TRANSITION PLAN

For Complying with the CMS Home- and Community-Based Services Settings Rule

FOR THE STATE OF DELAWARE

The CMS-approved Delaware transition plan can be found at:
https://dhss.delaware.gov/dhss/dmma/hcbs_trans_plan.html

An amendment to the transition plan containing a detailed description of the site-specific assessment process can be found at: https://dhss.delaware.gov/dhss/dmma/files/de_hcbs_transition_amendment.pdf

SITE-SPECIFIC ASSESSMENTS

Types of Settings/ Residents and Funding Authorities	Delaware provides HCBS through four federally approved programs: • Division of Developmental Disabilities Services (DDDS) 1915(c) waiver, • Diamond State Health Plan (DSHP), • Pathways to Employment program, and • Promoting Optimal Mental Health for Individuals through Supports and Empowerment (PROMISE) program. Note: The Pathways and PROMISE programs are newer programs that were required to fully comply with the rule prior to implementation. Therefore, they are not addressed in the transition plan. DDDS waiver settings: day habilitation services, prevocational services, residential habilitation, supported employment, and supported living DSHP Demonstration settings: community based residential alternatives, adult day services, and day habilitation
Compliant/Non-Compliant	DSHP Provider Settings: • Adult Day Services: 4 compliant; 7 compliant with modification; 1 heightened scrutiny • Assisted Living: 9 compliant; 4 compliant with modification • Day Habilitation: 1 compliant; 1 compliant with modification DDDS Provider Settings: • Day Habilitation: 5 compliant; 27 compliant with modification • Prevocational Service: 3 compliant; 4 compliant with modification • Residential Habilitation (including Neighborhood Group Home, Community Living Arrangement, and Shared Living settings): 0 compliant; 429 compliant with modification; 1 removed from program • Supported Employment: 11 compliant
Reasons for Non-Compliance	DSHP Provider Settings:

	The site-specific assessments revealed three common themes of non-compliance across provider settings. The first theme for several Adult Day Services and Day Habilitation provider settings was a lack of appropriate places for members to secure belongings. A second theme noted primarily for several Adult Day Services providers, was inadequate community engagement for members, where some settings are very self-contained and did not afford members much community integration while receiving services at the setting. A third theme noted for several Assisted Living provider settings was certain restrictive characteristics regarding privacy in member units. DMMA is currently working with these providers through the CAP process described above to remedy these issues. Providers that were deemed "compliant with modification" were required to submit a corrective action plan (CAP) to DMMA. DMMA required providers to describe in their CAP the remediation activities and associated timeframes that the provider will implement. <u>DDDS Provider Settings:</u> The most common modification required was a residency agreement. Settings that were deemed "non-compliant with modification" were issued a "Notice of Findings" and were required to submit a CAP describing in detail the remediation activities (for each non-compliant finding) that will be implemented to ensure compliance and the associated timeframe to complete the activities.
Transition plans	<u>DSHP Provider Settings:</u> Providers that were deemed "compliant with modification" were required to submit a CAP to DMMA within 30 days of receipt of the notice. DMMA required providers to describe in their CAP the remediation activities and associated timeframes that the provider will implement to ensure compliance with each non-compliant finding. Due to the nature of certain remediation activities, timeframes for CAP compliance varied with each setting. Provider CAPs will be closely monitored by DMMA to ensure that all elements are met as required by the CAP. To sufficiently address the CAP, providers are required to submit evidence to DMMA for each non-compliant finding noted in the report card. The evidence required by the provider varies based on the type of non-compliant finding. <u>DDDS Provider Settings:</u> DDDS will work with the Advisory Council to DDDS to develop survey instruments and protocols to assess compliance with the CMS Final Rule. A sub-work group will administer the survey tools and issue a final report with the findings of the group. State, Department, and Division documents and related practices will be assessed in the policy assessment. After the initial assessment, settings will be identified as compliant, presumed not to be compliant, likely not to be compliant, or full compliant. Remediation plans will be created to bring non-compliant settings into compliance. Corrective Action Plans must be submitted within 10 days of notice. OQI staff will verify

	that the CAP is being implemented within 90 days. Providers that fail to meet this timeline or fail to meet compliance at this stage risk being put on a 90-day probation period and potential loss of status as an Authorized Provider. Other remediation strategies will be implemented by March 2019 to ensure the entire waiver service delivery system will be compliant with the Community Rule.
SETTINGS PRESUMED INSTITUTIONAL	
% Presumed Institutional (No. of Residents Affected)	DSHP Waiver Settings: • 1 Adult Day Service Setting submitted for heightened scrutiny reivew: setting is located in the building as a nursing home. Separation between nursing home participants and Adult Day Service participants was noted. However, survey revealed participants had limited opportunities to participate in activities outside of the setting. DDDS Waiver Settings: No settings identified as presumptively institutional/submitted for heightened scrutiny review
Type of Setting/Residents	See above
Reason for Presumption	See above
Heightened Scrutiny Process	Division of Medicaid & Medical Assistance (DMMA) will determine if a setting requires heightened scrutiny review by: • Conduct an onsite desk review of member • Analyze results of the desk review of member and provider survey responses. DDDS Office of Quality Improvement may perform an onsite "look-behind" review to validate self-assessment • If review team determines setting is not isolating or institution-like, setting will be permitted and not subjected to CMS heightened scrutiny review • If provider setting meets one or more of the onsite review criteria DMMA will add an additional validation review into the onsite review checklist • If the results of the onsite review are sufficient for DMMA to determine that a setting is HCB in nature, DMMA will submit to CMS for review
NON-COMPLIANCE COMMUNICATION	
% Cannot/Will Not Comply (No. of Residents Affected)	One Residential Habilitation provider in the DDDS waiver program was removed from the program.
Type of Setting/Residents	See above

Reason for Determination	See above
Communication Strategy	DHSP Waiver Settings: For any settings found to be non-compliant, all participants within the setting will be notified by their managed care organization (MCO) via formal notification letter no less than 30 days prior to relocation that explains why relation is necessary and the timeline and resources available to transition to new provider. The MCO will also send out a notification letter indicating the intent to relocate the member no less than 45 days prior to relocation. DDDS Waiver Settings: DDDS will use similar processes and timelines as DHSP but will differ as DDDS will have primary responsibility for monitoring settings' compliance statuses and updating DMMA of identified issues.
Assistance to Residents?	DDDS Waiver Settings: The State will ensure affected beneficiaries will have information and support to make informed choices about alternate settings. Consideration will be given to elements of the home that are important to the waiver member and necessary support features to ensure continuity of care. DHSP Waiver Settings: If relocation of individuals to a new provider is required, MCO case managers will work with consumer to ensure continuity of care. MCO case managers will ensure that the person is given ample opportunity to learn about the variety of settings that are available and are HCBS compliant. Case managers will educate the member about the process, timeframes, and due process rights. To ensure successful placement, case managers will touch base one month and three months after the transition to monitor the success of the transition. Additionally, case managers will update the service plan as needed and regularly schedule setting visits, if needed.

ONGOING MONITORING

Monitoring Procedures	DDDS Monitoring Procedures: DDDS Office of Quality Improvement will incorporate HCBS Final Rule requirements in current licensing processes. In addition, a Quality Service Review (QSR) for a random sample of waiver members and an annual site visit for all waiver providers providing residential or day services will take place. The QSR measures consumer satisfaction and provider compliance to assess person-centered plans, service delivery, and community integration. Annual site visits review provider systemic records and requirements related to safety and appropriateness of the setting. Corrective Action Plans will be requirement if there are any deficiencies in standards. Lastly, case managers will perform monthly monitoring of settings' person-centered plans. Once a quarter, this monitoring will be face-to-face with the waiver member. DSHP Monitoring Procedures: DHSP MCOs will have operational responsibility for monitoring functions, with oversight from DMMA. Quarterly face-to-face touch base meetings with members will take place with MCO case managers. DMMA's questionnaire for case managers will align with the CMS exploratory questions and will help assess the member's experience on an ongoing basis. If a compliance issue is identified during a review, provider will be notified of remediation process and a CAP will be developed to address the issue.
Quality Assurance Measures	Quality Assurance monitoring methodologies will incorporate the addition of monitoring performance measures that ensure compliance with HCBS rule.