

1915(i)
Home and Community
Based Services
(HCBS)
UPDATES AND CHANGES

June 8, 2017



HCBS CHANGES PRIOR TO SFY2018

presented by
Jocelyn Piechocki



CMS Announcement

- On May 9, 2017, CMS released a notice they have offered states the option to extend the transition period by three years
- State of Indiana will maintain the transition date of March 17, 2019 which is in the current Statewide Transition Plan



HCBS Changes Prior to SFY2018

- A new “address check” feature in DARMHA went live April 24, 2017
- Intent is twofold
 - Ensure residential setting type, especially for POCO residential settings, is correctly identified
 - Alert DMHA SET to possible previously unidentified POCO residential settings



“Address Check” Feature in DARMHA

DARMHA will compare the address listed in the “Home Address 1” box of the application against a database of known POCO residential settings, and with the selection made by the provider in the “Current Living Situation” section. Members official address is the address that DRF has on file.

A mismatch will indicate either a setting type identification error by the provider, or the presence of a previously unidentified POCO residential setting that must be assessed

Applicant Information

Home Address 1 : 1906 Kennsington Gardens

Address 2 :

City : Neverland

State : Indiana

Zip Code : 46176-

Email Address : Peterpan@neverland.com

Phone : (xxx-xxx-xxxx) 317-234-2669 Ext. :

Health Questions :

POCO Address :

Current Living Situation :

Community-based Settings:

- Homeless
- Private/Independent Home
- Non-POCO residential setting
- POCO Residential Setting
- Potential Presumed Institutional setting

Note: if an applicant uses a P.O. box as their mailing address, that must go in the “Address 2” box. There must be a physical street address entered in the “Home Address 1” box.



“Address Check” feature and Newly Identified POCO Setting

The “Address Check” feature can be used as a method to assist a provider and DMHA to identify a new POCO setting. A red “X” will appear here and here.

When a new POCO is identified there are two assessment forms: Provider Self Assessment and the member survey.

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Health Questions : ✓

POCO Address : ✗

Current Living Situation :

Community-based Settings:

- Homeless
- Private/Independent Home
- Non-POCO residential setting
- POCO Residential Setting
- Potential Presumed Institutional setting

Questions

HCBS CHANGES EFFECTIVE JULY 8th, 2017



HCBS Living Situation Assessments

- Revised “Current Living Situation” section of DARMHA Application for AMHH and BPHC
- RSST-R
- Non-POCO Residential Setting Assessment Worksheet
 - Residential Settings
 - Private/Independent Homes



Revised “Current Living Situation” Section of DARMHA Application for AMHH and BPHC – Non-POCO Residential Settings

Current View and Function

Provider is required to indicate whether the setting is or is not fully compliant, based on their assessment of the setting

Current Living Situation :

Community-based Settings:

- Homeless
- Private/Independent Home
- Non-POCO residential setting that fully complies with HCBS requirements
- Non-POCO residential setting that does not fully comply with HCBS requirements

Select all of the following qualities **that are present** at the setting (from the Residential Screening Tool Section):

- Is integrated in and supports full access to the greater community
- Is selected by the individual from among setting options
- Ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint
- Optimizes individual initiative, autonomy, and independence in making life choices
- Facilitates individual choice regarding services and supports, and who provides them

- POCO Residential Setting
- Potential Presumed Institutional setting

If setting is not fully compliant, provider sees drop-down menu and must make selections based on their assessment



Revised “Current Living Situation” Section of DARMHA Application for AMHH and BPHC

Revised View and Function

Provider will only indicate the TYPE of setting, and is no longer required to indicate compliance status or fill out a drop-down menu

Current Living Situation :

Community-based Settings:

- Homeless
- Private/Independent Home
- Non-POCO residential setting
- POCO Residential Setting
- Potential Presumed Institutional setting

Institutional Settings:

- Nursing Home
- Hospital
- Institution for Mental Disease (IMD)
- ICF/IID
- Jail/Correctional Facility

In addition, the “Potential Presumed Institutional setting” selection will only be used if the setting is a private/independent home which has qualities of an institution

Residential Setting Screening Tool-Revised (RSST-R)

- Current version of the RSST (May 2016) required providers to assess compliance with HCBS standards for residential settings. This is no longer necessary because:
 - Compliance data for POCO residential settings has already been gathered
 - Assessment worksheet for non-POCO residential settings will roll out July 8, 2017
- Updated version RSST-R (effective July 8, 2017) will only require providers to identify the type of setting in which an applicant for AMHH or BPHC lives
 - Providers must attest that the settings have been assessed
- RSST-R is still required to be completed with every AMHH and BPHC application, and a signed and dated copy kept in the clinical record



Section That is Unchanged from the Current RSST

- Member Identification Section

Member Name: _____ Date of Screening: _____

Member's address: _____

Internal ID #: _____ IICP #: _____ Benefit: AMHH / BPHC (*circle one or both*)



Major Change for the RSST-R

The current version of the RSST requires providers to make preliminary assessments of the compliance status for POCO and non-POCO residential settings – these go away!

<p>Section 5-A: Global HCBS Requirements (the “Big 5”) Providers of AMHH and BPHC services must ensure that five qualities (the “Big 5”) are present at the residence of members who do not live in a “Private Home” setting. Please circle YES or NO as to whether the following requirements are present at the member’s residence:</p> <p>YES NO 1. The residence is integrated into the member’s natural and greater community (for example, individual has access to entertainment, community resources, and access to transportation)</p> <p>YES NO 2. The residence offers a variety of housing and residence options (for example, individual can choose to live here; residence reflects individual’s preferences)</p> <p>YES NO 3. The residence ensures individual’s rights to dignity, respect, and freedom from restraint (for example, individual has own bedroom with a lockable door; he/she chose; individual has own bathroom that has a lockable door)</p> <p>YES NO 4. The residence supports individual initiative, autonomy, and independence in making life choices (for example, individual can come and go at any time or agreed to certain access restrictions [visiting hours, etc.] when choosing to live here; individual can have visitors at any time or agreed to certain visitation restrictions [visiting hours, etc.] when choosing to live here; individual has access to food at all times)</p> <p>YES NO 5. The residence facilitates access to needed services and supports, and who provides them (for example, he/she wants mental health or addiction services and those services are provided in the home)</p> <p><i>If the response to all five of the above statements is “YES”, the setting fully complies with global HCBS requirements. If one or more responses are “NO”, the setting does not fully comply with global HCBS requirements.</i></p>	<p>Section 5-B: POCO Residential Setting HCBS Requirements (the “POCO 5”) In addition to the five global HCBS requirements from Section 5-A, five additional requirements must be met for POCO residential settings where AMHH and/or BPHC services are provided. Please circle YES or NO as to whether the following requirements are present at the member’s residence, or circle MOD if the requirement is not met but the member has a specific assessed need of the member or through the member’s clinical record (if applicable) has been documented in the member’s clinical record.</p> <p>YES NO MOD 1. The residence has a legally enforceable lease or residency agreement, with the same terms and conditions as other people in the community not receiving HCBS</p> <p>YES NO MOD 2. The member has control over his/her sleeping or living unit (for example, individual’s living unit has lockable doors with only appropriate staff having keys; individual had a choice of how to furnish and decorate their sleeping or living unit; individual can close and lock bathroom doors; individual can use cell phone, fax, and/or use computer)</p> <p>YES NO MOD 3. The member has control over their own activities (for example, individual can come and go at any time or agreed to certain access restrictions [visiting hours, etc.] when choosing to live here; individual is not required to adhere to a set schedule for waking up, going to bed, or taking medications [if applicable].)</p> <p>YES NO MOD 4. The member has control over who has visitors of their choosing at any time or agreed to certain access restrictions (visiting hours, etc.) when choosing to live here</p> <p>YES NO MOD 5. The residence is physically accessible to the individual with disabilities and necessary services are in place</p> <p><i>If the response to all five of the above statements is “YES” or “MOD”, the setting fully complies with POCO residential HCBS requirements. If one or more responses are “NO”, the setting does not fully comply with POCO residential HCBS requirements.</i></p>
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Other Sections That Will Be Deleted from the Current RSST

- Screening for Qualities of an Institution
 - Institutional screening is now embedded in assessment worksheet

Section 3: Screening Questions for Qualities of an Institution (“Potential Presumed Institutional”):

1. Is the residence located in a publicly or privately owned facility that provides inpatient residential care?	YES	NO
2. Is the residence in a building on the grounds of, or immediately adjacent to, a public institution?	YES	NO
3. Does the residence have the effect of isolating individuals receiving HH/PS services from the broader community?	YES	NO

*An answer of “YES” to any of the three above questions means the residence has the potential to be a quality of an institution. Skip Sections 4, 5-A, and 5-B and complete **Section 6: Outcome of Residential Screening**, selecting “Potential Presumed Institutional”. If Section 3 has all “NO” responses, continue to Section 4.*

- Outcomes Section - redundant

Section 6: Outcome of Residential Screening

By my signature, I attest that I live at the location identified in the assessment and the compliance designation of my residence is:

Potential Presumed Institutional
 Non-POCO, fully HCBS compliant
 POCO, fully HCBS compliant

Non-POCO, NOT fully compliant with global HCBS requirements
 POCO, NOT fully compliant with global HCBS and/or “POCO 5” HCBS requirements

Providers: Enter the compliance designation selected above under the “Residential Screening” section of the member’s AMHH and/or BPHC application in DARMHA. Use the responses from Sections 3, 5-A, and 5-B to indicate which qualities prevent the setting from being fully HCBS compliant.

Signature of Member

Name of Member



Sections That Are Modified for the RSST-R

- Attestation for Homelessness
 - No change in criteria, just adds blanks for case manager signature and printed names

Section 1: Attestation for Homelessness

Members who attest that they are temporarily in a setting which meets the definition of homeless may be eligible to apply for home and community-based services through DMHA such as AMHH and BPHC.

Homeless is defined as: (1) lacking a fixed, regular, and adequate nighttime residence, and/or (2) the primary nighttime residence is: (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodation of 3 or less months, or (b) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street, tent community?).

By our signatures, we attest that the member's meets the criteria for homelessness. Member's currently in a homeless situation defined as (chose one of the above items):

The member utilizes the following address for the purpose of Mail only. This address is the official address listed with Indiana Medicaid verified by the CMHC

Member signature

Date

Case Manager signature

Date

Member name (printed)

Case Manager name (printed)

Providers: For members whose living situation meets criteria for homelessness, select "Homeless" under the "Current Living Situation" section of the AMHH/BPHC application in DARMHA, member and case manager sign in this section, and retain a copy of this screening in the member's clinical record. No further residential assessment is required until the member's living situation changes. Otherwise, continue to Section 2.



Sections That Are Modified for the RSST-R (cont.)

- Attestation for “Private/Independent Home”
 - New blanks for case manager signature and printed names

Section 2: Attestation for “Private/Independent Home” Setting

An individual’s private home (owned or leased), or a relative’s home where the individual resides (owned or leased), is considered to be a “Private/Independent Home”. Though CMS allows providers to presume that a “Private/Independent Home” meets HCBS setting requirements, these settings must still be assessed using the Residential Setting Screening Tool- Revised.

By my signature, I attest that:

- 1. I live at the residence identified above, which is owned or leased/rented by me (or a member of my family) for my/our personal use, AND**
- 2. I have opportunities for full access to the greater community, AND**
- 3. The residence is not owned or operated by an agency which provides AMHH and/or BPHC services, AND**
- 4. The residence is not located in or on the grounds of a hospital, nursing home, or other facility that provides inpatient institutional care**

Member signature

Date

Case Manager signature

Date

Member name (printed)

Case Manager name (printed)

Providers: If the member lives in a “Private/Independent Home” setting, select that option under the “Current Living Situation” section of the AMHH or BPHC application in DARMHA, member and case manager sign in this section, and retain a copy of this screening in the member’s clinical record. If the member does not live in a “Private/Independent Home”, continue to Section 3.



New Section on the RSST-R

- Identification of a POCO Residential Setting
 - Asks if setting has been previously identified and assessed as POCO residential setting
 - Screening questions if setting has not been previously identified as POCO residential setting

Section 3: Identification of a Provider Owned, Controlled, or Operated (POCO) Residential Setting

A provider CMHC owned, controlled, or operated (POCO) residential setting is a specific physical place that is owned, co-owned, and/or operated by a CMHC provider of HCBS. DMHA recognizes any residence an individual lives in that is owned by a paid caregiver, that is not a family member, must be treated as POCO. As of July 1, 2017, all of a CMHC's known POCO residential settings have been identified and assessed, and are either fully compliant or working toward full compliance with the HCBS requirements for these types of settings.

Has this setting been previously identified by your agency as a POCO residential setting and referred to DMHA for HCBS compliance assessment?

YES

NO

(Note: if unsure whether the setting has been identified and/or referred, consult your agency's AMHH/BPHC point of contact)

If "YES", skip the four questions below, obtain signatures and follow provider instructions in italics.

If "NO", answer the following screening questions to determine if the setting may be a POCO residential setting.

Does your agency (or another CMHC) own, lease, or co-lease this setting?	YES	NO
Does your agency (or another CMHC) provide staff who are assigned to work at the setting?	YES	NO
Does your agency (or another CMHC) have control over referrals for residency at the setting?	YES	NO
Is your agency (or another CMHC) otherwise involved in the operation of this setting?	YES	NO

If the answer to any of the four screening questions is "YES", the setting may be a POCO residential setting which has not yet been identified by your agency. **Notify your agency's AMHH/BPHC point of contact immediately, in order to refer the setting to DMHA for HCBS compliance assessment.** If the answer to all four of the screening questions is "NO", skip the rest of this section and complete Section 4 of this tool.

By our signatures, we attest that the member lives in a POCO residential setting, and the setting has been referred to DMHA for HCBS compliance assessment.

Member signature

Date

Case Manager signature

Date

Member name (printed)

Case Manager name (printed)

Providers: If the member lives in a "POCO Residential Setting" – regardless of whether the setting has been previously referred to DMHA for compliance assessment - select "POCO residential setting" under the "Current Living Situation" section of the AMHH or BPHC application in DARMHA, member and case manager sign in this section, and retain a copy of this screening in the member's clinical record. Otherwise, continue to Section 4.

New Section on the RSST-R

- Identification and Attestation for Non-POCO Residential Setting
 - Attestation that non-POCO residential setting has been/will be assessed
 - New blanks for entering date of assessment and case manager signature and printed names

Section 4: Identification and Attestation for Non-POCO Residential Setting

If the residential setting of a member applying for AMHH or BPHC is not “Homeless”, “Private/Independent Home”, or “POCO Residential Setting” (as determined by Sections 1 through 3 of this tool), then the setting is considered a “Non-POCO Residential Setting”. These are most often Non-POCO residential settings that provide some level of daily living support services, such as (*this list is not all-inclusive*):

Residential Care Facilities (RCFs; this category includes licensed Assisted Living Facilities [ALFs] and Adult Family Care Homes [AFCHs])
 County homes
 Residential Care Assistance Program (RCAP) facilities
 Room and Board Assistance (RBA) facilities
 Cluster homes/cluster apartments owned by non-profit agencies

To assist CMHCs in assessing non-POCO residential settings, a “Non-POCO Residential Setting Assessment Worksheet” which does not have an existing HCBS compliance designation has been developed for use by CMHC staff to complete. Every identified non-POCO residential setting must be assessed using this worksheet.

By our signatures, we attest that the member lives in a non-POCO residential setting, and the required HCBS Compliant Assessment Worksheet will be completed and forwarded to DMHA within 30 calendar days. Email the completed worksheet to DMHAadultHCBS@fssa.in.gov.

Has the setting been assessed: (circle one) Yes or No

If No, please provide date of assessment: _____

Current Compliant Status: (circle one) Needs Modifications Fully Compliant Non-Compliant PPI Pending

Member signature **Date**

Case Manager Signature **Date**

Member name (printed)

Case Manager name (printed)

Providers: If the member lives in a “Non-POCO residential setting”, select that option under the “Current Living Situation” section of the AMHH or BPHC application in DARMHA, member and case manager sign in this section, and retain a copy of this RSST-R screening in the member’s clinical record.



Summary of Changes for RSST-R

- Reduced from 6 sections to 4
- Added signature line for case managers and lines for printed names of member and case manager (All 4 lines are required with dates)
- When a member moves during their eligibility period, a new RSST-R is required to be completed and filed in their clinical record within 15 calendar days of agency learning of a change
- Eliminated requirement for providers to make assessment determinations on already identified POCO settings
- “Potential Presumed Institutional” screening is now either complete (for POCO residential settings) or embedded in new assessment worksheet
- Supports changes to DARMHA application and SFY18 rollout of Private/Independent Home and Residential Setting assessment worksheet



Questions

New HCBS Non-POCO Residential Setting Assessment Worksheet Effective July 8th, 2017

**presented by
Ryan Ballard**



Compliance Assessment of Non-POCO Residential Settings

- So far through the HCBS setting compliance process, providers and DMHA have focused almost exclusively on POCO residential settings
- Attention needs to be turned to assessing *Non-POCO* residential settings
- To assist providers in assessing Non-POCO residential settings, DMHA has developed a compliance assessment worksheet
- CMHCs are responsible for completing the Non-POCO Residential Setting Assessment Worksheet for all Non-POCO settings
- The Non-POCO Residential Setting Assessment Worksheet can be located on the AMHH, BPHC and HCBS website.



Options for Submitting the Non-POCO Setting Assessment Worksheet

EFFECTIVE JULY 8, 2017

1. Providers may submit the worksheet prior to the AMHH/BPHC application submission
2. Providers may submit the worksheet at time of the AMHH/BPHC application submission
3. If worksheet is not already completed, providers must complete and submit the worksheet within 30 days of the submission of the AMHH/BPHC application



Non-POCO Residential Settings

- A Non-POCO residential setting is a setting in which multiple individuals live, that most often (but not always):
 - Is owned or operated by a company or corporation, a governmental entity, or a non-profit agency (as opposed to a private individual)
 - Provides some manner of formal daily living support to residents
- Examples
 - Residential Care Facilities (RCFs); this category includes licensed Assisted Living Facilities (ALFs) and Adult Family Care Homes (AFCHs)
 - County Homes
 - Cluster homes or cluster apartments owned by non-profit agencies
- Accurately completing the RSST-R will greatly assist in identifying Non-POCO residential settings
- A Non-POCO Residential Setting Assessment Worksheet must be completed for every identified Non-POCO residential setting



Non-POCO Residential Setting Assessment

Assessing living situations not owned, controlled, or operated by a CMHC can be complicated, because it is possible that a provider of HCBS *other than* a CMHC may operate or be delivering services at that setting. The Indiana FSSA agencies Division of Aging (DA) and Division of Disability and Rehabilitative Services (DDRS) administer four other Medicaid HCBS programs, known as 1915(c) Home and Community-Based Waivers:

- Traumatic Brain Injury (TBI; administered by DA)
- Aged and Disabled (A&D; administered by DA)
- Community Integration and Habilitation (CIH; administered by DDRS)
- Family Supports (FS; administered by DDRS)



Non-POCO Residential Settings

- A member receiving services under any 1915(c) waiver also must live in a setting which is HCBS compliant.
- The worksheet helps identify if the setting contains members with C-Waiver
- As the Non-POCO Residential Setting Assessment Worksheet is completed by the provider, this process will identify if the setting is under the authority of DA or DDRS
- By submitting the worksheet to DMHA, the providers are notifying DMHA of members who live in a setting that falls under the authority of another FSSA division (e.g. DA, DDRS)
- HCBS compliance determinations made by another FSSA division will be upheld by DMHA.



Compliance Assessment for Non-POCO Residential Settings

- The HCBS compliance standards for residential settings not owned, controlled, or operated by a provider of HCBS are the “Big 5” standards
 - Setting is integrated in and supports full access to the greater community
 - Setting was selected by individual from among other setting options
 - Setting ensures individual’s rights of privacy, dignity, and respect
 - Setting optimizes individual initiative, autonomy, and choice
 - Setting facilitates choice of services and who provides them
- The Non-POCO Residential Setting Assessment Worksheet Packet consists of two documents
 - Information and instruction sheet
 - Assessment worksheet
- We recommend that the providers keep a copy of the worksheet in their records.



Compliance Assessment Worksheet - Non-POCO Residential Settings

The Non-POCO Residential Setting Assessment Worksheet has two sections:

- 1. Setting Identification, Description, and Operation Information**
- 2. Assessment Questions for Non-POCO Residential Settings Not Owned, Controlled, or Operated by a Provider of HCBS**

BOTH SECTIONS MUST BE COMPLETED IN THEIR ENTIRETY!

The questions are answerable by “YES”, “NO”, or “N/A”. There is a comments section at the end where providers, staff at the setting, and residents may add additional information.



Compliance Assessment Worksheet - Non-POCO Residential Settings

1. The worksheet must be completed entirely
 - a) ALL QUESTIONS MUST BE ANSWERED
 - b) Any narrative comments or additional information must be typed in the comments section
2. Once complete, the worksheet must be emailed ***in its original Microsoft Excel format*** to the DMHA Adult HCBS inbox at dmhaadulthcbs@fssa.in.gov.

*****Please Note: PDF copies will not be accepted.*****

3. The DMHA SET will review the submitted worksheet, and issue a “Non-POCO Residential Setting Compliance Designation Report” to your agency



Compliance Assessment Outcomes – Non-POCO Residential Settings

The “Non-POCO Residential Setting Compliance Designation Report” will communicate one of three possible compliance designations:

1. "POTENTIAL PRESUMED INSTITUTIONAL": the setting potentially has one or more qualities of an institution. DMHA will coordinate with your agency to determine if the setting needs to be referred to CMS for heightened scrutiny
2. "FULLY COMPLIANT": the setting is assessed as meeting all of the “Big 5” requirements for residential settings not owned, controlled, or operated by a provider of HCBS, and is an eligible setting for delivery of AMHH and BPHC services
3. “NEEDS MODIFICATIONS”: the setting is assessed to need remediation in order to meet all of the “Big 5” requirements for residential settings not owned, controlled, or operated by a provider of HCBS



Non-POCO Residential Settings Assessed as “Needs Modifications”

Action Steps CMHCs need to make:

1. The Setting Operating Authority (SOA)(Owner/Operator) will need to determine if they want to take the steps to get the setting into compliance
2. If yes, the CMHC will work with the SOA to develop a Setting Operating Authority Setting Action Plan (SOA SAP) and return the SAP to DMHA within 30 calendar days
3. If no, provider must notify both DMHA via HCBS email and residents at the setting within 7 calendar days of decision. Once notification is received from provider, the setting will be designated “Unable to Fully Comply.”
 - a. The Member Transition Plan process will need to begin within 30 calendar days of the decision if the SOA is not willing to complete the setting remediations to come into HCBS compliance

** DMHA will offer technical assistance as these are submitted



Non-POCO Residential Settings Assessed as “Presumed Institutional”

If the setting is determined to be PPI, the following are action steps CMHCs need to take

1. The Setting Operating Authority will need to determine if they want to take the steps to get the setting into compliance.
2. If yes, the CMHC/SOA will notify state of their decision and start to develop a heightened scrutiny packet.
 - a. Once evidence is received, DMHA will submit to OMPP for consideration for CMHC heightened scrutiny process and will notify the CMHC of the decision
3. If no, CMHC/SOA must notify both DMHA via HCBS email and residents at the setting within 7 calendar days of decision. Once notification is received from provider, the setting will be designated “Unable to Fully Comply.”
 - a. The Member Transition Plan process will need to begin within 30 calendar days of the decision if the SOA is not willing to complete the setting remediation to come into HCBS compliance.



Compliance Assessment for Non-POCO Residential Settings – Points to Remember

EFFECTIVE JULY 8, 2017

1. Providers may submit the worksheet prior to the AMHH/BPHC application submission
 2. Providers may submit the worksheet at time of the AMHH/BPHC application submission
 3. If worksheet is not already completed, providers must complete and submit the worksheet within 30 days of the submission of the AMHH/BPHC application
 4. CMHCs are responsible for managing SAP and Member Transition Plan implementation as applicable
- Please carefully read the information and instructions before completing the assessment worksheet



Questions

HCBS ONGOING MONITORING for SFY 2018

Presented by
Jocelyn Piechocki



HCBS Onsite Reviews

We are developing an ongoing monitoring plan and will be work with stakeholders to develop the best method to capture the necessary information that meets the expectations.

Below is the action steps we will implement for SFY 2018.

- The SET will conduct onsite reviews of all fully compliant settings that required physical change remediation on the provider Setting Action Plan
- Onsite review will be either be conducted with the scheduled QA visit or separately based on the number of settings



Resource Slides

WEBSITES

- [BPHC](#)
- [AMHH](#)
- [HCBS](#) (The Statewide Transition Plan can be found here)



Questions