

CALIFORNIA'S STATEWIDE TRANSITION PLAN¹ FOR ACHIEVING AND MAINTAINING COMPLIANCE WITH THE FEDERAL HOME AND COMMUNITY BASED SETTING REQUIREMENTS

Background

1915(c) Waivers

The Federal government authorized the “Medicaid 1915(c) Home and Community-Based Services (HCBS) Waiver program” in 1981 under Section 2176 of the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35). It is codified in section 1915(c) of the Social Security Act. The original legislative intent of the HCBS Waiver program was to slow the growth of Medicaid (Medi-Cal in California) spending by providing services in less expensive settings. In order to contain costs, the federal legislation limited waiver services to individuals who would be institutionalized if the services were not provided. However, the costs of those waiver services cannot be higher than what they would cost in an institutional setting.

The law permitted states to waive certain Medicaid program requirements and in doing so, deviate from Medicaid requirements, such as providing services only in certain geographic areas (“waive statewideness”). The HCBS Waiver program also allowed states flexibility to offer different types of services to individuals with chronic disabilities. Prior to this, with the origin of Medicaid in 1965, beneficiaries could only receive comprehensive long-term care in institutional settings.

The initial waiver application is approved by the Centers for Medicare & Medicaid Services (CMS) for three years with additional renewal applications needing to be approved every five years. The waiver can be designed for a variety of targeted diagnosis-based groups including individuals who are elderly, and those who have physical, developmental, or mental health disabilities, or other chronic conditions such as Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS). The waiver can be designed to offer a variety of services including case management, personal attendant services, adult day health care services, habilitation services, day treatment services, psychosocial rehabilitation services, mental health services, and other services specifically requested by the state. 1915(c) HCBS waivers have subsequently become mechanisms for many states, including California, to provide Medicaid-funded community-based, long-term care services and supports to eligible beneficiaries.

1915(i) State Plan Programs

Starting January 1, 2007, the Deficit Reduction Act of 2005 (DRA) gave states a new option to provide HCBS through their State Plans. Once approved by CMS, State Plans do not need to be renewed nor are they subject to some of the same requirements of waivers. Under this option, states set their own eligibility or needs-based criteria for providing HCBS.

¹ The Statewide Transition Plan filed with CMS on December 19, 2014, will be posted for public reference at <http://www.dhcs.ca.gov/Pages/default.aspx>.

States are allowed to establish functional criteria in relation to certain services. The DRA provision eliminated the skilled need requirement and allowed states to cover Medicaid beneficiaries who have incomes no greater than 150 percent of the federal poverty level and who satisfy the needs-based criteria. The Patient Protection and Affordable Care Act of 2010 created several amendments including elimination of enrollment ceilings, a requirement that services must be provided statewide, and other enrollment changes.

New Home and Community Based Setting Requirements

In early January 2014, CMS announced it had finalized important rules that affect HCBS waiver programs and 1915(i) State Plan programs provided through Medicaid/Medi-Cal, and subsequently published the regulations in the Federal Register on January 16, 2014. The rules became effective 60 days from publication, or March 17, 2014. These final regulations are CMS 2249-F and CMS 2296-F.

Prior to the final rule, home and community based (HCB) setting requirements were based on location, geography, or physical characteristics. The final rules define HCB settings as more process and outcome-oriented, guided by the consumer's person-centered service plan by:

- Being integrated in and supporting 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.
- Giving individuals the right to select from among various setting options, including non-disability specific settings and an option for a private unit in a residential setting.
- Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimizing autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.
- Facilitating choice regarding services and supports, and who provides them.

For Medicaid/Medi-Cal provider-owned or controlled HCB settings, the provider must offer:

- A legally enforceable agreement between the provider and the consumer that allows the consumer to own, rent or occupy the residence and provides protection against eviction.
- Privacy in units including lockable doors, choice of roommates and freedom to furnish and decorate units.
- Options for individuals to control their own schedules including access to food at any time.
- Individuals the freedom to have visitors at any time.
- A physically accessible setting.

Any modification(s) of the new requirements can only be made on an individual basis, supported by a specific and individually assessed need and justified in the person-centered service plan. Documentation of all of the following is required:

- Identification of a specific and individualized assessed need.
- The positive interventions and supports used prior to any modification(s) to the person-centered plan.
- Less intrusive methods of meeting the need that have been tried but did not work.
- A clear description of the condition(s) that is directly proportionate to the specific assessed need.
- Review of regulations and data to measure the ongoing effectiveness of the modification(s).
- Established time limits for periodic reviews to determine if the modification(s) is still necessary or can be terminated.
- Informed consent of the individual.
- An assurance that interventions and supports will cause no harm to the individual.

HCBS Programs in California Affected by the Final Rules

Program Responsibilities

California's HCBS programs, which are the focus of this Statewide Transition Plan are either directly administered or overseen by the Department of Health Care Services (DHCS) as the single state agency for Medicaid/Medi-Cal. However, several of the HCBS waivers and the 1915(i) State Plan programs are administered jointly by DHCS and the State or local entity with program responsibility. Administrative teams comprised of employees from the State department/entity with program responsibility exist at DHCS, the California Department of Public Health (CDPH), the Department of Developmental Services (DDS), the California Department of Aging (CDA), and the San Francisco Department of Public Health (SFDPH). The SFDPH administers a HCBS Waiver program in accordance with terms of an Agreement with DHCS.

Existing HCBS Waivers and the corresponding State department/entity with program responsibility are as follows:

1. MSSP Waiver (0141), CDA, Long Term Care & Aging Services
2. HIV/AIDS Waiver (0183), CDPH, Office of AIDS
3. DD Waiver (0336), DDS, Community Services
4. ALW (0431), DHCS, Long-Term Care Division
5. NF/AH Waiver (0139), DHCS, Long-Term Care Division
6. IHO Waiver (0457), DHCS, Long-Term Care Division
7. SFCLSB Waiver (0855), SFDPH
8. PPC Waiver (0486), DHCS, Systems of Care Division

Existing 1915(i) SPAs 09-023A and 11-041 are administered by DDS.

California's HCBS Waivers and 1915(i) State Plan Programs

California currently has two approved 1915(i) State Plan programs that allow the State to access federal financial participation for services provided to individuals with developmental disabilities who do not meet the institutional level-of-care criteria required for participation in the DD Waiver, which is described in greater detail below.

California currently administers the following eight 1915(c) HCBS Waivers:

- *Multipurpose Senior Services Program (MSSP) Waiver.* The objective of this program is to provide opportunities for frail seniors age 65 or older to maintain their independence and dignity in community settings by preventing or delaying avoidable nursing facility placement. Care management is the cornerstone of this waiver and involves beneficiary assessment; person-centered care planning; service arrangement, delivery and monitoring; as well as coordinating the use of existing community resources. The 39 MSSP sites maintain wait lists independently; average wait in days statewide is 91 (during October 1, 2012 through December 31, 2012). The waiver was approved on July 1, 2009 and, at this time, is operating under a CMS-approved extension.

MSSP Waiver provider types include all of the following:

- Adult Day Care/ Support Center
 - Building Contractor or Handyman/Private Nonprofit or Proprietary Agency
 - Congregate Meals Setting
 - Home Health Agency
 - Licensed/Certified Professionals
 - Private Nonprofit or Proprietary Agency
 - Registered Nurse
 - Social, Legal, and Health Specialists
 - Social Worker Care Manager
 - Title III (Older Americans Act)
 - Translators/Interpreters
 - Transportation Providers
- *HIV/AIDS Waiver.* The purpose of this waiver is to allow persons of all ages with mid- to late-stage HIV/AIDS to remain in their homes through a continuum of care designed to stabilize and maintain an optimal level of health, improve quality of life, and provide an alternative to institutional care in hospitals or nursing facilities. Services include, but are not limited to, enhanced care management, homemaker and attendant care services, nutritional counseling and supplements, psychotherapy, and non-emergency medical transportation. The current waiver was approved on January 1, 2012.

HIV/AIDS Waiver provider types include all of the following:

- Building Contractor or Handyman
- Clinical Psychologist
- Specialized Medical Supplies
- Non-Emergency Transportation

- Foster Parent
 - Home Health Agency
 - Home Health Aide
 - Homemaker
 - Licensed Clinical Social Worker
 - Licensed Vocational Nurse
 - Local Pharmacy or Vendor
 - Marriage and Family Therapist
 - Masters Degree Nurse; Psychiatric and Mental Health Clinical Nurse Specialist or Psychiatric and Mental Health Nurse Practitioner
 - Private Nonprofit or Proprietary Agency
 - Registered Dietician
 - Registered Nurse
 - Social Work Case Manager
 - Waiver Agency with Exception Approved by CDPH/Office of Aids
- *HCBS Waiver for Persons with Developmental Disabilities (DD Waiver)*. The purpose of this waiver is to serve beneficiaries of all ages in their own homes and community settings as an alternative to placement in hospitals, nursing facilities or intermediate care facilities for persons with developmental disabilities (ICF/DD). Community-based services for individuals with developmental disabilities are provided through a statewide system of 21 private non-profit corporations known as regional centers. Regional centers provide fixed points of contact in the community for persons with developmental disabilities and their families. The DD Waiver has been in operation since 1982 to assist in funding services for individuals who live in the community and who meet the ICF/DD level-of-care requirement. DD Waiver beneficiaries live in the setting of their choice, such as with their families, in their own homes or apartments, or in licensed settings. There is no wait list for eligible beneficiaries. The current waiver was approved on March 29, 2012.

DD Waiver provider types include all of the following:

- Activity Center
- Adaptive Skills Trainer
- Adult Day Care Facility
- Adult Development Center
- Adult Residential Facility
- Adult Residential Facility for Persons with Special Health Care Needs
- Associate Behavior Analyst
- Behavior Analyst
- Behavior Management Consultant
- Behavior Management Program
- Behavioral Technician/Para-professional
- Building Contractor or Handyman
- Camping Services
- Certified Family Home

- Child Day Care Facility; Child Day Care Center; Family Child Care Home
- Client/Parent Support Behavior Intervention Training
- Clinical Psychologist
- Community-Based Training Provider
- Contractor
- Creative Arts Program
- Crisis Intervention Facility
- Crisis Team – Evaluation and Behavioral Intervention
- Dentist
- Dental Hygienist
- Dietitian; Nutritionist
- Dispensing Optician
- Driver Trainer
- Durable Medical Equipment Provider
- Facilitators
- Family Home Agency: Adult Family Home/Family Teaching Home
- Financial Management Services Provider
- Group Home
- Hearing and Audiology Facilities
- Home Health Agency
- Home Health Aide
- Independent Living Program
- Independent Living Specialist
- Individual (Landlord, Property Management)
- Individual or Family Training Provider
- In-Home Day Program
- Licensed Clinical Social Worker
- Licensed Psychiatric Technician
- Licensed Vocational Nurse
- Marriage Family Therapist
- Occupational Therapist
- Occupational Therapy Assistant
- Optometrist
- Orthoptic Technician
- Parenting Support Services Provider
- Personal Assistant
- Personal Emergency Response Systems Provider
- Physical Therapist
- Physical Therapy Assistant
- Physician/Surgeon
- Psychiatrist
- Psychologist
- Public Transit Authority
- Public Utility Agency, Retail and Merchandise Company, Health and Safety Agency, Moving Company

- Registered Nurse
 - Residential Care Facility for the Elderly
 - Residential Facility – Out of State
 - Respite Agency
 - Small Family Home
 - Social Recreation Program
 - Socialization Training Program; Community Integration Training Program; Community Activities Support Service
 - Special Olympics Trainer
 - Speech Pathologist
 - Sports Club, e.g., YMCA, Community Parks and Recreation Program; Community-Based Recreation Program
 - Supported Employment
 - Supported Living Provider
 - Translator/Interpreter
 - Transportation Provider
 - Vehicle Modification and Adaptations
 - Work Activity Program
- *Assisted Living Waiver (ALW)*. This waiver offers eligible seniors and persons with disabilities age 21 and over the choice of residing in either a licensed Residential Care Facility for the Elderly or an independent publicly subsidized housing with Home Health Agency services as alternatives to long-term institutional placement. The goal of the ALW is to facilitate nursing facility transition back into community settings or prevent skilled nursing admissions for beneficiaries with an imminent need for nursing facility placement. Eight care coordinator agencies serving seven counties independently maintain wait lists. The current waiver was approved on March 1, 2009.

ALW provider types include the following:

- Care Coordination Agency
 - Home Health Agency in Public Subsidized Housing
 - Residential Care Facility for the Elderly
- *Nursing Facility/Acute Hospital (NF/AH) – Transition and Diversion Waiver*. This waiver offers services in the home to Medi-Cal beneficiaries with long-term medical conditions, who meet the acute hospital, adult subacute, pediatric subacute, intermediate care facility for the developmentally disabled – continuous nursing care and Nursing Facility A/B levels of care with the option of returning and/or remaining in their home or home-like setting in the community in lieu of institutionalization. The current NF/AH Waiver was approved on January 1, 2012.

NF/AH Waiver provider types include all of the following:

- Behavioral Therapist
- Durable Medical Equipment Provider
- Employment Agency

- Home and Community-Based Continuous Care Facility
 - Home Health Agency
 - Home Health Aide
 - In-Home Support Services Public Authority
 - Intermediate Care Facility for the Developmentally Disabled – Continuous Nursing Care
 - Licensed Clinical Social Worker
 - Licensed Psychologist
 - Licensed Vocational Nurse
 - Marriage Family Therapist
 - Non-Profit or Proprietary Agency
 - Personal Care Agency
 - Private Nonprofit or Proprietary Agency
 - Professional Corporation
 - Registered Nurse
 - Waiver Personal Care Services Provide
- *In-Home Operations (IHO) Waiver.* This waiver serves eligible individuals who: 1) were previously enrolled in a DHCS-administered HCBS waiver prior to January 1, 2002, and who require direct care services provided primarily by a licensed nurse; or 2) have been receiving continuous care in a hospital for 36 months or longer and have physician-ordered direct care services that are greater than those available in the NF/AH waiver for the beneficiary's level of care. The current waiver was approved on January 1, 2010.

IHO Waiver provider types include all of the following:

- Associate Clinical Social Worker (ACSW)
 - Durable Medical Equipment Provider
 - Employment Agency
 - Home and Community-Based Continuous Care Facility
 - Home Health Agency
 - Home Health Aide
 - In-Home Support Services Public Authority
 - Licensed Clinical Social Worker
 - Licensed Psychologist
 - Licensed Vocational Nurse
 - Marriage Family Therapist
 - Personal Care Agency
 - Private Nonprofit or Proprietary Agency
 - Professional Corporation
 - Registered Nurse
 - Waiver Personal Care Services Provider
- *San Francisco Community Living Support Benefit (SFCLSB) Waiver.* This waiver utilizes certified public expenditures for provision of waiver services to persons with

disabilities age 21 and over who reside in the City and County of San Francisco and who are either homeless, residing in a nursing facility, or are at imminent risk of entering a nursing facility. Eligible individuals can move into licensed Community Care Facilities (CCFs) or Direct Access to Housing (DAH) sites (e.g., private homes). Services consist of care coordination, community living support benefits, and behavior assessment and planning in both CCFs and DAHs; and home delivered meals and environmental accessibility adaptations in DAH sites.

SFCLSB Waiver provider types include all of the following:

- Adult Residential Facility
 - Clinical Psychologist
 - Durable Medical Equipment Provider, Building Contractor or Handyman Private Nonprofit or Proprietary Agency
 - Home Delivered Meal/Meal Preparation Vendor
 - Home Health Agency
 - Licensed Clinical Social Worker
 - Marriage Family Therapist
 - Not-For-Profit Case Management Agency
 - Private Nonprofit or Proprietary Agency
 - Residential Care Facility for the Elderly
 - Therapist (Various Specializations)
- *Pediatric Palliative Care (PPC) Waiver.* This waiver offers children with life limiting conditions a range of home-based hospice-like services while they maintain the option of receiving curative treatment. According to diagnosed need and an approved plan of care, services include: care coordination, expressive therapies, family training, individual and family caregiver counseling/bereavement services, pain and symptom management, personal care and respite care.

PPC Waiver provider types include all of the following:

- Agency Certified Nursing Assistant
- Art Therapist
- Associate Clinical Social Worker
- Child Life Specialist
- Congregate Living Health Facility
- Home Health Agency
- Home Health Aide
- Hospice Agency
- Licensed Clinical Social Worker
- Licensed Psychologist
- Licensed Vocational Nurse
- Masters Level Social Worker
- Massage Therapist
- Music Therapist
- Registered Nurse

California's Statewide Transition Plan

This Statewide Transition Plan identifies the framework and strategy for achieving and maintaining compliance with the federal requirements for HCB settings in California. While intended to meet the 120-day submission requirements² and express California's commitment to these higher federal standards for community integration, it represents only the first step in what will become a very robust and involved process toward achieving full compliance. It is preliminary in nature because California has not yet had the full benefit of meaningful stakeholder involvement, guidance and insights from CMS on all aspects of the regulations, or the experience of other states.

California's HCBS waiver and 1915(i) State Plan programs differ significantly in the populations they serve, their size and complexities, and their statutory and regulatory structures, among other differences. The largest and most complex is the DD Waiver and the 1915(i) State Plan programs, where the programs serve approximately 130,000 consumers in the provision of a vast array of residential and nonresidential services that are separately licensed and/or regulated. Eligibility is invisible to these consumers, serving strictly as an identifier in the documentation and federal billing processes; however, participation in the DD Waiver is not required to access the State's full array of available developmental services. Providers are not separately identified for DD Waiver or 1915(i) State Plan program purposes; therefore, all providers potentially utilized for HCBS must be in compliance with the HCB setting requirements. For the DD Waiver, the entire system, serving over 270,000 consumers, is potentially affected by the new requirements.

In contrast, the SFCLSB Waiver, with 17 beneficiaries, represents the smallest 1915(c) waiver in California. Eligibility is open only to San Francisco residents who meet level of care eligibility and require at least one of six available services.

This Statewide Transition Plan identifies at a high level the commitments and requirements that each of the eight HCBS waivers and 1915(i) State Plan programs will meet. The specific approach and details of each program's transition process will reflect the input and guidance of the particular program's stakeholders, and the unique structure and organization of the program itself. The complexity of each task will vary significantly across programs.

Resources to address and implement the many changes necessary to be in compliance with the regulations are and will continue to be limited. When resources are needed, they must be raised and vetted through the annual legislative budget process, which only allows for new resources prospectively, typically in the upcoming state budget year. Therefore, careful thought and analysis must go into every aspect of implementation in an effort to achieve compliance as cost effectively as possible. Since program systems and processes

² A Statewide Transition Plan must be submitted within 120 days after the submission date of the first renewal or amendment after March 17, 2014. This date was triggered by submission of the MSSP Waiver renewal on August 21, 2014.

have long been established in California, standard processes will be considered for modification to bring about and ensure ongoing compliance, such as revising existing monitoring and oversight protocols to incorporate the regulatory requirements, utilizing available data, such as the National Core Indicator (NCI) and expanding existing complaint and appeal processes to allow for consumer and/or provider due process when disputes arise.

To achieve compliance, California will strongly emphasize inclusive stakeholder processes that analyze and guide every aspect of implementation. Essential involvement will come from consumers in an originating role. Their input concerning how they experience community inclusion and freedom of choice will be critical for system changes and implementation strategies. Also essential is provider input. Providers are the backbone of the system, so that services and choices are available to consumers. How the regulations are implemented may affect the viability of providers as sustainable businesses. Stakeholder processes will also include entities and experts who are impacted by or are knowledgeable about the various topics, including, in particular, the California Department of Social Services as the licensing agency for many of the HCB settings.

The stakeholder processes are presently being defined with stakeholder input and will evolve over time as implementation phases progress, as described below. With the benefit of stakeholder input, specificity will be added and/or modifications will be made to the various components identified in this Statewide Transition Plan.

Implementation of the HCB Setting Requirements

Following is a description of the various phases of implementation that California will undertake to achieve compliance with the HCB setting requirements. California will move forward concurrently with many of the components. As described previously, the details of implementation will vary significantly across the HCBS Waiver and 1915(i) SPA programs and be integrally guided by stakeholders. As remedial strategies are solidified, actions and timelines will be identified to track progress against realistic objectives.

Education and Outreach

As an important early step, information and education on the requirements of the HCB setting requirements and the regulations generally will be provided to State departments/entity, consumers and families, regional centers, providers, advocacy groups and other interested stakeholders throughout the State by June 30, 2015. Additionally, beneficiaries will be informed of the ongoing methods for providing input, being involved and staying informed as implementation progresses. Ongoing communication methods will be developed with stakeholder input.

Assessment of Statutes, Regulations, Policies and Other Requirements

The statutes, regulations, policies and other requirements for residential and nonresidential HCB settings will be reviewed and analyzed jointly by DHCS and the State departments/entity responsible for operating each HCBS Waiver or 1915(i) State Plan

programs to determine the extent to which the State's written program requirements comply with federal regulations. Stakeholders will be encouraged to participate in and provide input to the assessment process. The assessment process will be completed by August 31, 2015, although modifications may be needed as implementation progresses. Results of this assessment will be available to the public and will be used to determine and develop the remedial strategies that will be necessary to ensure that HCB settings conform to the federal requirements, including the estimated timelines.

The justification to exceed the six-month timeline for this assessment process is based on the size and complexity of the service delivery systems in California, the number of HCB settings, the substance and nature of the federal regulatory changes, the critical need for stakeholder involvement, and the understanding that further CMS guidance will be provided in the future.

Compliance Determination Process for HCB Settings

The State departments/entity will be responsible for ensuring appropriate provision of HCBS by all providers that serve, or may serve Medi-Cal beneficiaries.

Following is an initial listing of HCB settings that will be assessed for inclusion in and compliance with the federal requirements:

- Activity Center
- Adult Day Care Facility
- Adult Development Center
- Adult Family Home/Family Teaching Home
- Adult Residential Facility
- Adult Residential Facility for Persons with Special Health Care Needs
- Behavior Management Program
- Certified Family Home
- Child Day Care Facility; Child Day Care Center; Family Child Care Home
- Community-Based Training Provider
- Congregate Living Health Facility
- Crisis Intervention Facility
- Foster Family Home
- Group Home
- In-Home Day Program
- Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing Care
- Residential Care Facility for the Elderly
- Residential Facility (Out-of-State)
- Small Family Home
- Socialization Training Program; Community Integration Training Program; Community Activities Support Service
- Supported Employment
- Work Activity Program

At this time, California does not anticipate that relocation of consumers will be necessary, unless identified on an individual basis through the person-centered planning process.

The compliance determination process includes all of the following:

- On-site evaluations of individual settings will be conducted for the following purposes:
 - On-site evaluations will be conducted at settings that, pursuant to CMS regulations, are presumed not to be HCB settings and for which evidence will be provided to CMS for application of the heightened scrutiny process. Such settings will be identified with stakeholder input throughout the implementation process.
 - For all other settings, a sample of on-site evaluations will be conducted. The sample results will be used to inform the stakeholder process as changes are made to the system to ensure monitoring and ongoing compliance through standard processes. The results will also be used to bring HCB settings into compliance.
- DHCS is developing an assessment template for use in the on-site evaluations of HCB settings. The assessment template will include each new federal requirement that will be used to determine if the HCB setting meets or does not meet the required federal rule. The assessment template will be finalized with stakeholder input and circulated for stakeholder comments no later than February 1, 2015. The assessment template may be modified to address specific provider types and will become the assessment tool(s) utilized by the appropriate State departments/entity administering the program.

The final assessment tool(s) will be maintained in the appropriate State department/entity file for each HCBS waiver or 1915(i) State Plan program.

- The assessment tool will be forwarded to each HCB setting selected for evaluation with instructions to complete a self-survey prior to the on-site evaluation completed by a survey team, as described below. The completed survey will be forwarded back to the HCBS Waiver program for review.
- In addition to the assessment tool to be used for provider surveys, DHCS is developing a beneficiary-specific survey tool, which will be distributed to beneficiaries during the summer of 2015. DHCS will seek stakeholder input on this beneficiary self-survey tool in the spring of 2015.
- Using the completed self-surveys, a sample of the HCB settings will be selected for on-site evaluation. The on-site evaluations will be conducted by a survey team that includes representation from at least two of the following: State personnel, service recipients or their family members, case managers or other representatives of case

management entities, licensing entities, representatives of consumer advocacy organizations, and/or other stakeholders. The State will provide training for all beneficiaries of the survey teams. Finalization of the on-site evaluation process will not occur without stakeholder input.

The responsibility for ensuring completion of these on-site evaluations rests with the State department/entity responsible for the program as specified under “HCBS Programs in California Affected by the Final Rules” section of this document. As on-site assessments are completed for a sample of settings by provider type category, if a pattern of non-compliance is identified this may trigger a full review of the provider type category. The on-site evaluations will be ongoing until remedial strategies are identified that will incorporate ongoing monitoring protocols into existing processes.

- The written results of each on-site evaluation will be forwarded back to the HCB setting with specific information regarding improvements that will be required to come into compliance with the federal requirements and a timeline for completion. Follow up to the compliance issues will be the responsibility of the administering State department/entity.

Completed evaluations, including documentation of any required follow-up actions as a result of the on-site evaluations, will be maintained in the appropriate State file for each HCBS Waiver or 1915(i) State Plan program.

- The evaluation results will be used to inform the stakeholder process as strategies are developed and changes are made to ensure monitoring and ongoing compliance with the federal regulations.

Role of Person-Centered Planning

Even though implementation of the new federal regulations affecting the person-centered planning process is not technically part of this Statewide Transition Plan, person-centered planning is inextricably linked to the HCB setting requirements. The State department/entity responsible for program administration will use a stakeholder process to evaluate the role of person-centered planning as it relates to determining compliance with the federal regulations, assessing consumer satisfaction with the setting options, and other possible community integration issues. Strategies may be developed to utilize information from the person-centered planning process to improve service delivery under the federal regulations.

Appeal Processes

With stakeholder input, appeal and complaint processes will be developed or identified which allow the HCB setting and/or the consumer(s) to raise or dispute compliance-related issues. The appeal and complaint processes will be documented and circulated for stakeholder comment no later than April 1, 2015.

Compliance Monitoring

Each HCBS Waiver and 1915(i) State Plan program, in consultation with stakeholders, will use the self-assessments, on-site evaluations and/or other data collection methods, to be determined, to develop remedial strategies and monitor progress toward compliance with the federal regulations. All State-level and individual-setting level remedial actions will be completed by no later than March 17, 2019.

Plan Updates and CMS Reporting

Progress on this Statewide Transition Plan will be continuously monitored and reported to CMS by October 1 of each year during the implementation period. The process will include prior public posting of the report for 30 days, with opportunity for public comment.