific settings and an option for a private unit in a residential setting when possible. Provide language that ensures setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	DCF Policy for Licensed Foster Care Homes	Gap	Remediation Strategy	Timeline
	<p>practice and a strengths-based perspective, which include Printed Documentation</p> <p>611</p> <p>1. Engaging youth in a youth-driven service design 2. Treating youth with respect 3. Respecting youth’s privacy 4. Involving youth identified supports and connections as active partners in case planning 5. Providing services in the most youth friendly setting possible 6. Linking youth to community-based, diverse, and comprehensive supports and services 7. Strengthening the capacity of the youth to function independently 8. Providing culturally sensitive services to youth.</p>			

<p>(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p><u>0291 Physical Restraint</u></p> <p>The purpose of physical restraint in a Youth Residential Center is to prevent a youth from causing injury to self or others and is used only when other means of behavior control is unsuccessful.</p> <p>A. It is expected that therapeutic relationships among staff and residents will usually be sufficient to de-escalate incidents of out-of-control behavior of youth in care. When it is not possible to avoid the use of restraint in helping a youth regain control, passive physical restraint may be used to: end a disturbance which threatens physical injury to the youth;</p> <p>B. end a disturbance that threatens physical injury to others;</p> <p>C. remove a dangerous object from a youth with which the youth has threatened harm.</p> <p>An emergency safety intervention shall be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and shall take into consideration the resident's chronological and developmental age, size, gender, medical, behavioral health and personal history.</p>	<p>(Conflict) The manual is in conflict with the final settings rule as the 0291 Physical Restraint policy implies that restraints are allowed under specific circumstances. There is no policy that ensures the medical necessity of these interventions in accordance with the person-centered service plan. There is no policy that addresses the individual right for the member to be free of coercion and restraint. Nor is there a policy that ensures the right to dignity and respect for the youths.</p>	<p>Add language that reflects the individuals receiving HCBS right to be free from restraint and coercion. Add language stating that an intervention must be consistent with 441.301c (F) Any modification of the additional conditions, under § Change manual to reflect the final rule in accordance with 42 CFR §441.301(c).</p> <p>A. Identify a specific and individualized assessed need.</p> <p>B. Document the positive interventions and supports used prior to any modifications to the person- centered service plan.</p> <p>C. Document less intrusive methods of meeting the need</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>
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	<p>Physical restraint is the application of physical force without any mechanical device, for the purpose of restricting the free movement of a resident’s body. Physical restraint should be used only as last resort after all verbal de-escalation techniques have failed and when the resident is at-risk of harming themselves or others.</p> <p>Physical restraint shall not be used for the purpose of punishment or discipline.</p> <p>The Department for Children and Families will not purchase or continue to purchase services from providers who use physical restraint in a manner contrary to methods jointly approved by the Department for Children and Families and the Department of Health and Environment or otherwise in violation of statute or regulations. Sexual Abuse: Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity or coercion. K.A.R. 30-46-10 (i) 1640 Reports Alleging Sexual Behavior or Abuse Between Children Less Than 10 years of Age: C. any force or coercion by any child involved; 2502 Allowable Case Findings For each allegation of abuse/neglect one of the following case finding decisions shall be made:</p> <p>C. Substantiated d. Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child or another</p>		<p>that have been tried but did not work.</p> <p>D. Include a clear description of the condition that is directly proportionate to the specific assessed need</p> <p>E. Include regular collection and review of data to measure the ongoing effectiveness of the modification.</p> <p>F. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p> <p>G. Include informed consent of the individual.</p>	
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	DCF Policy for Licensed Foster Care Homes	Gap	Remediation Strategy	Timeline
	<p>person. Sexual abuse shall include, but is not limited to, allowing, permitting or contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity or coercion. K.A.R. 30-46-10 (i)encouraging a child to:</p> <p>0292 Use of Time Out in Residential Child Care Facilities A. A resident in time out must never be physically prevented from leaving the time out area.</p>		<p>Include an assurance that interventions and supports will not cause harm to the individual.</p> <p>(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: Add language that Ensures an individual's rights of privacy, dignity and respect.</p>	

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	DCF Policy for Licensed Foster Care Homes	Gap	Remediation Strategy	Timeline
<p>(iv) 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.</p>	<p><u>7040 Self-Sufficiency Planning</u> A. Self- Sufficiency planning is a continuous and ongoing process integral to decision making in partnership with the youth. Self-Sufficiency planning is based on evidence-based practice and a strengths-based perspective, which include Printed Documentation</p> <ol style="list-style-type: none"> 1. Engaging youth in a youth-driven service design 2. Treating youth with respect 3. Respecting youth’s privacy 4. Involving youth identified supports and connections as active partners in case planning 5. Providing services in the most youth friendly setting possible 6. Linking youth to community-based, diverse, and comprehensive supports and services 7. Strengthening the capacity of the youth to function independently 8. Providing culturally sensitive services to youth. 	<p>[partially-compliant] Self-Sufficiency planning promotes the individual’s autonomy and independence in making life choices in so far as a youth is capable of making these choices.</p> <p>However, the policy is [Silent] in ensuring the settings do not regiment daily activities and the youth’s choices with whom they interact. However, the regulation must recognize that these youth have been removed from the home and naturally have restrictions on the individuals they can interact.</p>	<p>Add language that reflects ensures the setting Optimizes, but does not regiment, daily activities, physical environment, and with whom to interact. Include language that any modification of the additional conditions, under paragraph (c) (4) (vi)</p> <p>(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

<p>(v) Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>5922 Waiver Information A. Home and Community Based Services (HCBS) The Medicaid waivers are all considered HCBS waivers. The following is a list of HCBS waivers potentially available to youth served by PPS:</p> <ol style="list-style-type: none"> 1. Physically Disabled - HCBS/PD 2. Mental Retardation or Development Disabilities - HCBS/MRDD 3. Technology Assisted - HCBS/TA 4. Head Injury - HCBS/HI 5. Severely Emotionally Disturbed - HCBS/SED <p>B. Waivers and Child Welfare Contract Management Provider PPS Child Welfare Contract Management Provider are responsible for referring youth under their case management to the appropriate community resource for a clinical evaluation if they believe the youth may need to utilize the HCBS waiver program. The Child Welfare Contract Management Provider shall also participate in and support implementation of the waiver plan of care, while coordinating total services to the child.</p>	<p>[Silent] There is no policy that reflects the expectation individuals receiving HCBS will have individual choice regarding services, supports, and who provides them. The regulation must recognize the minor status of the youths in these programs and differ the responsibility a reasonable expectation of choice in these services to the guardian or consenting authority.</p>	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c).</p> <p>Add language that ensures the individual choice regarding services and supports, and who provides them to the youth’s legal guardian or consenting authority.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>
<p>(vi) In a provider-owned or controlled residential setting, in addition to the</p>	<p>Does not apply</p>	<p>The individuals are youths and are not expected nor are they</p>	<p>Adults Protection Service Specialists ensure that the</p>	<p>Revision Date: 1/1/2021</p>

<p>qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:</p> <p>(A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a 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.</p>		<p>capable of legally contracting to a rental agreement.</p> <p>10500 Providing Services A. Continuum of Interventions</p> <p>Assessment shall determine appropriate service delivery. The APS Specialist shall consider least restrictive options first. If it is unclear what level of assistance the involved adult may need, the APS Specialist may complete the PPS 10610, Decision Making and Functional Assessment: Criteria for Legal Impairment: A Multi-Disciplinary Tool.</p> <p>The following is a continuum of interventions in order of least restrictive, informal support to most restrictive, full guardianship: 2. Formal community intervention including but not limited to Home and Community Based Services, Home Health Care or power of attorney if the adult has capacity and there is an appropriate option for health care decisions;</p>	<p>person-centered service plan is observed when placing adults in HCBS under 10500 Providing Services B. in order to make sure the setting and services complies with the final rule 42 CFR §441.301(c).</p>	<p>Completion Date: 6/01/2021</p>
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42 C.F.R. 441.301 (c)(4)-(5) Final Rule	DCF Policy for Licensed Foster Care Homes	Gap	Remediation Strategy	Timeline
(B) Each individual has privacy in their sleeping or living unit:	Silent	No value	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c).</p> <p>Add language that ensures Each individual has privacy in their sleeping or living unit:</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>
(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	Silent	No value	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c).</p> <p>Add language that ensures Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	DCF Policy for Licensed Foster Care Homes	Gap	Remediation Strategy	Timeline
(2) Individuals sharing units have a choice of roommates in that setting.	Silent	No value	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c).</p> <p>Add language that ensures Individuals sharing units have a choice of roommates in that setting.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>
(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	Silent	No value	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c).</p> <p>Add language that ensures Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	DCF Policy for Licensed Foster Care Homes	Gap	Remediation Strategy	Timeline
(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.	Silent	No value	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c).</p> <p>Add language that ensures Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>
(D) Individuals are able to have visitors of their choosing at any time.	Silent	No value	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c).</p> <p>Add language that ensures Individuals are able to have visitors of their choosing at any time.</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	DCF Policy for Licensed Foster Care Homes	Gap	Remediation Strategy	Timeline
(E) The setting is physically accessible to the individual.	Silent	No value	<p>Change manual to reflect the final rule in accordance with 42 CFR §441.301(c).</p> <p>Add language that ensures the setting is physically accessible to the individual (ADA Compliance).</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>
(F) 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:	Silent	There is no mention of the person-centered service plan in the PPM. References to the Plan of Care should be amended to reflect the PCSP in accordance with 42 CFR §441.301(c) KDADS PCSP Policy	<p>Add language establishing a requirement that Any modification of the additional conditions, under §441.301(c) (4) (vi)</p> <p>(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:</p>	<p>Revision Date: 1/1/2021</p> <p>Completion Date: 6/01/2021</p>

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	DCF Policy for Licensed Foster Care Homes	Gap	Remediation Strategy	Timeline
(1) Identify a specific and individualized assessed need.	Silent	There is no mention of the person-centered service plan in the PPM. References to the Plan of Care should be amended to reflect the PCSP in accordance with 42 CFR §441.301(c)	Add language that reflects the requirement that the person-centered service plan identify a specific and individualized assessed need.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	Silent	There is no mention of the person-centered service plan in the PPM. References to the Plan of Care should be amended to reflect the PCSP in accordance with 42 CFR §441.301(c)	Add language that requires the documentation of positive interventions and supports used prior to any modifications to the person-centered service plan.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(3) Document less intrusive methods of meeting the need that have been tried but did not work.	Silent	There is no mention of the person-centered service plan in the PPM. References to the Plan of Care should be amended to reflect the PCSP in accordance with 42 CFR §441.301(c)	Add language that requires the documentation of less intrusive methods of meeting the need that have been tried but did not work.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	DCF Policy for Licensed Foster Care Homes	Gap	Remediation Strategy	Timeline
(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.	Silent	There is no mention of the person-centered service plan in the PPM. References to the Plan of Care should be amended to reflect the PCSP in accordance with 42 CFR §441.301(c)	Add language that includes within the person-centered plan a clear description of the condition that is directly proportionate to the specific assessed need.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(5) Include regular collection and review of data to measure the ongoing Effectiveness of the modification.	Silent	There is no mention of the person-centered service plan in the PPM. References to the Plan of Care should be amended to reflect the PCSP in accordance with 42 CFR §441.301(c)	Add language that establishes the regular collection, documentation and review of data to measure the ongoing Effectiveness of the modification.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	Silent	There is no mention of the person-centered service plan in the PPM. References to the Plan of Care should be amended to reflect the PCSP in accordance with 42 CFR §441.301(c)	Add language that requires the establishment of time limits for the periodic reviews of the person-centered service plan and any modifications to determine if the modification is still necessary or can be terminated.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

42 C.F.R. 441.301 (c)(4)-(5) Final Rule	DCF Policy for Licensed Foster Care Homes	Gap	Remediation Strategy	Timeline
(7) Include the informed consent of the individual.	0280 Consents Persons authorized to give consent for matters involving a child depends on the purpose of the consent and the legal status of the child. Consents for children who are or may need care are controlled primarily by K.S.A. 38-2217 for health care and K.S.A. 38- 2218 for educational decisions. (K.S.A. 38-2217). See PPM 5244 for information regarding children in the custody of the Secretary.	[Silent] As the individual is a minor, they cannot give consent. However, no policy exists that ensures informed consent of the legal guardian or other authority with consent powers for the individual receiving HCBS services.	Add language that requires informed consent of the person-centered plan by the guardian or individual with consent authority.	Revision Date: 1/1/2021 Completion Date: 6/01/2021
(8) Include an assurance that interventions and supports will cause no harm to the individual.	Silent	[Silent] There is no assurance within the policy manual that that the interventions will cause no harm to the individual.	Add language that provides assurance within the person-centered service plan, stating no harm will come to the individual as a result of interventions and supports listed within the plan.	Revision Date: 1/1/2021 Completion Date: 6/01/2021

FINANCIAL MANAGEMENT SERVICES MANUAL

Reviewers performed a gap analysis on the KDADS published Manual [Financial Management Services Manual](#) p. 6.5.B.4-3 which states that services must occur in the home or community location meeting the setting requirements as defined in the “HCBS Setting Final Rule”. Services furnished to an individual who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with intellectual disability (ID), or institution for mental disease are not covered and will not be reimbursed. This policy was found compliant with 42 C.F.R. 441.301 (c)(4)-(5) Final Rule as the policy indicates that services will be delivered only in community locations whose setting are defined in the “HCBS Setting Final Rule”. This includes all items in 42 CFR §441.301(c) (4).

WAIVER SERVICES – RISK ASSESSMENT

As a part of the systemic assessment KDADS reviewed the services offer in each HCBS waiver program. When evaluating these services KDADS determined the level of risk and categorized. In this analysis KDADS utilized the categories listed below and provided specific rationale on how this conclusion was reached. The categories include:

- **Low:** This service is currently believed to be compliant with final rule requirements.
- **Medium:** This service may not currently be compliant with final rule requirements as currently defined by the HCBS waiver. Regulatory or policy changes may be required to achieve compliance.
- **High:** This service is not currently compliant with final rule requirements as currently defined by the HCBS waiver. Regulatory or policy changes will be required to achieve compliance.

In addition to analyzing risk per waiver service, KDADS also examined current utilization as indicated on most recent MCO Utilization Management Report for 2016 quarter 4. This information will assist in determining overall risk and informs the strategies developed throughout this plan

PHYSICAL DISABILITY WAIVER RISK ASSESSMENT

<i>Service</i>	Level of Risk Associated with Compliance with Final Rule	<i># Participants (2017)</i>
<i>Personal Care Services (PCS)</i>	Medium - Largely this service is provided in a participant’s home and poses no risk to compliance with final rule requirements. This service has medium risk stemming from final rule compliance gaps present in assisted living facilities, residential health care facilities, and home plus which provide some limited PCS services to PD participants.	3721
<i>Financial Management Services (FMS)</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	4339

<i>Service</i>	Level of Risk Associated with Compliance with Final Rule	# Participants (2017)
<i>Assistive Services</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	27
<i>Enhanced Care Services</i>	Medium - Largely this service is provided in a participant's home and poses no risk to compliance with final rule requirements. This service has medium risk stemming from final rule compliance gaps present in assisted living facilities, residential health care facilities, and home plus which provide some limited PCS services to PD waiver participants.	917
<i>Home-Delivered Meals Service</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	1487
<i>Medication Reminder Services</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	286
<i>Personal Emergency Response System and Installation</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	2065

<i>Service</i>	Level of Risk Associated with Compliance with Final Rule	Number of Participants
<i>Financial Management Services</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	1986
<i>Adult Day Care</i>	Medium - This service has medium risk stemming from the current location of many adult day cares within hospitals, institutions, or nursing facilities.	38
<i>Assistive Technology</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	9
<i>Comprehensive Support- Provider Directed</i>	Medium - Largely this service is provided in a participant's home and poses no risk to compliance with the final rule requirements. This service has medium risk stemming from final rule compliance gaps present in assisted living facilities, residential health care facilities, and home plus which provide some limited PCS services to PD waiver participants.	13
<i>Comprehensive Support - Self- Directed</i>	Medium - Largely this service is provided in a participant's home and poses no risk to compliance with the final rule requirements. This service has medium risk stemming from final rule compliance gaps present in assisted living facilities, residential health care facilities, and home plus which provide some limited PCS services to PD waiver participants.	5

<i>Service</i>	Level of Risk Associated with Compliance with Final Rule	Number of Participants
<i>Enhanced Care Service</i>	Medium - Largely this service is provided in a participant's home and poses no risk to compliance with the final rule requirements. This service has medium risk stemming from final rule compliance gaps present in assisted living facilities, residential health care facilities, and home plus which provide some limited PCS services to PD waiver participants.	148
<i>Home Telehealth</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	164
<i>Medication Reminder</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	75
<i>Nursing Evaluation Visit</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	9
<i>Oral Health Services</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	0

<i>Service</i>	Level of Risk Associated with Compliance with Final Rule	Number of Participants
<i>Personal Care Services - Provider Directed</i>	Medium - Largely this service is provided in a participant's home and poses no risk to compliance with the final rule requirements. This service has medium risk stemming from final rule compliance gaps present in assisted living facilities, residential health care facilities, and home plus which some limited PCS services to PD waiver participants.	3596
<i>Personal Care Services- Self Directed</i>	Medium - Largely this service is provided in a participant's home and poses no risk to compliance with the final rule requirements. This service has medium risk stemming from final rule compliance gaps present in assisted living facilities, residential health care facilities, and home plus which provide some limited PCS services to PD waiver participants.	1805
<i>Personal Emergency Response</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	2258
<i>Wellness Monitoring</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	560

IDD WAIVER RISK ASSESSMENT

<i>Service</i>	Level of Risk Associated with Compliance with Final Rule	Number of Participants
<i>Personal Care Services (PCS)</i>	Low - Largely this service is provided in a participant's home and poses no risk to compliance with final rule requirements.	640

<i>Service</i>	Level of Risk Associated with Compliance with Final Rule	Number of Participants
<i>Financial Management Services (FMS)</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	2672
<i>Assistive Services</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	24
<i>Enhanced Care Services</i>	Low - Largely this service is provided in a participant's home and poses no risk to compliance with the final rule requirements.	75
<i>Day Supports</i>	Medium - This service provides a variety of services under this category. This service has medium risk stemming from the current design of sheltered workshops and/or congregate-style work centers only for persons with IDD.	4545
<i>Overnight Respite Care</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	31
<i>Residential Supports</i>	Medium - This service provides a variety of services under this category. This service has medium risk stemming from the current design of group homes.	5164

<i>Service</i>	Level of Risk Associated with Compliance with Final Rule	<i>Number of Participants</i>
<i>Supported Employment</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	42
<i>Medical Alert Rental</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	60
<i>Sleep Cycle Support</i>	Low - This service is now covered under enhanced care services.	101
<i>Specialized Medical Care</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	43
<i>Supportive Home Care</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	394
<i>Wellness Monitoring</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	733

TECHNOLOGY ASSISTED WAIVER RISK ASSESSMENT

<i>Service</i>	Level of Risk Associated with Compliance with Final Rule	<i>Number of Participants</i>
<i>Medical Respite Care</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	24
<i>Financial Management Services (FMS)</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	188
<i>Personal Care Services</i>	Low - Largely this service is provided in a participant’s home and poses no risk to compliance with the final rule requirements.	188
<i>Health Maintenance Monitoring</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	2
<i>Home Modification</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	0

<i>Service</i>	Level of Risk Associated with Compliance with Final Rule	Number of Participants
<i>Intermittent Intensive Medical Care</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	6
<i>Specialized Medical Care</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	337

TRAUMATIC BRAIN INJURY WAIVER RISK ASSESSMENT

<i>Service</i>	Level of Risk Associated with Compliance with Final Rule	Number of Participants
<i>Personal Care Services (PCS)</i>	Low - Largely this service is provided in a participant's home and poses no risk to compliance with the final rule requirements.	366
<i>Occupational Therapy</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	61
<i>Physical Therapy</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	78

<i>Service</i>	Level of Risk Associated with Compliance with Final Rule	<i>Number of Participants</i>
<i>Speech and Language Therapy</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	56
<i>Financial Management Services</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	231
<i>Assistive Services</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	1
<i>Behavior Therapy</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	56
<i>Cognitive Rehabilitation</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	141
<i>Enhanced Care Service</i>	Low - Largely this service is provided in a participant's home and poses no risk to compliance with the final rule requirements.	90

<i>Service</i>	Level of Risk Associated with Compliance with Final Rule	Number of Participants
<i>Home Delivered meal Service</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	127
<i>Personal Emergency Response System and Installation</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	125
<i>Transitional Living Skills</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	236

AUTISM WAIVER RISK ASSESSMENT

<i>Service</i>	Level of Risk Associated with Compliance with Final Rule	Number of Participants
<i>Intensive Individual Supports</i>	Low - This service has moved to the state plan via Autism waiver amendment/renewal.	44
<i>Respite Care</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	14
<i>Consultative Clinical and Therapeutic Services (autism specialist)</i>	Low - This service has moved to the state plan via Autism waiver amendment/renewal.	45

<i>Service</i>	Level of Risk Associated with Compliance with Final Rule	<i>Number of Participants</i>
<i>Family Adjustment Counseling</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	2
<i>Interpersonal Communication Therapy</i>	Low - This service has moved to the state plan via Autism waiver amendment/renewal.	5
<i>Parent Support and Training (peer to peer) Provider</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	24

SERIOUS EMOTIONAL DISTURBANCE WAIVER RISK ASSESSMENT

<i>Service</i>	Level of Risk Associated with Compliance with Final Rule	<i>Number of Participants</i>
<i>Attendant Care</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	1488
<i>Independent Living/Skills Building</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	235

<i>Service</i>	Level of Risk Associated with Compliance with Final Rule	<i>Number of Participants</i>
<i>Short-Term Respite Care</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	980
<i>Parent Support and Training</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	1924
<i>Professional Resource Family Care</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	7
<i>Wraparound Facilitation</i>	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	2608

Reference materials- Appendix A

APPENDIX B: SETTINGS ASSESSMENT

PROVIDER SITE-SPECIFIC SELF-ASSESSMENT (RESIDENTIAL)

SECTION P: PROVIDER INFORMATION

[This Section is completed once per provider, separate from the rest of the survey which is completed for each site.]

P1. Please provide your full name, the name of your provider agency, and your email contact information:

First and Last Name:

Provider Agency:

Email:

Re-enter Email:

P2. In Kansas, how many sites (i.e., locations) do you own or operate that receive HCBS Medicaid funding associated with each setting-type?

***Note:** If you own or operate 0 sites (i.e., locations) associated with a setting-type, please type in "0" in the blank. Please do not leave any blanks empty.*

Adult day care:

Assisted living facility:

Board care homes:

Children's Residential Services/Professional Resource Family Care:

HCBS Services provided in a Licensed Foster Home:

Home plus facility:

IDD day services:

IDD residential where 1-2 persons-served live:

IDD residential where 3-8 persons-served live:

Supported employment:

SECTION A: SITE INFORMATION

A1. What is the name of the site (i.e., location) for which you are filling out this assessment?

A2. Provider NPI for this site:

A3. Which waiver service is provided at this site? Select all that apply.

- Autism (AU) – child who starts service before 6
- Frail Elderly (FE) – 65+ years
- Intellectual and Developmental Disability (I/DD) – 5+ years
- Physical Disability (PD) – 16-64 years
- Serious Emotional Disturbance (SED) – 4-18 years

A4. Please mark which setting type describes the site for which you are filling out this assessment: [choose one]

- Adult day care
- Assisted living facility
- Board care homes
- Children’s Residential Services/Professional Resource Family Care
- HCBS Services provided in a Licensed Foster Home
- Home plus facility
- IDD day services
- IDD residential where 1-2 persons-served live
- IDD residential where 3-8 persons-served live

- Supported employment

A5. Please enter the street address of the site for which you are filling out this assessment:

A5.1 Street Address:

A5.2 Zip Code:

A6. Current number of persons-served at this site (regardless of funding source):

A7. Current number of persons-served at this site receiving HCBS Medicaid funding:

A8. Is this setting considered residential or non-residential?

- Residential
- Non-residential

SECTION B: UPLOAD DOCUMENTS FOR DESK REVIEW

[This is the section of the survey where you will upload all of the documentation you collect.]

Each question for the remainder of the survey (Sections C-H) will allow for files to be connected to that specific question from the list of files that the provider submitted previously in Section B: “Upload Documents for Desk Review”. Answers that will require documentation are noted.

Some sections will be skipped based on whether the site is a residential or non-residential setting. Some follow-up questions will appear depending on your answers. (All follow-up questions are listed in this document.) A pop-up window will appear if your answer requires documentation so you can select the applicable documentation files.

SECTION C: INTEGRATED SETTING AND COMMUNITY ACCESS

C1. Is this site located in or attached to a building that also provides inpatient institutional treatment (e.g., nursing home/facility or hospital etc.)?

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Pictures of outside of facility from all directions, Birds-eye-view image (from google maps or other source), other applicable documents.

C2. Is this site located in a building on the grounds of, or immediately adjacent to, a public institution? Examples of public institutions are a nursing facility, an institution for mental diseases, an intermediate care facility for individuals with intellectual disabilities, a hospital, or any other locations that have qualities of an institutional setting (42 CFR 441.301(c).5).

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Pictures of outside of facility from all directions, Birds-eye-view image (from google maps or other source, other applicable documents.

C3. Is this site in a gated/secured community?

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Picture of outside of facility from all directions, Picture (google maps, provider picture, or other source) from the front out to the street or from the street in showing there is no gate, other applicable documents.

C4. Does your agency own or operate multiple sites (i.e., locations) located on the same street/block?

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): File (word document/excel spreadsheet/etc.) with all site addresses listed, Birds-eye-view image (google maps or other source) with site locations noted, other applicable documents.

C5. Are the persons-served at this site exclusively people with disabilities?

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Any applicable documentation available. (Reminder: do not include private health information)

C6. Are persons-served at this site required to receive medical, behavioral, or therapy services on-site?

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Section of a policy document, organizations policy on people receiving medical/behavioral/other needs, a section of a manual, a pamphlet of activities provided, other applicable documents.

[Shown for IDD day service sites – determined by chosen setting type in question A4]

C7A. Does this site also offer residential services?

- Yes
- No (This answer will require documentation from IDD day service settings)

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a manual, a pamphlet of activities provided, other applicable documents.

[Shown for residential providers – determined by question A8 “Is this setting considered residential or non-residential?”]

C7B. Does this site also offer on-site day services?

- Yes
- No (This answer will require documentation from residential providers)

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a manual, a pamphlet of activities provided, other applicable documents.

SECTION D: COMMUNITY INTEGRATION

D1. In addition to on-site activities, does this site provide opportunities for persons-served to participate in community events, activities and services?

- Yes (This answer will require documentation)

- No

Suggested Documentation Types (what you have may vary): Activities calendars, picture of an activity board, section of a manual or policy that shows opportunities available, other applicable documents.

D2. Does this site share information with persons-served about community events and activities?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Picture/image of a message board, bulletin board, Facebook page, flyer, newsletter, email, or other methods of information sharing/other applicable documents.

D3. Can persons-served at this site attend community activities and services (e.g., shopping, religious services, scheduled appointments, lunch with family and friends) whenever they choose?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document or handbook about: procedures regarding sign up, how persons-served can decide whether to attend activities and services, and/or transportation policy/schedule, OR other applicable documents.

D4. Are there restrictions at this site regarding when persons-served can "come and go"?

- Yes (This answer will require an answer to question D4.1)
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Section of a policy document or handbook, other applicable documents.

[Shown if yes is selected for question D4]

D4.1 Were the restrictions at this site regarding when persons-served can "come and go" developed and agreed upon by persons-served?

- Yes (This answer will require documentation)

- No

Suggested Documentation Types (what you have may vary): Section of a policy document about writing the behavioral support plan, a section of a de-identified person-centered support plan, or service agreement, other applicable documents.

D5. Can persons-served have visitors of their choosing at any time?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of: a policy document, organizations policy, manual, or handbook, other applicable documents.

SECTION E: HOUSING PROTECTION AND DUE PROCESS

E1. Does the Landlord-Tenant law apply at the site for which you are filling out this assessment?

- Yes (This answer will require documentation)
- No (This answer will require an answer to question E1.1)

Suggested Documentation Types (what you have may vary): Blank lease or service agreement, other applicable documents.

[Shown if “no” is selected on question E1]

E1.1 Is there a written agreement at this site that offers responsibilities/protections from eviction for persons-served?

COMPLIANCE PROGRAMMING: No = Non-compliant; Yes = Initial Compliance (Attach Documentation Pop Up Appears)

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Blank copy of the written agreement which offers protection for residents, other applicable documents.

SECTION F: LIVING ARRANGEMENTS

F1. Does this site have entrance doors that can be locked by the persons-served, with only appropriate staff having keys to door?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document or lease in provider manual or copy of lease that states the number of keys provided and number of people who have access, etc., other applicable documents

F2. Does this site provide anyone (besides the persons-served and appropriate staff) with a key or a way to be "buzzed in" for entering the facility?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy in provider manual or copy of lease that states who has access, other applicable documents.

F3. Can persons-served at this site lock the bathroom door for privacy?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document or consumer and family handbook, picture(s) of bathroom including visible lock, other applicable documents.

F4. Do persons-served at this site have the option of locking his/her bedroom door for privacy when they choose?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of policy document or consumer and family handbook, picture(s) of bedroom including visible lock, other applicable documents.

F5. Do staff at this site knock on the door or ring a doorbell for access to persons-served private room(s)?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document or consumer and family handbook, other applicable documents.

F6. Are the living spaces at this site arranged in a way that ensures privacy during personal care?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, consumer and family handbook, image of facility layout, other applicable documents.

F7. Does the facility at this site offer privacy to persons-served while using a telephone, internet, or any other personal communication devices?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a family and consumer handbook, other applicable documents.

F8. Does the facility at this site have larger than double occupancy bedrooms?

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a lease agreement, section of a family and consumer handbook, or other description of the facility/other applicable documents.

F9. Are persons-served at this site given the option to choose their roommate when sharing a bedroom? (If you have single occupancy rooms ONLY, select "Yes".)

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document or section of a family and consumer handbook, or other description of the facility/other applicable documents.

F10. Are bedroom decorations and furniture arranged at the discretion of the person-served at this site?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a lease agreement, section of a family and consumer handbook, or other description of the facility/other applicable documents.

F11. Do persons-served at this site set their own daily routines for things such as hygiene, care delivery, recreation, and meals?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a family and consumer handbook, de-identified person-centered service plan, person-centered support plan, service agreement, other behavior plans, or other description of the facility/other applicable documents.

F12. Do persons-served at this site have full access to laundry facilities?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary):

- Section of a policy document, section of a lease agreement, OR section of a family and consumer handbook, other description of the facility/other applicable documents
- AND image of facility layout, other applicable documents

F13. Can persons-served at this site choose to do their own laundry?

- Yes (This answer will require documentation)

- No

Suggested Documentation Types (what you have may vary):

- Section of a policy document, section of a lease agreement, OR section of a family and consumer handbook other description of the facility/other applicable documents
- AND image of facility layout or other applicable documents

F14. Do persons-served at this site have full access to the common area?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary):

- Section of a policy document, section of a lease agreement, section of a family and consumer handbook, OR other description of the facility/other applicable documents
- AND image of facility layout, other applicable documents

F15. Do persons-served at this site have full access to the dining area?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a lease agreement, section of a family and consumer handbook, other description of the facility/other applicable documents.

F16. Do persons-served at this site have full access to the microwave and refrigerator?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary):

- Section of a policy document, section of a lease agreement, section of a family and consumer handbook, description of the facility/ other applicable documents.

- AND image of facility layout or other applicable documents

F17. Do persons-served at this site have full access to the kitchen?

- Yes (This answer will require documentation)
- No (This answer will require an answer to question F17.1)

Suggested Documentation Types (what you have may vary):

- Section of a policy document, section of a lease agreement, section of a family and consumer handbook OR description of the facility
- AND image of facility layout, other applicable documents

[Shown only if “no” is selected for question F17]

F17.1 Do persons-served at this site have access to a separate meal prep area or options to cook if they desire (within the limitations of their service plan)?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary):

- Section of a policy document, section of a lease agreement, section of a family and consumer handbook or description of the facility,
- AND image of facility layout, other applicable documents

F18. Do persons-served at this site have a choice of when AND what to eat?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a lease agreement, section of a family and consumer handbook, other applicable documents.

F19. Do persons-served at this site have a choice to eat alone or with others?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a lease agreement, section of a family and consumer handbook, other description of the facility/other applicable documents

SECTION G: RIGHTS

G1. Do you provide staff and volunteers at this site with training and continuing education related to the rights of persons-served?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Training manual, section of a policy document, schedule or agenda of training, copy of consumer rights, other applicable documents.

G2. Do you provide persons-served at this site with information about their rights?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, a section of a family and consumer handbook, a copy of consumer rights, other applicable documents.

G3. Do you provide persons-served at this site with a process to file a grievance if they believe their rights have been violated?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary):

- Section of a policy document

- AND Section of a family and consumer handbook
- AND Copy of grievance process (and grievance form if applicable) OR Copy of consumer rights IF not included in the above documents
- Other applicable documents

SECTION H: ACCESSIBLE ENVIRONMENT

H1. Is the facility physically accessible to persons-served at this site?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): ADA compliance/ licensing OR pictures of grab bars, seats in the bathroom, ramps for wheelchairs, etc., section of facility/program handbook, section of service agreement, other applicable documents.

H2. Does this site offer accommodations (e.g., grab bars, seats in the bathroom, ramps for wheelchairs, etc.) to persons-served who need supports to move about the facility?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): ADA compliance/ licensing OR pictures of grab bars, seats in the bathroom, ramps for wheelchairs, etc., section of facility/program handbook, section of service agreement, other applicable documents.

H3. Does the facility at this site have any barriers which limit access (e.g., Velcro strips, locked doors, locked cupboards, locked refrigerators, etc.)?

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Pictures without barriers (e.g., Velcro strips, locked doors, locked cupboards, locked refrigerators, etc.), section of facility/program handbook, section of service agreement, other applicable documents.

PROVIDER SITE-SPECIFIC SELF-ASSESSMENT (NON-RESIDENTIAL)

SECTION P: PROVIDER INFORMATION

[This Section is completed once per provider, separate from the rest of the survey which is completed for each site.]

P1. Please provide your full name, the name of your provider agency, and your email contact information:

First and Last Name

Provider Agency:

Email:

Re-enter Email:

P2. In Kansas, how many sites (i.e., locations) do you own or operate that receive HCBS Medicaid funding associated with each setting-type?

Note: *If you own or operate 0 sites (i.e., locations) associated with a setting-type, please type in "0" in the blank. Please do not leave any blanks empty.*

Adult day care:

Assisted living facility:

Board care homes:

Children's Residential Services/Professional Resource Family Care:

HCBS Services provided in a Licensed Foster Home:

Home plus facility:

IDD day services:

IDD residential where 1-2 persons-served live:

IDD residential where 3-8 persons-served live:

Supported employment:

SECTION A: SITE INFORMATION

A1. What is the name of the site (i.e., location) for which you are filling out this assessment?

A2. Provider NPI for this site:

A3. Which waiver service is provided at this site? Select all that apply.

- Autism (AU) – child who starts service before 6
- Frail Elderly (FE) – 65+ years
- Intellectual and Developmental Disability (I/DD) – 5+ years
- Physical Disability (PD) – 16-64 years
- Serious Emotional Disturbance (SED) – 4-18 years

A4. Please mark which setting type describes the site for which you are filling out this assessment: [choose one]

- Adult day care
- Assisted living facility
- Board care homes
- Children’s Residential Services/Professional Resource Family Care
- HCBS Services provided in a Licensed Foster Home
- Home plus facility
- IDD day services
- IDD residential where 1-2 persons-served live
- IDD residential where 3-8 persons-served live

- Supported employment

A5. Please enter the street address of the site for which you are filling out this assessment:

A5.1 Street Address:

A5.2 Zip Code:

A6. Current number of persons-served at this site (regardless of funding source):

A7. Current number of persons-served at this site receiving HCBS Medicaid funding:

A8. Is this setting considered residential or non-residential?

- Residential
- Non-residential

SECTION B: UPLOAD DOCUMENTS FOR DESK REVIEW

[This is the section of the survey where you will upload all of the documentation you collect.]

Each question for the remainder of the survey (Sections C-I) will allow for files to be connected to that specific question from the list of files that the provider submitted previously in Section B: “Upload Documents for Desk Review”. Answers that will require documentation are noted.

Some sections will be skipped based on whether the site is a residential or non-residential setting. Some follow-up questions will appear depending on your answers. (All follow-up questions are listed in this document.) A pop-up window will appear if your answer requires

documentation so you can select the applicable documentation files.

SECTION C: INTEGRATED SETTING AND COMMUNITY ACCESS

C1. Is this site located in or attached to a building that also provides inpatient institutional treatment (e.g., nursing home/facility or hospital etc.)?

- Yes

- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Pictures of outside of facility from all directions, Birds-eye-view image (from google maps or other source), other applicable documents.

C2. Is this site located in a building on the grounds of, or immediately adjacent to, a public institution? Examples of public institutions are a nursing facility, an institution for mental diseases, an intermediate care facility for individuals with intellectual disabilities, a hospital, or any other locations that have qualities of an institutional setting (42 CFR 441.301(c).5).

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Pictures of outside of facility from all directions, Birds-eye-view image (from google maps or other source, other applicable documents.

C3. Is this site in a gated/secured community?

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Picture of outside of facility from all directions, Picture (google maps, provider picture, or other source) from the front out to the street or from the street in showing there is no gate, other applicable documents.

C4. Does your agency own or operate multiple sites (i.e., locations) located on the same street/block?

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): File (word document/excel spreadsheet/etc.) with all site addresses listed, Birds-eye-view image (google maps or other source) with site locations noted, other applicable documents.

C5. Are the persons-served at this site exclusively people with disabilities?

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Any applicable documentation available. (Reminder: do not include private health information)

C6. Are persons-served at this site required to receive medical, behavioral, or therapy services on-site?

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Section of a policy document, organizations policy on people receiving medical/behavioral/other needs, a section of a manual, a pamphlet of activities provided, other applicable documents.

[Shown for IDD day service sites – determined by chosen setting type in question A4]

C7A. Does this site also offer residential services?

- Yes
- No (This answer will require documentation from IDD day service settings)

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a manual, a pamphlet of activities provided, other applicable documents.

[Shown for residential providers – determined by question A8 “Is this setting considered residential or non-residential?”]

C7B. Does this site also offer on-site day services?

- Yes
- No (This answer will require documentation from residential providers)

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a manual, a pamphlet of activities provided, other applicable documents.

SECTION D: COMMUNITY INTEGRATION

D1. In addition to on-site activities, does this site provide opportunities for persons-served to participate in community events, activities and services?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Activities calendars, picture of an activity board, section of a manual or policy that shows opportunities available, other applicable documents.

D2. Does this site share information with persons-served about community events and activities?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Picture/image of a message board, bulletin board, Facebook page, flyer, newsletter, email, or other methods of information sharing/other applicable documents.

D3. Can persons-served at this site attend community activities and services (e.g., shopping, religious services, scheduled appointments, lunch with family and friends) whenever they choose?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document or handbook about: procedures regarding sign up, how persons-served can decide whether to attend activities and services, and/or transportation policy/schedule, OR other applicable documents.

D4. Are there restrictions at this site regarding when persons-served can "come and go"?

- Yes (This answer will require an answer to question D4.1)
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Section of a policy document or handbook, other applicable documents.

[Shown if yes is selected for question D4]

D4.1 Were the restrictions at this site regarding when persons-served can "come and go" developed and agreed upon by persons-served?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document about writing the behavioral support plan, a section of a de-identified person-centered support plan, or service agreement, other applicable documents.

D5. Can persons-served have visitors of their choosing at any time?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of: a policy document, organizations policy, manual, or handbook, other applicable documents.

SECTION E/F: FOR RESIDENTIAL SITES ONLY

[Not listed in this Non-Residential Site Assessment]

SECTION G: RIGHTS

G1. Do you provide staff and volunteers at this site with training and continuing education related to the rights of persons-served?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Training manual, section of a policy document, schedule or agenda of training, copy of consumer rights, other applicable documents.

G2. Do you provide persons-served at this site with information about their rights?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, a section of a family and consumer handbook, a copy of consumer rights, other applicable documents.

G3. Do you provide persons-served at this site with a process to file a grievance if they

Believe their rights have been violated?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary):

- Section of a policy document
- AND Section of a family and consumer handbook
- AND Copy of grievance process (and grievance form if applicable) OR Copy of consumer rights IF not included in the above documents
- Other applicable documents

SECTION H: ACCESSIBLE ENVIRONMENT

H1. Is the facility physically accessible to persons-served at this site?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): ADA compliance/ licensing OR pictures of grab bars, seats in the bathroom, ramps for wheelchairs, etc., section of facility/program handbook, section of service agreement, other applicable documents.

H2. Does this site offer accommodations (e.g., grab bars, seats in the bathroom, ramps for wheelchairs, etc.) to persons-served who need supports to move about the facility?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): ADA compliance/ licensing OR pictures of grab bars, seats in the bathroom, ramps for wheelchairs, etc., section of facility/program handbook, section of service agreement, other applicable documents.

H3. Does the facility at this site have any barriers which limit access (e.g., Velcro strips, locked doors, locked cupboards, locked refrigerators, etc.)?

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Pictures without barriers (e.g., Velcro strips, locked doors, locked cupboards, locked refrigerators, etc.), section of facility/program handbook, section of service agreement, other applicable documents.

SECTION I: NON-RESIDENTIAL SERVICES

I1. Is this site a work setting? *[No documentation unless answering I1.1]*

- Yes (This answer will require an answer to I1.1)
- No

[Question shown only if “yes” is selected on question I1]

I1.1 When working, are persons-served allowed to participate in deciding their work schedule?

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a handbook, a de-identified copy of a person-centered support plan, other de-identified behavior support plan, other applicable documents.

I2. When not doing paid work, are persons-served allowed to participate in deciding their activity schedule?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a handbook, a de-identified copy of a person-centered support plan, other deidentified behavior support plan, other applicable documents.

I3. Does the facility at this site have a space for persons-served to secure personal belongings?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a manual/handbook, a pamphlet of facilities provided, picture of lockers, image of facility layout, other applicable documents.

14. Is the facility at this site arranged in a way that ensures privacy during personal care?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary):

- Section of a policy document, section of a handbook, other applicable documents
- AND image of facility layout, other applicable documents

15. Do persons-served at this site have the opportunity to participate in tasks and activities matched to their skills, abilities, and desires?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a handbook, a de-identified copy of a person-centered support plan, other deidentified behavior support plan, other applicable documents.

CHILD PLACING AGENCY PROVIDER SELF-ASSESSMENT

SECTION P: PROVIDER INFORMATION

[This Section is completed once per provider, separate from the rest of the survey which is completed for each site.]

P1. In Kansas, how many sites (i.e., locations) do you own or operate that receive HCBS Medicaid funding associated with each setting-type?

Note: If you own or operate 0 sites (i.e., locations) associated with a setting-type, please type in "0" in the blank. Please do not leave any blanks empty.

Attendant Care Center:

Group Boarding Home:

Residential Center:

Child Placing Agency:

SECTION A: SITE INFORMATION

A1. What is the name of the agency filling out the assessment?

A2. Contact Information:

We have preloaded your contact information. If the person completing this site assessment differs, please update the information.

A2.1 First and Last Name

A 2.2 Email

A3. Please enter the street address of your agency:

A3.1 Street Address:

A3.2 Unit/Apt #:

A3.3 City/Town:

A3.4 Zip Code:

Setting Type (pre-filled): Child Placing Agency

A4. Current number of persons-served at agency (children placed) (regardless of funding source):

A5. Current number of persons-served (children placed) receiving HCBS Medicaid funding:

SECTION B: UPLOAD DOCUMENTS FOR DESK REVIEW

B1. Inspection/Assessment Forms: Providers submit written procedures or blank/de-identified forms that are used to assess various aspects of services.

B2. Policies and Procedures: Providers submit their written policies and procedures on topics (e.g., training, restraints, admission processes, plan of care development). It is important to see newer and updated policies and forms that explicitly address HCBS requirements.

B3. Person-Centered Service Plan: Providers submit their person-centered service planning tool used by HCBS recipients as evidence for the person-centered service planning elements of the Final Rule.

B4. Consumer or Family Handbooks: Providers submit any consumer or family handbooks that share important information with their clients.

B5. Other documents: Providers submit any other documentation that is applicable (e.g., photos, calendars, activity charts, etc.).

In the following questions:

As the child-placement agency, you're being asked to answer yes or no as to whether you require certain elements of the Final Rule in the homes within which you place children. You're also asked whether you assess each home for compliance with your agency requirements that are in line with the Final Rule. Finally, you'll be asked to provide documentation for any requirements you have AND how you assess compliance at each home. The requirements need to be those applied across all foster homes in which you place children.

An important element for children receiving HCBS services while in foster care is that they be treated as would other children of similar ages not receiving services. A number of questions ask about issues such as opportunities to participate in preferred activities or have access to certain resources. The standard of "reasonable and prudent parenting" practices should be applied to these questions. In other words, it is not expected that children receiving HCBS services would have more or less opportunity/access than other children or outside of reasonable and prudent parenting practices.

Also, "age appropriate" means "activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity. Age appropriateness is based on the development of cognitive, emotional, physical, and behavioral capacity that is typical for an age or age group." In the following questions, "persons served" refers to the children/youth who receive HCBS services and are placed in foster homes by your agency.

Please answer Yes or No to the following questions and provide documentation when required.

SECTION C: INTEGRATED SETTING AND COMMUNITY ACCESS

C1. Do you place children in foster care homes that are designated to serve only children with disabilities?

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Any applicable documentation available. (Reminder: do not include private health information)

SECTION D: COMMUNITY INTEGRATION

D1. Do you have policies or procedures that ensure that foster homes provide opportunities for persons-served to participate in organized community events, activities and services as appropriate for the child's age?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a manual or policy that shows opportunities available, other applicable documents.

D1.1. Do you assess that foster homes provide opportunities for persons-served to participate in organized community events, activities and services?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): *Blank assessment materials or other applicable documents.*

D2. Do you have policies or procedures that ensure that persons-served at the foster homes can attend individual activities and services of their choosing (e.g., shopping, religious services, scheduled appointments, lunch with family and friends) as appropriate for their age?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document or handbook about: procedures regarding sign up, how persons-served can decide whether to attend activities and services, and/or transportation policy/schedule, OR other applicable documents.

D2.1 Do you assess that persons-served at the foster homes can attend individual activities and services of their choosing (e.g., shopping, religious services, scheduled appointments, lunch with family and friends) as appropriate for their age?

- Yes (This answer will require documentation)
- No

Suggested Documentation (what you have may vary): Blank assessment materials or other applicable documents.

D3. Do you have policies or procedures that ensure that persons-served can have visitors as appropriate for their age?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of: a policy document, organizations policy, manual, or handbook, other applicable documents.

D3.1. Do you assess that persons-served can have visitors as appropriate for their age?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Blank assessment materials or other applicable documents.

Section E: Housing Protection and Due Process

E1. Do you have policies, procedures, or a written agreement with the foster homes that offers responsibilities/protections from disruption of placement for persons-served?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Blank copy of the written agreement, section of a policy document, other applicable documents.

SECTION F: LIVING ARRANGEMENTS

F1. Do you have policies or procedures in place to ensure that persons-served have options for age-appropriate privacy?

- Yes (This answer will require documentation)

- No

Suggested Documentation Types (what you have may vary): Section of a policy document, other applicable documents.

F1.1 Do you assess that persons-served have options for age-appropriate privacy?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Blank assessment materials or other applicable documents.

F2. Do you have policies or procedures that ensure that the living spaces at the foster homes are arranged in a way that ensures privacy during personal care (e.g., bathing, toilet)?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, consumer and family handbook, image of facility layout, other applicable documents.

F2.1 Do you assess that the living spaces at the foster homes are arranged in a way that ensures privacy during personal care?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Blank assessment materials or other applicable documents.

F3. Do you have policies or procedures that ensure that the foster homes offer privacy to persons-served while using a telephone, internet, or any other personal communication devices, as appropriate for their age?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a family and consumer handbook, other applicable documents.

F3.1. Do you assess that the foster homes offer privacy to persons-served while using a telephone, internet, or any other personal communication devices as appropriate for their age?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Blank assessment materials or other applicable documents.

F4. Do you have policies or procedures that ensure that persons served are treated the same as other children residing in the home, as appropriate for their age and ability?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, other applicable documents.

F4.1. Do you assess that persons served are treated the same as other children residing in the home as appropriate for their age and ability?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Blank assessment materials or other applicable documents.

F5. Do you have policies or procedures that ensure that persons-served at the foster homes have access to all areas of the home as appropriate for their age and to the same degree as others in the home?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a family and consumer handbook, OR any other applicable documentation.

F5.1. Do you assess that persons-served at the foster homes have access to all areas of the home as appropriate for their age and to the same degree as others in the home?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Blank assessment materials or other applicable documents.

SECTION G: ACCESSIBLE ENVIRONMENT

G1. Do you have policies or procedures that ensure that the foster homes are physically accessible to persons-served?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): ADA compliance/ licensing OR pictures of grab bars, seats in the bathroom, ramps for wheelchairs, etc., section of facility/program handbook, section of service agreement, other applicable documents.

G1.1. Do you assess that the foster homes are physically accessible to persons-served?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Blank assessment materials or other applicable documents.

G2. Do you have policies or procedures that ensure that the foster homes offer accommodations (e.g., grab bars, seats in the bathroom, ramps for wheelchairs, etc.) to persons-served who need support to move about and be self-sufficient within the home?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): ADA compliance/ licensing OR pictures of grab bars, seats in the bathroom, ramps for wheelchairs, etc., section of facility/program handbook, section of service agreement, other applicable documents.

G2.1 Do you assess that the foster homes offer accommodations (e.g., grab bars, seats in the bathroom, ramps for wheelchairs, etc.) to persons-served who need support to move about and be self-sufficient within the home?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Blank assessment materials or other applicable documents.

SECTION H: OTHER QUESTIONS

H1. Do you have written policies, procedures, or requirements regarding restraint and coercion in the foster homes where you place children?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): section of a policy document, other applicable documents.

H1.1 Do you assess compliance with written policies or requirements regarding restraint in each foster home in which you place children?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Blank assessment materials or other applicable documents.

H2. Does your agency have policies or procedures that ensure all children who receive HCBS Waiver services that are placed in your homes have a person-centered service plan (completed by the MCO) that is supported by medical necessity (mental health, safety, etc.,) and reflects their rights being equal to the rights of other children receiving non-HCBS services?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): section of a policy document, other applicable documents.

H2.1 Do you ensure that the families of all children placed in your foster homes receive a copy of the person-centered service plan?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Any applicable documentation.

HEIGHTENED SCRUTINY ASSESSMENT

Purpose:

A site visit or virtual equivalent will be conducted to assess a settings' capability to overcome the presumption(s) that led to a heightened scrutiny assignment of category 1 and/or 2 designation. Settings that have also been designated a category 3 or only a category 3, can begin steps to implement remediation strategies to have the designation removed by 7/1/2021. If remediation for a category 3 designation has not been implemented by or before 7/1/2021, a heightened scrutiny assessment might be necessary. Results from the onsite visit or equivalent shall be published for public comments and submitted to the Centers for Medicaid and Medicare Services (CMS) **if the state determines that the setting can overcome the presumptions leading to the heightened scrutiny category**. If the state determines a setting cannot overcome the presumptions, the state shall initiate a transition process to transfer HCBS participants into a compliant setting on or before **March 17, 2023**. It is the goal of the Secretary of Kansas Department for Aging and Disability Services (KDADS) to assist each Provider in overcoming heightened scrutiny and move toward compliance with the Final Settings Rule.

The setting, if found to be requiring remediation, can initiate the remediation phase if it so chooses. **KDADS does not guarantee that going through the remediation phase eliminates the heightened scrutiny category**. The remediation phase includes creating a plan on how a setting will come into compliance with the HCBS Setting Final Rule. The plan must be submitted to and reviewed by KDADS. KDADS shall provide feedback to the provider on its plan. It is the goal of the Secretary of KDADS, to assist each provider during this process.

CMS Regulatory Requirements:

The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i).

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

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

The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv).

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

Introduction to read to beneficiary before interview: The following discussion will take about one hour. There are no right or wrong answers. We are just interested in learning more about your daily living activities and the support/services you receive here. The reason we are here is because the Kansas Department of Aging and Disability Services wants to make sure you have all the same rights and choices as someone that might not live or work here. We are interviewing others about their experiences as well. Do you have any questions before we start?

Date:

HS Category Designation for Setting (select all that apply):

Category 1:

Category 2:

Heightened Scrutiny Reviewer's Name and Title:

Setting Contact's Name and Title:

Setting Contact's Phone and Email:

Provider Agency:

Setting Name:

Setting Address:

Current Number of Persons-Served at Agency (regardless of funding source):

Current number of person served receiving HCBS funding:

Setting Type: (Please select all that apply)

Residential

Nonresidential

Setting Subtype: (Please select all that apply):

Assisted Living

Adult Day Care

Board Care Home

Home Plus

Children's Residential Services/Professional Resource Family Care

Licensed Foster Care

IDD Day Services

IDD Residential 1-2 persons served

IDD Residential 3-8 persons served

Supported Employment

Other (please specify):

Check Applicable:

Lease:

Rental Agreement:

Licensure:

Select all that apply:

FE

IDD

SED

PD

BI

AU

TA

FORM B: PARTICIPANT/BENEFICIARY INTERVIEW QUESTIONS

The purpose of the interview is:

- To assess the process and implementation of HCBS services in the settings
- To assess the satisfaction of beneficiaries regarding services
- To inquire about individual's life experiences and the presence or absence of the qualities of home and community-based settings

Participant's Name:

How long has the participant been at the setting?

SECTION B-ICA:

Inclusion and Community Access

Intent Statement: These questions relate to whether the setting is integrated in and supports access to the broader community.

42 CFR 441.301(c)(4)(i)

42 CFR 441.710(a)(1)(i)

42 CFR 441.530(a)(1)(i)

Reviewers should collect evidence and validate questions in this section by interviewing beneficiaries for clarification regarding services and supports provided.

Are you given the choice to participate in activities or groups, or to access resources in the community?

Yes

No

Don't know

[Examples/prompts, if necessary: public transportation, grocery stores, restaurants, libraries, schools, community centers, entertainment and events, medical providers, financial institutions, leisure and athletics, etc.]

[If 'Yes' to the previous question] Tell me more about the activities you have done or the resources you have accessed:

Evidence/Comment – Notes of compliance or non-compliance:

HS Remediation Required

Yes

No

Is there a way for you to tell staff which activities or groups you want to be involved in or which resources you want or need?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance:

HS Remediation Required

Yes

No

Does staff help you access the community activities and resources you want or need?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you get to the activities or resources you choose? [Examples/prompts if necessary: public transportation, rides from friends/family]

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are there any activities you are required to attend?

Yes

No

Don't know

[If 'Yes'] What are these activities?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do community groups or others visit here for entertainment or social gatherings?

Yes

No

Don't know

[If 'Yes'] Tell me a little about the groups that come here.

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do you ever feel isolated from the community outside?

Yes

No

Don't know

[If 'Yes'] Tell me a little about what makes you feel this way.

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do you have a paid job?

Yes

No

Don't know

[If 'No'] Was that your choice?

[If 'Yes'] Is your job in the community or here on site?

[If 'Yes'] Who chose/picked the place where you work? Did you get to help choose?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do you ever volunteer?

Yes

No

Don't know

[If 'No'] Is that your choice?

[If 'Yes'] Where do you volunteer?

[If 'Yes'] Who chose/picked the place where you volunteer? Did you get to help choose?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

If you want to, can you take classes, get training, or find services that help you get a job or a better job?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

If you want to, are you able to vote in elections?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Have any staff talked to you about your voting rights?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you access your own money (or other assets)?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you choose what to buy with your own money?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

SECTION B-ACS:

Autonomy and Choice, Setting selected by individual

Intent Statement: These questions relate to whether the setting was selected by the individual from among setting options including non-HCBS or disability-specific settings.

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

Reviewers should collect evidence and validate questions in this section by interviewing beneficiaries for clarification regarding services and supports provided.

VALIDATION QUESTIONS

Who chose for you to receive services at this setting? If someone other than you made that choice, tell me a little about how they made that choice and whether you agree with it.

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do you have a person-centered plan that takes into account your individual needs and preferences?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

SECTION B-RPD:

Rights of privacy, dignity and respect, and freedom from coercion and restraint

Intent Statement: These questions relate to whether the setting ensures individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.

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

Reviewers should collect evidence and validate questions in this section by interviewing beneficiaries for clarification regarding services and supports provided.

VALIDATION QUESTIONS

In general, do you feel that you have privacy here?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do you have privacy in your sleeping area?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do you have privacy in your living area?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do you have privacy in your bathroom, shower area, or other areas for personal care and grooming?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do you have privacy when talking on the phone or communicating with others?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Can you lock the door to your sleeping area or living area?

Yes

No

Don't know

[If 'Yes'] Does anyone else have a key to your sleeping area or living area?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Does staff knock before entering your private space?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do you have your own room?

Yes

No

Don't know

[If 'No'] Did you have a choice of roommate(s)?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are you able to decorate your sleeping or living area the way you want?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are you able to lock the building or unit entrance doors yourself, with your own key?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Is this setting physically accessible for you?

Yes

No

Don't know

[If 'No'] What would make the setting physically accessible for you?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do you feel that you are treated with dignity and respect here?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Have you ever been secluded or put in solitude? In other words, have you ever been made to be by yourself for some reason?

Yes

No

Don't know

[If 'Yes'] Can you tell me a little more about when this happened or happens?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Have you ever been restrained? For example, have you ever had your movement or freedom controlled using ties or straps? Have you ever been given medication that makes your movement or control difficult?

Yes

No

Don't know

[If 'Yes'] Can you tell me a little more about when this happened or happens?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Have you ever felt forced into making a choice that you did not want to make?

Yes

No

Don't know

[If 'Yes'] Can you tell me a little more about when this happened or happens?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

SECTION B-ACP:

Autonomy and Choice, Planning and Life Choices

Intent Statement: These questions relate to whether the setting facilitates individual choice regarding activities of daily living and life choices.

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

Reviewers should collect evidence and validate questions in this section by interviewing beneficiaries for clarification regarding services and supports provided.

VALIDATION QUESTIONS

How is your daily schedule decided? For example, are you given options for when to get up, when to eat, how and where to spend your day, and when to go to sleep?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How are options and choices about your schedule or other activities explained to you?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do you feel that you have control over your choices?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

If you and other individuals disagree on group activities, how do you decide what to do?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are you able to do the things you like to do here?

Yes

No

Don't know

[If 'No'] Tell me a little about what you would like to do that you cannot do?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

If you leave to do something fun or go to work or an appointment, do you have to return by a certain time?

Yes

No

Don't know

[If 'Yes'] Tell me about when you are expected back.

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do you have free access to all areas inside and outside whenever you want? [If 'No'] Tell me a little about what you cannot access.

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you access food here?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Can you access food at any time?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Can you have any food that you want?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do you have access to an area where you can prepare food, if and when you want?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do you have access to a place to do your own laundry, if and when you want?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are you allowed to have visitors of your choice?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are you allowed to have visitors at the time you choose and as often as you choose?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you make plans with your friends and family or other visitors of your choosing?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are you allowed to date if you want to?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do you have a lease or other legal agreement that protects you from being evicted or forced to move out?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

SECTION B-ACC:

Autonomy and Choice, Choices regarding services and supports, and who provides them

Intent Statement: These questions relate to whether the setting facilitates individual choice regarding services and supports and who provides them.

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

Reviewers should collect evidence and validate questions in this section by interviewing beneficiaries for clarification regarding services and supports provided.

VALIDATION QUESTIONS

Do you have a choice in what services you receive here?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do you have a choice in who provides your services?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Can you request who provides your services?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Can you change who provides your services?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you request a change to your programs, services, providers, or activities?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Has anyone talked to you about how to request changes to your programs, services, providers, or activities?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

FORM C: EXECUTIVE DIRECTOR INTERVIEW QUESTIONS

The purpose of the interview is:

- To assess the process and implementation of HCBS services in the settings
- To assess the satisfaction of beneficiaries regarding services
- To inquire about individual's life experiences and the presence or absence of the qualities of home and community-based settings

Respondent's Name and Title:

How long has the respondent been employed at the setting?

SECTION C-ICA:

Inclusion and Community Access

Reviewers should collect evidence and validate questions in this section by interviewing the site's executive director for clarification regarding services and supports provided.

Intent Statement: These questions relate to whether the setting is integrated in and supports access to the broader community.

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

VALIDATION QUESTIONS

Are individuals given the choice to participate in activities or groups, or to access resources in the community? [Examples/prompts, if necessary: public transportation, grocery stores, restaurants, libraries, schools, community centers, entertainment and events, medical providers, financial institutions, leisure and athletics, etc.]

Yes

No

Don't know

[If 'Yes' to the previous question] What types of activities, groups, or resources do individuals engage in/with?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you gather information from individuals about what community activities, groups, or resources they would like to be involved in/with?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How does staff help individuals access the community activities and resources they want or need?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do individuals get to places when they want to do something outside of the home? [Examples/prompts if necessary: public transportation, rides from friends/family]

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do individuals have any activities that they are required to attend? (Daily, weekly, seasonally, etc.) [If 'Yes'] What are these activities?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Please give examples of informal or formal community interaction that individuals are a part of at your setting.

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

What are the measures that you take to ensure that individuals are integrated into the community and do not experience isolation?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do any individuals have a competitive, integrated, paid job? [If 'No'] Why not? [If 'Yes'] Are the jobs in the community or here on site? [If 'Yes'] Who chooses the job location and do individuals have a part in making that choice?

Yes

No

Don't know

[If 'Yes'] How many total individuals served have a paid job?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do any individuals volunteer in the community?

Yes

No

Don't know

[If 'No'] Why not?

[If 'Yes'] Where do individuals volunteer?

[If 'Yes'] Who chooses the volunteer location and do individuals have a part in making that choice?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do individuals take classes, get training, or utilize supported employment services to help them get a job or a better job?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

If they want to, are individuals able to vote in elections?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How are individuals made aware of their right to vote?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

What accommodations are made to allow individuals to have access to their own resources, money, or assets?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do individuals choose what to buy with their own money?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

SECTION C-ACS:

Autonomy and Choice, Setting selected by individual

Intent Statement: These questions relate to whether the setting was selected by the individual from among setting options including non-HCBS or disability-specific settings.

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

Reviewers should collect evidence and validate questions in this section by interviewing the site’s executive director for clarification regarding services and supports provided.

VALIDATION QUESTIONS

Who chooses for individuals to receive services at this setting? If someone other than the individual makes that choice, tell me a little about how the choice is made.

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Does every individual receiving Medicaid HCBS have a person-centered plan that is reflective of their personal needs and preferences? [If ‘No’] Please explain.

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

SECTION C-RPD:

Rights of privacy, dignity and respect, and freedom from coercion and restraint

Intent Statement: These questions relate to whether the setting ensures individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.

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

Reviewers should collect evidence and validate questions in this section by interviewing the site's executive director for clarification regarding services and supports provided.

VALIDATION QUESTIONS

How do you ensure the privacy of individuals?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you give privacy to individuals in their sleeping area?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you give privacy to individuals in their living area?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you give privacy to individuals in their bathroom, shower area, or other areas for personal care and grooming?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you give privacy to individuals when talking on the phone or communicating with others?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Can individuals lock the door to their sleeping area or living area?

Yes

No

Don't know

[If 'Yes'] Does anyone else get a key to those areas and who makes that decision?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Does staff knock before entering an individual's private space?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do individuals have their own room?

Yes

No

Don't know

[If 'No'] Did individuals have a choice of roommate(s)?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are individuals able to decorate their sleeping or living area the way they want?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do units have entrance doors lockable by the individual, with only appropriate staff having keys to doors?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Is this setting physically accessible for all individuals?

Yes

No

Don't know

[If 'No'] What would make the setting physically accessible for all individuals?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you ensure that individuals are treated with respect and dignity?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are individuals ever secluded or put in solitude?

Yes

No

Don't know

[If 'Yes'] In what situations?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are individuals ever restrained?

Yes

No

Don't know

[If 'Yes'] In what situations and how?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you ensure individuals are free from coercion regarding their choices or surroundings?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

SECTION C-ACP:

Autonomy and Choice, Planning and Life Choices

Intent Statement: These questions relate to whether the setting facilitates individual choice regarding activities of daily living and life choices.

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

Reviewers should collect evidence and validate questions in this section by interviewing the site's executive director for clarification regarding services and supports provided.

VALIDATION QUESTIONS

How are individual's schedules decided? For example, are individual's given options for when to get up, when to eat, how and where to spend their day, and when to go to sleep?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you explain options and choices to an individual and how are those choices honored?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you optimize individual initiative, autonomy, and independence in making life choices?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do disagreements between individuals about what they want to do get resolved?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are individuals able to things they want to do that are not part of organized site activities? [If 'No'] What would individuals like to do that they cannot do?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are there restrictions at this setting regarding when individuals can come and go, such as a curfew?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do individuals have free access to all areas inside and outside whenever they want? [If 'No'] What is restricted and why?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do individuals access food at this setting?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Can individuals access food at any time?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Can individuals have any food that they want?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do individuals have access to an area where they can prepare food, if and when they want? Are there any limitations?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do individuals have access to a place to do their own laundry, if and when they want? Are there any limitations?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are individuals allowed to have visitors of their choosing?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are there any restrictions as to when individuals can have visitors or the frequency with which they can have them?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do individuals see or make plans with their friends and family, or other visitors of their choosing, when they wish?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are individuals supported in dating if they want to?

Yes

No

Don't know

[If 'Yes'] How are they supported?

[If 'No'] Please explain.

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Is the unit or dwelling a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Does the individual have, at a minimum, the same protections from eviction that tenants have under landlord/tenant law of the state, county, city or other designated entity?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

For settings in which landlord tenant laws do not apply, does the state ensure that a lease, residency agreement or other form of written agreement is 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?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

SECTION C-ACC:

Autonomy and Choice, Choices regarding services and supports, and who provides them

Intent Statement: These questions relate to whether the setting facilitates individual choice regarding services and supports and who provides them.

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

Reviewers should collect evidence and validate questions in this section by interviewing the site's executive director for clarification regarding services and supports provided.

VALIDATION QUESTIONS

What input do individuals have into their services and supports?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do individuals choose or get assigned the staff that they work with?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Can individuals request who provides their services?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Can individuals change the staff who provides their services?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do individuals request a change to their programs, services, providers, or activities?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you ensure individuals know about the option to change their programs, services, providers, or activities?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

SECTION C-ST:

Staff training on HCBS and the Final Rule

Intent Statement: These questions relate to whether the setting facilitates training for staff regarding HCBS services and the Final Rule, and how staff performance is evaluated.

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

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

Reviewers should collect evidence and validate questions in this section by interviewing the site's executive director for clarification regarding services and supports provided.

VALIDATION QUESTIONS

What are the training requirements and procedures for all staff?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you train staff on HCBS rules and guidelines and the Final Rule?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you evaluate the performance of staff?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

FORM D: STAFF INTERVIEW QUESTIONS

The purpose of the interview is:

- To assess the process and implementation of HCBS services in the settings
- To assess the satisfaction of beneficiaries regarding services
- To inquire about individual’s life experiences and the presence or absence of the qualities of home and community-based settings

Respondent's Name and Title:

How long has the respondent been employed at the setting?

SECTION D-ICA:

Inclusion and Community Access

Intent Statement: These questions relate to whether the setting is integrated in and supports access to the broader community.

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

Reviewers should collect evidence and validate questions in this section by interviewing site staff for clarification regarding services and supports provided.

VALIDATION QUESTIONS

Are individuals given the choice to participate in activities or groups, or to access resources in the community? [Examples/prompts, if necessary: public transportation, grocery stores, restaurants, libraries, schools, community centers, entertainment and events, medical providers, financial institutions, leisure and athletics, etc.]

Yes

No

Don't know

[If ‘Yes’ to the previous question] What types of activities, groups, or resources do individuals engage in/with?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you gather information from individuals about what community activities, groups, or resources they would like to be involved in/with?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you help individuals access the community activities and resources they want or need?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do individuals get to places when they want to do something outside of the home? [Examples/prompts if necessary: public transportation, rides from friends/family]

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do individuals have any activities that they are required to attend? (Daily, weekly, seasonally, etc.)

Yes

No

Don't know

[If 'Yes'] What are these activities?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Please give examples of informal or formal community interaction that individuals are a part of at your setting.

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

What are the measures that you take to ensure that individuals are integrated into the community and do not experience isolation?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do any individuals have a competitive, integrated, paid job

Yes

No

Don't know

[If 'No'] Why not?

[If 'Yes'] Are the jobs in the community or here on site?

[If 'Yes'] Who chooses the job location and do individuals have a part in making that choice?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do any individuals volunteer in the community?

Yes

No

Don't know

[If 'No'] Why not?

[If 'Yes'] Where do individuals volunteer?

[If 'Yes'] Who chooses the volunteer location and do individuals have a part in making that choice?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do individuals take classes, get training, or utilize supported employment services to help them get a job or a better job?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

If they want to, are individuals able to vote in elections?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How are individuals made aware of their right to vote?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

What accommodations are made to allow individuals to have access to their own resources, money, or assets?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do individuals choose what to buy with their own money?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

SECTION D-ACS:

Autonomy and Choice, Setting selected by individual

Intent Statement: These questions relate to whether the setting was selected by the individual from among setting options including non-HCBS or disability-specific settings.

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

Reviewers should collect evidence and validate questions in this section by interviewing site staff for clarification regarding services and supports provided.

VALIDATION QUESTIONS

Who chooses for individuals to receive services at this setting? If someone other than the individual makes that choice, tell me a little about how the choice is made.

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Does every individual receiving Medicaid HCBS have a person-centered plan that is reflective of their personal needs and preferences?

Yes

No

Don't know

[If 'No'] Please explain.

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

SECTION D-RPD:

Rights of privacy, dignity and respect, and freedom from coercion and restraint

Intent Statement: These questions relate to whether the setting ensures individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.

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

Reviewers should collect evidence and validate questions in this section by interviewing site staff for clarification regarding services and supports provided.

VALIDATION QUESTIONS

How do you ensure the privacy of individuals?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you give privacy to individuals in their sleeping area?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you give privacy to individuals in their living area?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you give privacy to individuals in their bathroom, shower area, or other areas for personal care and grooming?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you give privacy to individuals when talking on the phone or communicating with others?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Can individuals lock the door to their sleeping area or living area?

Yes

No

Don't know

[If 'Yes'] Does anyone else get a key to those areas and who makes that decision?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do you knock before entering an individual's private space?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do individuals have their own room?

Yes

No

Don't know

[If 'No'] Did individuals have a choice of roommate(s)?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are individuals able to decorate their sleeping or living area the way they want?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do units have entrance doors lockable by the individual, with only appropriate staff having keys to doors?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Is this setting physically accessible for all individuals?

Yes

No

Don't know

[If 'No'] What would make the setting physically accessible for all individuals?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you ensure that individuals are treated with respect and dignity?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are individuals ever secluded or put in solitude?

Yes

No

Don't know

[If 'Yes'] In what situations?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are individuals ever restrained?

Yes

No

Don't know

[If 'Yes'] In what situations and how?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you ensure individuals are free from coercion regarding their choices or surroundings?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

SECTION D-ACP:

Autonomy and Choice, Planning and Life Choices

Intent Statement: These questions relate to whether the setting facilitates individual choice regarding activities of daily living and life choices.

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

Reviewers should collect evidence and validate questions in this section by interviewing site staff for clarification regarding services and supports provided.

VALIDATION QUESTIONS

How are individual's schedules decided? For example, are individual's given options for when to get up, when to eat, how and where to spend their day, and when to go to sleep?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you explain options and choices to an individual and how are those choices honored?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you optimize individual initiative, autonomy, and independence in making life choices?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do disagreements between individuals about what they want to do get resolved?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are individuals able to do the things they like to do here?

Yes

No

Don't know

[If 'No'] What would individuals like to do that they cannot do?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are there restrictions at this setting regarding when individuals can come and go, such as a curfew?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do individuals have free access to all areas inside and outside whenever they want?

Yes

No

Don't know

[If 'No'] What is restricted and why?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do individuals access food at this setting?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Can individuals access food at any time?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Can individuals have any food that they want?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do individuals have access to an area where they can prepare food, if and when they want? Are there any limitations?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do individuals have access to a place to do their own laundry, if and when they want? Are there any limitations?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are individuals allowed to have visitors of their choosing?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are there any restrictions as to when individuals can have visitors or the frequency with which they can have them?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do individuals see or make plans with their friends and family, or other visitors of their choosing, when they wish?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Are individuals supported in dating if they want to?

Yes

No

Don't know

[If 'Yes'] How are they supported?

[If 'No'] Please explain.

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Do individuals have a lease or other legal agreement that protects them from being evicted or forced to move out?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

SECTION D-ACC:

Autonomy and Choice, Choices regarding services and supports, and who provides them

Intent Statement: These questions relate to whether the setting facilitates individual choice regarding services and supports and who provides them.

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

Reviewers should collect evidence and validate questions in this section by interviewing site staff for clarification regarding services and supports provided.

VALIDATION QUESTIONS

What input do individuals have into their services and supports?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do individuals choose or get assigned the staff that they work with?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Can individuals request who provides their services?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Can individuals change the staff who provides their services?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do individuals request a change to their programs, services, providers, or activities?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How do you ensure individuals know about the option to change their programs, services, providers, or activities?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

SECTION D-ST:

Staff training on HCBS and the Final Rule

Intent Statement: These questions relate to whether the setting facilitates training for staff regarding HCBS services and the Final Rule, and how staff performance is evaluated.

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

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

Reviewers should collect evidence and validate questions in this section by interviewing site staff for clarification regarding services and supports provided.

What are the training requirements and procedures for all staff?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

Have you been trained on HCBS and the Final Rule?

Yes

No

Don't know

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

No

How is your performance evaluated?

Evidence/Comment – Notes of compliance or non-compliance

HS Remediation Required

Yes

APPENDIX C: PUBLIC COMMENTS

PUBLIC COMMENT FROM THE SUBMITTED STP IN NOVEMBER 2022

NOTIFICATION TO THE PUBLIC

<p>What?</p>	<p>The Kansas Department for Aging and Disability Services (KDADS) will be posting the following HCBS Settings Final Rule document for public comment:</p> <ol style="list-style-type: none"> 1. State Transition Plan (STP) which describes how final rule compliance will be reached in Kansas.
<p>When?</p>	<p>The public comment period will be from November 29, 2022 – December 29, 2022.</p>
<p>Why?</p>	<p>Updates have been made to the State Transition Plan (STP) in the areas of setting compliance data. This action is to allow the opportunity for additional public comments from HCBS participants, guardians, their families, staff, and other community stakeholders.</p>
<p>How to Review Documents?</p>	<p>Starting November 29, 2022 documents can be reviewed at the following link or by request:</p> <ol style="list-style-type: none"> 1. KDADS website link at https://kdads.ks.gov/kdads-commissions/long-term-services-supports/hcbs-waivers 2. Paper copies may be requested from: Kansas Department for Aging and Disability Services ADCSP, Senior Administrative Assistant, Anita Flewelling Anita.Flewelling@ks.gov 785-296-4986

	<p>Special Accommodations: Any individual may request an accommodation by contacting Anita Flewelling. Please send request 48 hours before the session you plan to attend.</p> <p>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-785-296-4983 (TTY: 1-711).</p>
How to Submit Comments?	<p>Comments can be made through the following methods:</p> <ol style="list-style-type: none"> 1. By Email - <ul style="list-style-type: none"> ○ Kansas Department for Aging and Disability Services ADCSP, Senior Administrative Assistant Anita.Flewelling@ks.gov 2. By Standard Mail – <ul style="list-style-type: none"> ○ Kansas Department for Aging and Disability Services Attn: HCBS Programs 503 S. Kansas Avenue Topeka, KS 66603

COMMENTS RECEIVED AND STATE RESPONSE

#	Sender	Public Comment	KDADS Response
1.	Stakeholder Provider	<p>Thank you for the opportunity to comment. We are very excited about some of the proposed changes coming for our HCBS families!</p> <p>I would like to mention that we, as a FMS provider, have several requests every year from families who have a child on the TA Waiver requesting ONR. Yes, we understand that this is an option for TA families through skilled nursing but not an option through PCS self-directed services.</p> <p>We hear time and time again that this is a hardship when the family needs to travel, or simply wants to get away for respite. Going through the process of selecting and getting set up with a nursing agency to only use services maybe one or twice a year is often daunting to them. Not to mention they then have to hope that agency has someone that they like and trust with their child while they</p>	<p>Thank you. This is a helpful conversation to have with stakeholders as we renew the TA waiver this year.</p>

#	Sender	Public Comment	KDADS Response
		<p>are away. They would prefer to use one of their current workers that they know and that knows their child best.</p> <p>I know our families would appreciate any consideration of adding ONR or ECS as an option for the TA Waiver.</p>	
2.	Stakeholder – CDDO	<p>Are the changes to the STP highlighted in the document? I searched for setting compliance data since the below mentions that's where the changes are but nothing came back. Since the document is over 600 pages, it makes it hard to review and provide feedback on the changes if it's not clear what changed. Please advise.</p>	<p>Thank you for the comment. Settings compliance data begins on page 19.</p>

PUBLIC COMMENT FROM THE PUBLISHED STP IN OCTOBER 2021

NOTIFICATION TO THE PUBLIC

The Kansas Department for Aging and Disability Services (KDADS) posted the following HCBS Settings Final Rule documents for public comment:

1. **Evidentiary Packets for HCBS Settings** that are located in buildings where inpatient institutional treatment are provided or located on the grounds of or adjacent to an institution (*Heightened Scrutiny categories 1 and 2*).
2. **HCBS State Transition Plan (STP)** describes how Kansas path to compliance with the settings rule.

The department requested public comments from the public on the documents from **October 15, 2021, through November 16, 2021**.

To view the documents, **Visit:**

- [KDADS Final Rule Page](#); or [Community Connections KS Page](#)

The public may offer comments in any one of the following ways:

- Through the comment section on the Community Connections Page (**Evidentiary Packets Only**)

- By Email

COMMENTS RECEIVED AND STATE RESPONSE

Comment	State Response
<p>The person-centered planning process should be an opportunity to celebrate accomplishments and, by definition, be driven by the person in services.</p>	<p>Thank you for this comment. KDADS agrees.</p>
<p>KDADS policy, Intellectual and Developmental Disability Person Centered Service Plan, increased the role of the MCO in the development and implementation of a PCSP. Now, the policy contains a provision for refusal for a person to sign their own plan as well as a grievance and appeals process for the person whose plan is developed when they disagree with <i>their</i> plan. Philosophically and structurally, this does not meet the intent of the person being the center of their support planning process.</p>	<p>Thank you for this comment. We will review this policy here to ensure that the language and intent aligns with the settings final rule.</p>
<p>The prescribed KDADS template for PCSPs doesn't allow for customization and prevents opportunities for a person to create a plan to fit their individualized needs. The redundancy reflects a bureaucratic process not a person-centered one. This can take away from the excitement of the person's annual meeting (some feedback has been it feels like a second BASIS meeting).</p>	<p>Thank you for this comment. KDADS is interested in hearing ideas to improve this form to better serve KanCare members and providers.</p>
<p>The Final Settings Rule is a departure from providers being in control of where services are delivered and rebalancing that control with the recipient of services to live in their home community in the same way as their neighbor. Current statutes and regulations for settings where HCBS is provided are inconsistent with the person-centered approach of the Final Settings Rule. Institutional standards for settings where HCBS are delivered are still in place.</p>	<p>Thank you for this comment. KDADS is open to feedback on improving regulations. As part of the systemic remediations, the agency will be opening a few regulations for revisions and public comment, the agency welcomes your participation in this process.</p>

Comment	State Response
<p>The State Fire Marshal role in the inspection of a privately leased or owned residence for a person receiving IDD HCBS residential services is not a standard the rest of the community experiences.</p>	<p>Thank you for this comment. State Fire Marshal regulations include inspection requirements for certain congregate settings. The agency is aware of the concerns raised.</p>
<p>When examining rights of individuals in service, is the question being asked, “Are people provided supports only to the extent needed?”</p>	<p>Thank you for this question. As we develop a participant’s survey, we will be collecting feedback on how best to ask questions that tell a story about a participant HCBS setting and services. We encourage you to participate in this process to help us make the system better.</p>
<p>There are potential rights violations when regulations conflict with the desires of the person receiving services.</p>	<p>Thank you for this comment. KDADS would like to have examples of regulations conflicting with desires of persons receiving services to better understand this issue. As part of the systemic remediations, the agency will be opening a few regulations for revisions and public comment, the agency welcomes your participation in this process</p>
<p>Regulatory language needs updated regarding physical facilities and definitions for provider owned, operated, and controlled given the Final Settings Rule which is leading to less provider control and more individual control over where the person resides.</p>	<p>Thank you for this comment. The HCBS Settings Final Rule mandates individual choice in choosing services and providers. As part of the systemic remediations, the agency will be opening a few regulations for revisions and public comment, the agency welcomes your participation in this process.</p>
<p>Current regulatory language is focused on facility and institutional qualities, defining the person’s experience by their disability.</p>	<p>Thank you for this comment. As part of the systemic remediations, the agency will be opening a few regulations for revisions and public comment, the agency welcomes your participation in this process.</p>

Comment	State Response
<p>The sense coming from the implementation of the Final Settings Rule is the system is heading towards more individualized types of services. With the workforce challenges currently in place, there will need to be an evaluation of how services are provided to wholly realize the intent of the Final Rule. This could include new service models or approaches including the use of technology or shared living.</p>	<p>Thank you for this comment. KDADS acknowledges there are challenges facing the workforce and is open to feedback regarding new methods of delivering services and operating settings.</p>

PUBLIC COMMENT FROM VIRTUAL MEETING WITH STAKEHOLDERS

Comment	State Response
<p>I had a question, I noticed under resources where the state is going to utilize to ensure ongoing compliance, CDDOs were not listed at all. Just want to make sure everyone knows and that you know, we know our providers really well in our area and we know what settings they have. I'm just wondering if that might have been overlooked? Because I think we would certainly want to help in any way we could.</p>	<p>Virtual Meeting Response –</p> <p>We want you to know that our stakeholders are not excluded from supporting our ongoing monitoring processes. The infrastructures that will be required to support the state in the ongoing monitoring process as part of provider levels and outreach includes all stakeholders. We will be engaging our key stakeholders with the CDDOs and with other important entities to help us get providers to continue to maintain compliance. And to also report areas of noncompliance and to help us to be the means by which we get providers to compliance or get resources to providers in terms of training and materials that will help support providers come into compliance with the settings final rule. The CDDOs are not excluded in this process, but we want to ensure that as indicated in the STP that we communicate that we will be requiring the MCOs to be a key part of monitoring. We will be setting up a team at KDADS.</p> <p>Official Response –</p> <p>The STP ongoing monitoring section has been updated to include the roles of the CDDO, case managers and waiver assessors.</p>
<p>We're kind of late to the game. I just found out about this yesterday. So you know, I'm not sure this is appropriate or not, but I'd really just wanted to talk about our position here and the young adults that we serve in their families that we would like more choices for independent supported living rather than just the group home setting so it is this a place to talk about that or is that something that you just want submitted in writing or how do we handle that?</p>	<p>Virtual Meeting Response -</p> <p>Yes, you can share feedback and comments here and you can also email me at latonia1.wright@ks.gov.</p>

Comment	State Response
<p>We are glad to be here. So, you know they do not necessarily want to be heard, but at least be seen to just to know that we're talking about them, and then they want a voice in this whole thing so.</p>	<p>Virtual Meeting Response -</p> <p>Yes, and we welcome them, and we are so excited up at KDADS to see them here and being a part of this process. Please, follow-up with an email to me to continue this discussion. If you want us to come out and do education and awareness and how they can be a part of this process and continuing to be a voice in the process when decisions are made up here with services. We want to connect with our individuals that participate in waiver services so welcome all of you thank you.</p> <p>Official Response –</p> <p>The STP ongoing monitoring section has been updated to include the role of waiver participants and their supports. KDADS will be following-up with these entities to continue the discussion and develop actions to keep them included in decision making for waiver services.</p>
<p>Hi, I'm a parent of a daughter, who participates in Inclusion Connections. I will be emailing you as well. After I review this, but I also am very passionate about having young adults with disabilities, having several options to be able to choose where they want to live in like a more independent setting if she wanted to choose to live in a group home, she wanted to choose being more active, she could do so. I appreciate being part of the conversation and I appreciate what you all are doing and thank you for this opportunity to be able to participate. I'll be reviewing the STP document and providing my comments so thank you very much.</p>	<p>Virtual Meeting Response -</p> <p>And thank you very much because of course, one of the big things of final rule is choice and we want individuals to be out there living how they so choose. If they want the choice to live independently in our wonderful state, then we need to figure out how to make that happen with those supports that are needed. Thank you so much for participating.</p> <p>Official Response –</p> <p>The STP ongoing monitoring section has been updated to include the role of waiver participants and their supports. KDADS will be following-up with these entities to continue the discussion and develop actions to keep them included in decision making for waiver services.</p>