

Oklahoma's HCBS Transition Plan

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Purpose

The Centers for Medicare and Medicaid Services (CMS) published its final rule related to Home and Community Based Services (HCBS) for Medicaid funded long-term services and supports provided in residential and non-residential home and community based settings. The final rule took effect March 17, 2014. States are required to submit transition plans to CMS within a year of the effective date indicating how they intend to comply with the new requirement within a reasonable time period. If states amend or renew any of their currently operating waivers or state plan amendments prior to the effective date, that action serves as a trigger for the state to submit a transition plan for all its waivers under 1915(c), as well as any state plan amendments under 1915(j) or 1915(k) within 120 days of the amendment/renewal submission. The following is Oklahoma's amended statewide transition plan pursuant to this requirement.

Background

This document describes the Statewide Transition Plan (SWTP) of the Oklahoma Health Care Authority (OHCA), the single State Medicaid Agency, as required by the CMS final regulation related to new federal requirements for home and community-based (HCBS) settings. This SWTP includes the state's assessment of its regulations, standards, policies, licensing requirements, and other provider requirements to ensure settings comply with the new federal requirements. Additionally, the transition plan will describe action the state proposes to assure full and on-going compliance with the HCBS settings requirements.

Overview

Oklahoma administers/operates six 1915 (c) waivers. There are approximately 26,106 individuals served in the State of Oklahoma through one of these 1915 (c) waivers. Oklahoma does not currently offer services through the state plan under 1915 (i) or 1915 (k) authority. Oklahoma operates two waiver programs with a nursing facility level of care designation and four waiver programs with an ICF/ID level of care designation. Across the six waiver programs, there are eight distinct settings utilized among Home and Community Based Waiver members, that does not include the member's owned or family owned home. This document summarizes the State's preliminary assessment activities and its proposed strategy for continuous monitoring and remediation of HCBS settings for both the aged and physically disabled (NF-LOC) waivers and the developmental disabilities waivers (ICF/ID LOC).

Section A: NF LOC Waivers

Introduction

Oklahoma operates two 1915(c) waivers with a nursing facility (NF) level of care designation serving approximately 21,000 individuals per month in community settings. The State conducted a review of all of its applicable State statutes, administrative rules, approved waivers, provider requirements, and service specifications pertaining to the HCBS settings. The results of the State's systemic review are located in Appendix 1.

The following are the approved NF LOC Waiver Programs.

Medically Fragile – Serves individuals 19 years of age and older who meet hospital and/or skilled nursing level of care. The purpose of the waiver is to provide assistance for families who require long-term supports and services to maintain the medically fragile member in the family home while meeting their unique medical needs. Daily operation of this waiver is performed by the Oklahoma Health Care Authority.

ADvantage – Serves frail elderly individuals age 65 or older and adults age 21 and older with physical disabilities that would otherwise require placement in a nursing facility. Daily operation of this waiver is the responsibility of the Department of Human Services Aging Services (DHS-AS). The Oklahoma Health Care Authority retains administrative oversight of the waiver.

I. Assessment Methodology & Continued Monitoring

The Oklahoma Department of Human Services (DHS), Aging Services (AS), Medicaid Services Unit (MSU), Quality Assurance/Improvement (QAI) department, Provider Audit team conducts an annual on-site provider agency audit. Audits are completed using a representative sample of case records of Members receiving services in the Adult Day Health (ADH) and/or who reside in an Assisted Living facility (AL). Included in each audit is a survey of Member perception. Member Perception contacts are made with Members who were randomly selected for provider audit review in their ADH/AL setting, in the Member's home, or via telephone. Currently DHS-AS has been working with DHS, Developmental Disabilities Services (DDS), to complete Adult Day Site Visit Reports at the Adult Day Centers. DHS-AS Medicaid Services Unit is in the process of developing an Adult Day Health (ADH) and Assisted Living (AL) Consumer-Focused Quality Care Review (C-FQCR) tool during SFY16, to be used beginning SFY17. The C-FQCR tools are based on the provider agencies contractual documents, Oklahoma Administrative Code (OAC), Oklahoma statutes, and HCB Setting Final Rules. The tool is designed to measure provider compliance with defined standards and adherence to the waiver requirements, including Member choice of services and provider, training, compliance with delivery of services as authorized. The tool will also survey Member's perception of service delivery performance and support to integrate into the greater community. The Provider Audit team is responsible for monitoring and tracking provider's progress in complying with the performance measures and any necessary remediation. Each review includes a plan of correction that the agency completes, as well as a follow-up visit if there were any non-compliance issues with any of the requirements.

Population: All Members with service plans active during the reporting period

Sample Size/Methodology: Random cumulative sample selected according to the percentage of Members served by a single ADH/AL provider as a proportion of the total number of Members served receiving ADH/AL services on the Waiver. Sample size will be validated utilizing Raosoft Survey Design.

II. Assessment Process

The proposed action steps and timelines for the statewide transition plan are outlined in the grids found in Appendices 3 & 4. The proposed timelines are contingent upon CMS approval of the plan.

III. Remediation Strategy

a. Remediation

Any provider who scored below 100% on these HCBS settings compliance reviews will be required to complete a plan of correction developed by the review team, complete two progress reports over a 6-month period and a follow-up visit. The Plan of Correction includes the identification and cause of the problem, the proposed action/intervention, a monitoring plan, the person accountable, the implementation and projected completion dates and the expected outcome. The Progress Reports include the status of implementation, what data has been collected, the collection date and the person accountable. The Plan of Correction is submitted within 30 days from the date that the final reports are mailed to the agency and the Progress Reports are due every 30 days after the Plan of Correction is approved by the Programs Assistant Administrator of the Quality Assurance/Improvement department or designee. The Follow-up Audit is completed during the month following the final Progress Report and includes only those Conditions that required a Plan of Correction.

b. Improvement

Full compliance is requested for all HCB Setting requirements, as well as other performance measures to be reviewed during the audit. During this initial year of auditing, both the Quality Assurance and Improvement Advisor and the Quality Assurance and Improvement Programs Supervisor, will work with providers to come into full compliance on all HCB settings. Trainings have been conducted with providers to explain the monitoring method and answer any questions.

c. Plan for Relocation

1. Each Member has an individualized person-centered Service Plan, prepared by the ADvantage Case Manager in conjunction with the Interdisciplinary Team (IDT), completed during each Service Plan year or when living arrangements are modified. One section of the Service Plan is Life Transition Planning. In this area, contingency plans list choices by the Member if they can no longer stay at the assisted living and the

parties available to assist with this transition. Also included is a goal addressing what will happen to the Member's belongings, should the Member have to move into an NF.

2. Each Member has an individualized person-centered Services Backup Plan crafted by the ADvantage Case Manager in conjunction with the IDT team completed during each Service Plan year or when living arrangements are modified. This Services Backup Plan includes contingency plans for direct care assistance, critical health and supportive services, equipment repair or replacement, medications, DME supplies, transportation, etc. First, second, and third tier designated backups are also listed on the plan. The plan is signed by the Member, ADvantage Case Manager and any witnesses, if applicable.
3. Should the setting fail to reach compliance, Members, ADvantage Case Managers and the IDT will strategize for all possible living options available in the community. Immediate coordination with the ADvantage Case Manager and all other IDT members requested by the Member are critical in determining the wishes of the Member and the options available to them in a somewhat limited timeframe.

Some of the options available would be as follows:

Assisted Living

- Transferring to another certified ADvantage Assisted Living Center
- Home with HCBS services and informal supports
- Home with Adult Day Health services
- Explore all assistance and living arrangements with family, friends
- Nursing facility placement (if necessary)

Adult Day Health

- Transferring to another Adult Day Health facility
- Remaining in the home with PCA services in place, in conjunction with informal supports
- Move to a certified ADvantage Assisted Living Center
- Explore all assistance and living arrangements with family, friends.
- Nursing facility placement (if necessary)

IV. Baseline Assessment Process and Results

Baseline assessments were completed from August 2014 to March 2015. Providers received a survey via electronic mail and follow-up phone calls. The survey consisted of questions from the CMS Final Rule Exploratory Questions document. Follow-up calls were made to ensure that providers completed the survey in the allotted time frame. Surveys were sent to the entire NF LOC waiver setting locations. There was an 80% response rate on the survey. The State did reach out to those providers that did not respond to the survey. The State intends to assess these individuals in the next round of surveys through the annual provider audit process discussed in Section I, which includes a site visit. Assessment results indicate that 75% of settings assessed comply with the HCBS Final Rule and 25% do not comply. For those settings

that were found to be non-compliant, the State will take the steps listed above in the Remediation Section to ensure compliance by March 2019. We estimate based on the baseline assessments that at least 75% of all settings comply with the HCBS Final Rule and 25% are non-compliant. A more detailed overview of the survey and the survey results can be found in Appendix 3.

Section B: ICF/ID Waivers

Introduction

Oklahoma operates four home and community-based waivers which require an ICF/ID level of care. Average monthly enrollment in these waivers is approximately 5,382. In accordance with Title 340 Chapter 100 of the Oklahoma Administrative Code (OAC), the ICF/ID level of care is mutually exclusive from the nursing facility levels of care, which are necessary for enrollment in the waivers administered and operated by DHS DDS. The State conducted a review of all of its applicable State statutes, administrative rules, approved waivers, provider requirements, and service specifications. The results of the State's systemic review are located in Appendix 2.

The following are the approved ICF/ID Waiver Programs. Daily operation of each of these waivers is the function of the Oklahoma Department of Human Services – Developmental Disabilities Services.

Community – Serves individuals who are 3 years of age and older who have intellectual disabilities and certain persons with related conditions who would otherwise require placement in an ICF/ID.

Homeward Bound – Serves individuals who are 18 years of age and older who have intellectual disabilities and certain persons with related conditions who (1) would otherwise require placement in an ICF/ID; and (2) have been certified by the U.S. District Court for the Northern District of Oklahoma as being members of the plaintiff class in Homeward Bound et al. v. The Hissom Memorial Center et al., Case No. 85-C-437-e.

In-Home Supports Waiver for Adults – Serves the needs of individuals 18 years of age and older with intellectual disabilities who would otherwise require placement in an ICF/ID.

In-Home Supports Wavier for Children – Serves the needs of children ages 3 through 17 years with intellectual disabilities who would otherwise require placement in an ICF/ID

I. Assessment Methodology & Continued Monitoring

An annual performance survey is conducted with agencies providing services through a Home and Community Based Waiver, to assess compliance with expectations defined in the agency's contract. A random sample is selected by DHS Office of Planning, Research and Statistics utilizing SPSS software. Surveys are conducted during each state fiscal year with providers of residential, vocational, or non-medical home supports. A representative sample of service

recipients from each of the four waivers is selected and then organized by provider agency who serves each service recipient included in the random sample. Notification is given to providers in the survey sample of when the survey will be completed. Surveys are completed through on-site visits.

II. Assessment Process

Developmental Disabilities Services (DDS) Quality Assurance staff review all applicable rules and provider contracts before the site visit. During the site visit, DDS Quality Assurance staff observes and conduct interviews with service recipients and staff involved in each type of service provided by the agency. Observations and interviews occur during various times of service delivery. Quality Assurance staff members evaluate information obtained from observations, interviews, and records reviewed in the context of appropriate and applicable contract standards, state, and federal rules. The survey tools utilized by the Quality Assurance team have been revised to specifically address requirements for home and community based settings. Once the site visit is complete, the DDS Quality Assurance team conducts an Exit conference with the provider agency, where the findings of the review are presented. The proposed action steps and timelines for the statewide transition plan are outlined in the grids found in Appendices 3 & 4. The proposed timelines are contingent upon CMS approval of the plan.

III. Remediation Strategy

Provider agencies surveyed by DD Quality Assurance Staff are given two weeks after the exit conference to send the Quality Assurance Staff a written response that identifies a date by which the agency will comply with cited requirements. The projected resolution date must be within two months of the exit conference. Any requests beyond two months of the date of the exit conference must be accompanied by a justification statement. Approval of extended resolution dates occurs only upon the presentation of evidence that extensive change in agency management systems or extensive expenditures is essential to the resolution of the issue. If a provider agency wishes to contest the findings of the performance review, the agency must submit a written appeal notice within two weeks of the exit conference. The written appeal notice does not relieve the agency from the responsibility to achieve resolution of contract deficiencies within two months from the date of the exit conference unless the appeal is approved. Provider agencies that receive citations will be re-surveyed to assess resolution of identified contract and rule deficiencies. DDS staff will continue to work with individual providers to identify and to achieve compliance within required time frames. Following the re-survey the provider is informed of the results. The provider may submit evidence contesting a citation. Any new citations found during the re-survey will be added to the report of the original survey. If the agency fails to correct cited issues sanctions may occur, including potential relocation of members. This process will continue through June 2018. Beginning July 2018 all settings must be compliant with the HCBS settings regulations. All settings that are not fully compliant with the HCBS settings regulation will be identified and individuals receiving HCBS in

those settings will be relocated to a compliant setting. Oklahoma DDS staff will follow person centered planning in the transition process. Individuals will have choice among qualified providers, settings and be provided opportunities to visit several settings and given information to help them understand the various options available. Individuals will be relocated as necessary by March 15, 2019.

IV. Baseline Assessment Process & Results

First quarter provider surveys conducted during the period of July 2015 to September 2015 are being used for baseline information. This baseline assessment information was compiled utilizing the process outlined in the Assessment Methodology and Assessment Process Sections above. The baseline information included the portion of the annual representative sample served by the provider agencies surveyed, which comprised 207 service recipients and 213 different settings. Assessment results indicate that 86% of settings assessed comply with the HCBS Final Rule and 14% do not comply. For those settings that were found to be non-compliant, the State will take the steps listed above in the Remediation Section to ensure compliance by March 2019. We estimate based on the baseline assessments that at least 85% of all settings comply with the HCBS Final Rule and 15% are non-compliant. Assessments are conducted to each provider on an annual basis, throughout the year, results are reported quarterly. A more detailed overview of the survey and the survey results can be found in Appendix 4.

Section C: Public Input

Oklahoma hosted meetings to include representatives from advocacy and stakeholder groups as well as the state agencies involved in operating its 1915(c) waivers. The purpose of the meetings was to plan the State's response to the new CMS rule on home and community based settings and to develop its approach to this statewide transition plan.

The Oklahoma Health Care Authority (OHCA) held a public meeting on March 10, 2015 to educate providers and stakeholders about the federal rules and the transition planning process, as well as to discuss preliminary survey results and answer questions. Final results of the surveys and transition plan was presented at the second public meeting on April 28, 2015.

OHCA held another public meeting on December 7, 2015 in an effort to make the public aware of the response letter from CMS concerning the Statewide Transition Plan, and the States process for making revisions and submitting the revised plan back to CMS. Stakeholders were made aware of the meeting through newspaper advertisements and the OHCA public website. The Public Meeting Notice was included in the 5 major Oklahoma Newspapers. The revised SWTP was posted to the OHCA website on December 15, 2015. There were no comments received.

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1915c- ADvantage & Medically Fragile

Regulation	Areas of Compliance	Remediation Required	Action Steps	Timeline
<p>Setting is integrated in, and supports full access of, individual receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.</p>		<p>Adult Day Health - Adopt and implement overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required for all provider controlled settings. Amend the following administrative rules to incorporate HCBS/community integration/access characteristics: OAC 310:605</p> <p>Assisted Living - Adopt and implement overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required for all provider controlled settings. Amend the following administrative rules to incorporate HCBS/community integration/access characteristics: OAC 310:663</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Training: Modify Provider and case management applicable materials and applicable forms as needed.</p> <p>Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>

1915c- ADvantage & Medically Fragile

Regulation	Areas of Compliance	Remedication Required	Action Steps	Timeline
<p>The setting includes opportunities to seek employment and work in competitive integrated settings to the same degree of access as individuals not receiving Medicaid HCBS.</p>		<p>Adult Day Health - Adopt and implement overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required for all provider controlled settings. Amend the following administrative rules to incorporate HCBS/community integration/access characteristics: OAC 310:605</p> <p>Assisted Living - Adopt and implement overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required for all provider controlled settings. Amend the following administrative rules to incorporate HCBS/community integration/access characteristics: OAC 310:663</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Training: Modify Provider and case management applicable materials and applicable forms as needed.</p> <p>Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>

1915c- ADvantage & Medically Fragile

Regulation	Areas of Compliance	Remediation Required	Action Steps	Timeline
<p>The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>Adult Day Health - OAC 310:605-13-1(3); OAC 310:605-13-1(4)</p>	<p>Adult Day Health - Adopt and implement overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required for all provider controlled settings. Amend the following administrative rules to incorporate HCBS/community integration/access characteristics: OAC 310:605</p> <p>Assisted Living - Adopt and implement overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required for all provider controlled settings. Amend the following administrative rules to incorporate HCBS/community integration/access characteristics: OAC 310:663</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Training: Modify Provider and case management applicable materials and applicable forms as needed.</p> <p>Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>

1915c- ADvantage & Medically Fragile

Regulation	Areas of Compliance	Remediation Required	Action Steps	Timeline
<p>The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>Assisted Living Title 63 O.S. 1-1918</p>	<p>Adult Day Health - Adopt and implement overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required for all provider controlled settings. Amend the following administrative rules to incorporate HCBS/community integration/access characteristics: OAC 310:605</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>
<p>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>Assisted Living - Adopt and implement overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required for all provider controlled settings. Amend the following administrative rules to incorporate HCBS/community integration/access characteristics: OAC 310:663</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>

1915c- ADvantage & Medically Fragile

Regulation	Areas of Compliance	Remediation Required	Action Steps	Timeline
<p>An individual’s essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.</p>	<p>Adult Day Health - OAC 30:605-3-1 Assisted Living - Title 63 O.S. 1-1918</p>			
<p>Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but not limited to, daily activities, physical environment, and with whom to interact.</p>	<p>Adult Day Health - OAC 30:605-3-1; OAC 310:605-13-2 Assisted Living - Title 63 O.S. 1-1918</p>			
<p>Individual choice regarding services and supports, and who provides them, is facilitated.</p>	<p>Adult Day Health - OAC 310:605-13-1(4)</p>	<p>Assisted Living - Adopt and implement overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required for all provider controlled settings. Amend the following administrative rules to incorporate HCBS/community integration/access characteristics: OAC 310:663</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>

1915c- ADvantage & Medically Fragile

Regulation	Areas of Compliance	Remediation Required	Action Steps	Timeline
<p>Provider owned or controlled residential settings: 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 that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law.</p>	<p>Assisted Living - OAC 310:663-13-1; OAC 310:663-13-2</p>			
<p>Provider owned or controlled residential settings: Each individual has privacy in their sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<p>Assisted Living - OAC 310:663-7-2(3)</p>			

1915c- ADvantage & Medically Fragile

Regulation	Areas of Compliance	Remediation Required	Action Steps	Timeline
<p>Provider owned or controlled residential settings: Individuals have the freedom to choose roommates (if applicable)</p>		<p>Assisted Living - Amend Tiltle 63 O.S. 1-1918</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>
<p>Provider owned or controlled residential settings: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p>Assisted Living - OAC 310:663-7-2(7)</p>			
<p>Provider owned or controlled residential settings: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p>		<p>Adult Day Health - Amend current rule found at OAC 310:605(5) to describe characteristics of all settings which HCBS are provided</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>

1915c- ADvantage & Medically Fragile

Regulation	Areas of Compliance	Remedication Required	Action Steps	Timeline
<p>Provider owned or controlled residential settings: Individuals are able to have visitors of their choosing at any time.</p>	<p>Assisted Living - Title 63 O.S. 1-1918</p>			
<p>Provider owned or controlled residential settings: The setting is physically accessible to the individual.</p>	<p>Adult Day Health - OAC 30:605-15-2 Assisted Living - OAC 310:663-7-1</p>			
<p>Locations that have qualities of institutional settings, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution.</p>				
<p>Home and community-based settings do not include the following: a nursing facility; institution for mental diseases; an intermediate care facility for individuals with intellectual disabilities; a hospital.</p>				

1915c- DDS Waivers (Homeward Bound; Community; In Home Supports - Children; In Home Support - Adults)

Regulation	Areas of Compliance	Remediation Required	Action Steps	Timeline
<p>Setting is integrated in, and supports full access of, individual receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>DDS General Provisions - OAC 317:40-1-3; Agency Companion - OAC 317:40-5-5(C)(19); OAC 317:40-5-5(c)(20); Group Homes - OAC 317: 40-5-152; Specilized Foster Care - OAC 317:40 - 5- 55(8); Vocational - OAC 340:100-17-15</p>	<p>Provider Contracts; Provider Training Materials</p>	<p>Provider Contracts: Utilize contract development and updating processes to amend language in provider contracts to support the final rule. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016 - 5/2017</p>
<p>The setting includes opportunities to seek employment and work in competitive integrated settings to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>DDS General Provisions - OAC 317:40-1-3; Group Home - OAC 340:100-6-60(f)(3); Vocational - OAC 340:100-17-25</p>	<p>Provider Contracts; Provider Training Materials</p>	<p>Provider Contracts: Utilize contract development and updating processes to amend language in provider contracts to support the final rule. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>

1915c- DDS Waivers (Homeward Bound; Community; In Home Supports - Children; In Home Support - Adults)

Regulation	Areas of Compliance	Remediation Required	Action Steps	Timeline
<p>The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>DDS General Provisions - OAC 317:40-1-3; Specialized Foster Care - OAC 317:40-5-55(8)</p>	<p>Provider Contracts; Provider Training Materials</p>	<p>Provider Contracts: Utilize contract development and updating processes to amend language in provider contracts to support the final rule. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>
<p>The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>DDS General Provisions - OAC 317:40-1-3; Group Home - OAC 340:100-6-95; Agency Companion - OAC 317:40-5-5(c)(22)</p>	<p>Provider Contracts; Provider Training Materials</p>	<p>Provider Contracts: Utilize contract development and updating processes to amend language in provider contracts to support the final rule. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>

1915c- DDS Waivers (Homeward Bound; Community; In Home Supports - Children; In Home Support - Adults)

Regulation	Areas of Compliance	Remediation Required	Action Steps	Timeline
<p>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>DDS General Provisions - OAC 317:40-1-3; DDS General Provisions - OAC 317:40-1-1(3); Agency Companion - OAC 317:40-5-13(i)</p>	<p>Provider Contracts; Provider Training Materials</p>	<p>Provider Contracts: Utilize contract development and updating processes to amend language in provider contracts to support the final rule. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>
<p>An individual’s essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.</p>	<p>DDS General Provisions - OAC 317:40-1-3</p>	<p>Provider Contracts; Provider Training Materials</p>	<p>Provider Contracts: Utilize contract development and updating processes to amend language in provider contracts to support the final rule. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>

1915c- DDS Waivers (Homeward Bound; Community; In Home Supports - Children; In Home Support - Adults)

Regulation	Areas of Compliance	Remediation Required	Action Steps	Timeline
<p>Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but not limited to, daily activities, physical environment, and with whom to interact.</p>	<p>DDS General Provisions - OAC 317:40-1-3</p>	<p>Provider Contracts; Provider Training Materials</p>	<p>Provider Contracts: Utilize contract development and updating processes to amend language in provider contracts to support the final rule. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>

1915c- DDS Waivers (Homeward Bound; Community; In Home Supports - Children; In Home Support - Adults)

Regulation	Areas of Compliance	Remediation Required	Action Steps	Timeline
<p>Individual choice regarding services and supports, and who provides them, is facilitated.</p>	<p>DDS General Provisions - OAC 317:40-1-3</p>	<p>Provider Contracts; Provider Training Materials</p>	<p>Provider Contracts: Utilize contract development and updating processes to amend language in provider contracts to support the final rule. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>

1915c- DDS Waivers (Homeward Bound; Community; In Home Supports - Children; In Home Support - Adults)

Regulation	Areas of Compliance	Remediation Required	Action Steps	Timeline
<p>Provider owned or controlled residential settings: 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 that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law.</p>	<p>DDS General Provisions - OAC 317:40-1-3; Agency Companion - OAC 317:40-5-11; Specialized Foster Care - OAC 317:40-5-54</p>	<p>Provider Contracts; Provider Training Materials</p>	<p>Provider Contracts: Utilize contract development and updating processes to amend language in provider contracts to support the final rule. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>
<p>Provider owned or controlled residential settings: Each individual has privacy in their sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<p>DDS General Provisions - OAC 317:40-1-3; Group Home - OAC 317:40-5-40(d)(4); Agency Companion - OAC 317:40-5-40(d)(4); Specialized Foster Care - OAC 317:40-5-40(d)(4)</p>			<p>1/2016- 5/2017</p>

1915c- DDS Waivers (Homeward Bound; Community; In Home Supports - Children; In Home Support - Adults)

Regulation	Areas of Compliance	Remediation Required	Action Steps	Timeline
<p>Provider owned or controlled residential settings: Individuals have the freedom to choose roommates (if applicable)</p>	<p>DDS General Provisions - OAC 317:40-1-3</p>	<p>Provider Contracts; Provider Training Materials</p>	<p>Provider Contracts: Utilize contract development and updating processes to amend language in provider contracts to support the final rule. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>
<p>Provider owned or controlled residential settings: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p>DDS General Provisions - OAC 317:40-1-3; Agency Companion - OAC 317:40-5-40(4)(g); Group Homes - OAC 317:40-5-40(4)(g); Specialized Foster Care - OAC 317:40-5-40(4)(g)</p>	<p>Provider Contracts; Provider Training Materials</p>	<p>Provider Contracts: Utilize contract development and updating processes to amend language in provider contracts to support the final rule. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>

1915c- DDS Waivers (Homeward Bound; Community; In Home Supports - Children; In Home Support - Adults)

Regulation	Areas of Compliance	Remediation Required	Action Steps	Timeline
<p>Provider owned or controlled residential settings: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p>	<p>DDS General Provisions - OAC 317:40-1-3</p>	<p>Provider Contracts; Provider Training Materials</p>	<p>Provider Contracts: Utilize contract development and updating processes to amend language in provider contracts to support the final rule. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>

1915c- DDS Waivers (Homeward Bound; Community; In Home Supports - Children; In Home Support - Adults)

Regulation	Areas of Compliance	Remediation Required	Action Steps	Timeline
<p>Provider owned or controlled residential settings: Individuals are able to have visitors of their choosing at any time.</p>	<p>DDS General Provisions - OAC 317:40-1-3; Group Homes - OAC 340:100-6-41</p>	<p>Provider Contracts; Provider Training Materials</p>	<p>Provider Contracts: Utilize contract development and updating processes to amend language in provider contracts to support the final rule. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>

1915c- DDS Waivers (Homeward Bound; Community; In Home Supports - Children; In Home Support - Adults)

Regulation	Areas of Compliance	Remediation Required	Action Steps	Timeline
<p>Provider owned or controlled residential settings: The setting is physically accessible to the individual.</p>	<p>DDS General Provisions - OAC 317:40-1-3; Group Homes - OAC 317:40-5-40(d); Specialized Foster Care - OAC 317:40-5-40(d); Agency Companion - OAC 317:40-5-40(d)</p>	<p>Provider Contracts; Provider Training Materials</p>	<p>Provider Contracts: Utilize contract development and updating processes to amend language in provider contracts to support the final rule. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>
<p>Locations that have qualities of institutional settings, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution.</p>	<p>DDS General Provisions - OAC 317:40-1-3</p>	<p>Provider Contracts; Provider Training Materials</p>	<p>Provider Contracts: Utilize contract development and updating processes to amend language in provider contracts to support the final rule. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>

1915c- DDS Waivers (Homeward Bound; Community; In Home Supports - Children; In Home Support - Adults)

Regulation	Areas of Compliance	Remediation Required	Action Steps	Timeline
<p>Home and community-based settings do not include the following: a nursing facility; institution for mental diseases; an intermediate care facility for individuals with intellectual disabilities; a hospital.</p>	<p>DDS General Provisions - OAC 317:40-1-3</p>	<p>Provider Contracts; Provider Training Materials</p>	<p>Provider Contracts: Utilize contract development and updating processes to amend language in provider contracts to support the final rule. Training: Modify Provider and case management applicable materials and applicable forms as needed. Issue guidance to impacted providers and case management entities.</p>	<p>1/2016- 5/2017</p>

Plan of Action	Aged and Physically Disabled Waiver Settings				
<p>August 2014 - June 2016 – Monitoring and Education - Milestone (All Baseline Data collected) June 30, 2015 The State will obtain baseline data using provider performance reviews and internal programmatic data. This monitoring involves site visits as this is a routine component of the annual Quality Assurance and Improvement (QAI) department. Baseline provider performance reviews were completed utilizing the exploratory questions from the CMS Final Rule toolkit.</p> <p>July 2016 – June 2017 – Monitoring, Training and Consultation with Providers - Milestone (New Tool Is Developed) The State will begin utilizing a new tool in July 2016 for the purpose of ongoing monitoring. This new tool will include a review of provider agency contractual documents, Oklahoma Administrative Code (OAC), Oklahoma statutes, and HCBS Final. The State will work with providers to identify ways to achieve compliance within required timeframes. The State will provide training and consultation to providers to ensure providers are working toward successful methods for achieving compliance.</p> <p>July 2017 – June 2018 – Monitoring and Remediation - Milestone (All Remediation Completed) The State will continue monitoring providers the provider performance review process. Any provider that scores below 100% on the provider survey will be required to complete a plan of correction.</p> <p>July 2018 – March 2019 Relocation - Milestone (All member relocated) All settings that are not fully compliant with the HCBS settings regulation will be identified and individuals receiving HCBS in those setting will be relocated to a compliant setting. Oklahoma Aging Services will follow person centered planning in the transition process. Individuals will have choice among qualified providers, settings and be provided opportunities to visit several settings and given information to help them understand the various options available. Individuals will be relocated as necessary by March 15, 2019.</p>	Settings	Description of Setting	Number of Settings	Number Sampled	
	Assisted Living	Personal care and supportive services that are furnished to waiver members who reside in a homelike, non-institutionalized setting that includes 24 hour on-site response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety and security.	7	4	
	Adult Day Health	Services furnished on a regularly scheduled basis for one or more days per week, in a community setting, encompassing both health and social services needed to ensure the optimal functioning of the individual.	27	23	
	Total Number of Settings		Number Sampled	Compliance Percentage	
	34		27	75%	
				Non-Compliance Percentage	
				25%	

Plan of Action	ID/DD Settings Grid		
<p>August 2014 - June 2016 – Monitoring and Education - Milestone (Completion of all baseline data) The State will obtain baseline data using updated and revised provider surveys (provider reviews) and internal programmatic data. This monitoring involves site visits as this is a routine component of the annual DDS Quality Assurance provider performance survey. The survey tools have been revised to specifically address requirements for home and community based settings. Information regarding the regulations was provided in Provider Meetings conducted in 2014 and 2015. Program staff began working with providers individually to ensure they understood the expectations of the regulations.</p> <p>July 2016 – June 2017 – Monitoring, Training and Consultation with Providers - Milestone (Traning/Consutations completed) The State will continue monitoring providers through the DDS Quality Assurance process. DDS will also work with individual providers to identify ways to achieve compliance within required timeframes. DDS will provide training and consultation to providers to ensure providers are working toward successful methods for achieving compliance.</p> <p>July 2017 – June 2018 – Monitoring and Citations - Milestone - (Remediation completed) The State will continue monitoring providers through the DDS Quality Assurance process and will issue citations for providers not in compliance with the HCBS settings regulations. Providers will have 60 days to correct identified deficiencies. DDS will continue providing training and technical assistance to providers to assist providers to work toward successful methods for achieving compliance.</p> <p>July 2018 – March 2019 Relocation - Milestone (Members Relocated.) All settings that are not fully compliant with the HCBS settings regulation will be identified and individuals receiving HCBS in those setting will be relocated to a compliant setting. Oklahoma DDS will follow person centered planning in the transition process. Individuals will have choice among qualified providers, settings and</p>	ID/DD Settings	Description of Setting	Number of Settings
	Agency Companion Services	A living arrangement developed to meet the specific needs of the member which offers live in companion for supervision, supportive assistance, and training in daily living skills provided in a home shared by the companion and the member	175
	Daily Living Supports	Daily Living Supports are provide to members in order to enable them to reside successfully in certain community-based settings; accomplishing tasks they would normally do for themselves if they did not have a disability.	1123
	Specialized Foster Care	An individualized living arrangement offering up to 24 hours per day supervision, supportive assistance and training in daily living skills. Servcies are intended to allow a member to reside with a surrogate family. Services are provided to one to three members in the home in which the Specialized Foster Care providers resides.	159
	Adult Day Health	Services are furnished on a regularly scheduled basis, for one or more days per week, in a community setting, encompassing both health and social services needed to ensure the optimal functioning of the individual	33
	Group Home Services	Services are provided in licensed homes for up to 12 members. Services are developed in accordance with the needs of the member and include supports to assist the members in acquiring, retaining and improving self-care, daily living, adaptive and leisure skills needed to reside successfully in a shared home within the community	153
	Supported Employment	Supported employment is conducted in a variety of settings, particulary work sites, in which persons without disabilities are employed. Supported employment includes activities that are outcome based and needed to sustain paid work by members, including supervision and training.	1115
	Total Number of Settings	Number Sampled	Compliance Pecentage
	2758	288	86%
			Non-Compliance Percentage
		14%	

NF LOC Settings - Heightened Scrutiny

Heightened Scrutiny Definition

The final rule identifies settings that are presumed to have institutional qualities and do not meet the rule’s requirements for home and community-based settings. These settings include those in a publicly or privately-owned facility that provide inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS. A state may only include such a setting in its Medicaid HCBS programs if CMS determines through a heightened scrutiny process, based on information presented by the state and input from the public that the state has demonstrated that the setting meets the qualities for being home and community-based and does not have the qualities of an institution. (For more information about the heightened scrutiny process, see Section 441.301(c)(5)(v)Home and Community-Based Setting).

Settings that have the following two characteristics alone might, but will not necessarily, meet the criteria for having the effect of isolating individuals:

- The setting is designed specifically for people with disabilities, and often even for people with a certain type of disability.
- The individuals in the setting are primarily or exclusively people with disabilities and on-site staff provides many services to them.

Settings that isolate people receiving HCBS from the broader community may have any of the following characteristics:

- The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities.
- People in the setting have limited, if any, interaction with the broader community.
- Settings that use/authorize interventions/restrictions that are used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g. seclusion).

Locations Identified for Heightened Scrutiny	Address	Reason
Ash Street Place	111 South Ash St., Guthrie, Ok. 73044	Located Across the Street from NF
North Country	522 N 22nd St. Collinsville, Ok., 74021	NF on the corner of same block
Franciscan Village	17110 East 51st St, Broken Arrow, Ok. 74021	Shares the same building with NF
Mercy Love County Adult Day Center	200 Wanda St., Marietta, OK 73448	On the Grounds of Mercy Love Hospital
Heartsworth Assisted Living	302 Brewer St., Vinita, OK. 74301	In same proximity of nursing facility
Village at Oakwood	817 SW 59 th St., Oklahoma City, Ok, 73109	100% Medicaid Facility

Heightened Scrutiny Plan of Action

1. Identify any setting that is presumed to have the qualities of an institution
2. Review setting through onsite visit to include observations and interviews
3. Complete documentation to submit to CMS to demonstrate heightened scrutiny and that the setting does not have the qualities of an institution
4. Submit documentation to CMS.
5. If location does, have qualities of institution, the state will begin the Remediation process. If Remediation is not an option, the state will begin the process of Relocation.

CMS Heightened Scrutiny of Residential HCB Settings
Ash Street Place – Guthrie, OK
DHS-ADvantage Administration Facility Evaluation on November 20, 2015

1. HCB Setting selection - Member choice
 - a. ADvantage Members are provided a list of available contracted ADvantage assisted living facilities by the ADvantage case manager for the Assisted Living Service Option and Member is free to choose, visit setting and determine what facility meets their needs and preferences.
2. Members have regular access to the community and in the same manner as individuals not receiving Medicaid HCBS services.
 - a. Ash Street Place current census is 27 includes residents who live independently in addition to those 3 ADvantage Members who receive HCBS. Licensed by OSDH for 37 residents and they currently have 30 residents who live at the facility.
 - b. Activity schedules are planned by the Activity Director, Diane Owen, and passed out to all residents. It is also posted in the elevators and all common areas.
 - c. All residents must schedule, with prior hour notice, any activities that they desire to attend in the community if they want to use facility provided transportation. The AL provides transportation to the residents, including the HCBS residents, at no charge. However, access to the community via taxi, or Sooner Ride for medical appointments, is available at any time. Members may have the assistance of the Activity Director or the LPN to schedule transportation if they desire.
 - d. Facility transportation is provided for all activities that are scheduled by the facility or the Activity Director for free.
 - e. Members are allowed to come and go at will, but the facility requests that they sign in and out for emergency situation accountability.
3. Members are allowed to work in the community and be active in the community as they so desire.
4. Members have a studio apartment and may share with a roommate if they request to do so. Couples may have separate rooms if they so choose and are able to meet the financial costs.
 - a. Members are allowed to have personal vehicles and parking is provided.
5. A person-centered plan is developed with the ADvantage Case Manager at the Interdisciplinary Team (IDT) meeting upon entry to the program. The Member's choice and needs are determined at that time. Additional IDT meetings may be scheduled at any time to adjust or change the service plan, per the Members preferences and needs.
6. The Member is responsible for all of their personal finances and to pay the facility room and board costs and vendor payments, if applicable. The facility does not handle the finances of the residents.. Members must be able to handle their finances themselves or with their representatives.
7. The dining room is open from 7:00am until 7:00pm and small meals and snacks are available after that time, as desired.
 - a. Members are provided a microwave, refrigerator and storage for utensils in their rental units to prepare meals and snacks, as desired. Assistance with this is provided by the facility aides, as requested.
8. The dining room does not have assigned seating, allowing the Member to sit wherever they desire. A private dining room is available to the Member, as requested, or they may eat in their room if they desire. Ash Street does encourage the residents to eat in the

- dining room for socialization, however, if the residents request a room tray staff will bring them a room tray. They also can eat in the common areas if they choose.
9. Member choice is required of the Assisted Living providers and Members have the right to file a grievance or appeal any action of the provider by policy. This is part of the lease agreement that the facility makes with the *ADvantage* Member.
 10. *ADvantage* Members have the right of choice to choose services and supports. Choice is not limited by the providers.
 11. Ash Street does provide phone, Wi-Fi or Ethernet services in the rooms for the Members. A phone and Wi-Fi is also available in a common area for residents to use if the Member chooses.
 12. *ADvantage* policy states Members are to be free from coercion and have the right to privacy and dignity. Members are visited, at least monthly, face to face with their *ADvantage* case manager to discuss any issues, concerns or changes in needs. Case managers are to oversee the person-centered plan and make sure services are appropriate to meet the Member's needs.
 - a. Complaint and grievance information is provided in the Member's lease agreement, giving contact numbers and addresses to the appropriate parties.
 13. Mandatory members of the IDT team are the Member, Case Manager and the Assisted Living RN and any representatives that the Member chooses. Service plans cannot be changed without the Member's signature. IDT meetings are to be held at the AL facility or wherever the Member desires.
 14. *ADvantage* Members receive services in the same setting as all other residents. Ash Street Place will have 5 *ADvantage* rooms available for *ADvantage* Members. These rooms are dispersed throughout the facility and not isolated to any one area.
 - a. The facility is in the Guthrie, OK community, with a nursing home located across the street.

Open to all residents are park areas, walking trails and ponds. The facility is within 1000 feet of an elementary school and residential neighborhoods.
 - b. All rental units must consist of a living area and a private bathroom that includes a sink, toilet and shower stall. All units at Ash Street Place are 250 square feet with closets, small cooking areas and private bathrooms.
 - c. Visitors are allowed at any time but are requested to check-in after 8:00pm. Visitors may come and dine for a small fee, as they desire. Overnight visitors are welcome to stay on a limited time basis. The doors of the AL are locked after sunset from the outside. Residents can come and go with a key pad but visitors will have to be let in by a resident or the nursing staff.
 15. Ash Street Place is a state licensed Assisted Living facility in good standing. They must meet all the state's rules and policies for an AL to be contracted by the *ADvantage* program.
 - a. *ADvantage* Members have unrestricted use of all the facilities amenities.
 - b. AL facility meets ADA requirements for accessibility per their state license requirements.
 16. Small kitchen area is provided in each apartment for the Member including a microwave, refrigerator and storage unit for utensils. Members have access to the laundry room and dining areas and these are handicap accessible.
 17. Members have unrestricted use of the AL facility. Doors are unlocked all day and only are locked at sunset from the outside. Members may open the doors for access to visitors after that time.
 18. Grab bars and safety equipment accommodations will be provided by the facility and by policy must make these available as needed by the Member and specified in the person-centered plan.

19. Members may come and go at will and there are no curfew requirements. Taxis are available in the area and facility provides transportation for weekly shopping trips to Walmart and other specialty shopping areas as requested. The LPN and Activity Coordinator are available to assist the Member with scheduling any transportation that is needed.
20. By policy and Member's lease agreement the Members right to dignity and privacy must be respected.
 - a. Health information is in a locked room only accessible by the director and the nurses.
21. *ADvantage* requirements state that the AL facility must provide assistance with light housekeeping, grooming, and personal care such as dressing and bathing or reminders, toileting assistance, transfer assistance, laundry and medication assistance.
22. Staff must communicate with the Member in a dignified manner. Any complaints regarding this issue from the Member will be investigated by the Oklahoma State Department of Health. Contact information for the complaints and grievances must be included in the Member's lease agreement.

**CMS Heightened Scrutiny of Residential HCB Settings
Heartsworth Assisted Living – Vinita, OK
DHS-ADvantage Administration Facility Evaluation on March 20, 2015**

1. HCB Setting selection - Member choice
 - a. *ADvantage* Members are provided a list of available contracted *ADvantage* assisted living facilities by the *ADvantage* case manager for the Assisted Living Service Option and Member is free to choose, visit setting and determine what facility meets their needs and preferences.
2. *ADvantage* Members have regular access to participate in the community as they choose and in the same manner as individuals not receiving Medicaid HCBS services.
 - a. Heartsworth Assisted Living includes residents who live independently in addition to those who receive HCBS. Licensed for 30 residents with 25 apartments and they currently have 25 residents who do not receive HCB services and 1 resident who is receiving HCB services through the *ADvantage* waiver.
 - b. Activity schedules are planned by the AL Activity coordinator and residents and posted and printed for all residents, family and friends to pick up if desired.
 - c. All residents must schedule with a preferred 72 hour notice any activities that they desire to attend in the community if they want to use facility provided transportation. Free transportation is provided to all residents in the Vinita area. However, access to the community via taxi, or Sooner Ride for medical appointments is available at any time. Members may have the assistance of the Activity coordinator or the Director to schedule transportation if they desire.
 - d. Facility transportation is provided for all activities that are scheduled by the facility or the Resident Council in the local area.
 - e. Members are allowed to come and go at will but the facility requests that they sign in and out just for emergency accountability.
3. Members are allowed to work in the community or participate in the community as they so desire.
4. Members have a studio apartment and may share with a roommate if they request to do so. Couples may have separate rooms if they so choose and are able to meet the financial costs. Two bedrooms are available to those Members with roommates or spouses.
5. Members are allowed to have personal vehicles and parking is provided.
6. A person-centered plan is developed with the *ADvantage* Case Manager at the Interdisciplinary Team (IDT) meeting upon entry of the program and the Member's choice and needs are determined at that time. Additional IDT meetings may be scheduled at any time to adjust or change per the Members preferences and needs.
7. Member is responsible for all their personal finances and to pay the facility any room and board costs and vendor payments if applicable. Heartsworth does not handle or oversee a resident's personal funds.
8. The dining room is open 7:00am for breakfast, 11:45 for lunch and 5:00pm for dinner. Small meals and snacks are available 24-7 as desired. Meals are contracted and delivered from the hospital that is across the street. Ala Carte menu is available at the AL if the Member prefers and this menu is per resident requests. Heartsworth is able to provide special diets by Member request to meet their needs.
 - a. Members are provided a microwave, refrigerator and storage for utensils in their rental unit to fix meals and snacks as desired. Assistance with this is provided by the facility aides if residents request.

9. The dining room does not have assigned seating and a private dining room is available to the Member as requested or they may eat in their room if they desire. Heartsworth does encourage that the resident eat in the dining room at least 2 times a day for socialization and community awareness. Residents are allowed to eat in the common areas if they do not want to eat in the dining room and may take their tray to their rental unit if they desire. Sick trays are delivered as determined by the RN.
10. Member choice is required of the Assisted Living providers by policy and Members have the right to file a grievance or appeal any action of the provider. This is part of the lease agreement that the facility makes with the *ADvantage* Member.
11. *ADvantage* Members have the right of choice to choose services and supports. Choice cannot be limited by the *ADvantage* providers.
12. Heartsworth does not provide phone, Wi-Fi or Ethernet services; however the Member may contract with any service provider that provides this service. A phone is available in a common area for residents to use if needed.
13. By *ADvantage* policy Members are to be free from coercion and have the right to privacy and dignity. Members are visited, at least monthly, face to face with their *ADvantage* case manager to discuss any issues, concerns or changes in needs. Case managers are to oversee the person-centered plan and make sure services are appropriate to meet the Member's needs.
 - a. Complaint and grievance information is provided in the *ADvantage* Member's lease agreement giving contact numbers and addresses to the appropriate parties.
14. Mandatory members of the IDT team are the Member, *ADvantage* Case Manager and the Assisted Living RN and any representatives and the Member chooses. Service plans cannot be changed without the Member's signature. IDT meetings are to be held at the AL facility or wherever the Member desires.
15. *ADvantage* Members receive services in the same setting as all other residents. Heartsworth will have 20 *ADvantage* rooms available for *ADvantage* Members. These rooms are dispersed throughout the facility and not isolated to any one area.
 - a. The facility is in the Vinita, OK community in an area that also has independent living homes and a hospital that is directly across the street from the Assisted Living facility.
 - b. All apts. must consist of a living area and a private bathroom that includes a sink, toilet and shower stall. All units at Heartsworth are 320-326 square feet and have a closet, private bathroom and small kitchenette area.
 - c. Visitors are welcome but requested to sign in and out. Residents and their visitors are allowed to use any of the common areas or their private apartments for visiting. Visitors may dine for a small fee if they desire and prior notice is requested. Overnight visitors are welcome to stay on a limited time basis.
16. Heartsworth is a state licensed Assisted Living facility in good standing with OSDH. They must meet all the state's rules and policies for an AL to be contracted by the *ADvantage* program.
 - a. *ADvantage* Members have unrestricted use of all the facilities amenities.
 - b. AL facility meets ADA requirements for accessibility per their state license requirements.
17. Small kitchenette area is provided in each apartment for the *ADvantage* Member including a microwave, refrigerator and storage unit for utensils. Members have access to the laundry room and dining areas and these are handicap accessible and may utilize this area as desired.

18. *ADvantage* Members have unrestricted use of the AL facility. Doors are unlocked all day and only are locked at sunset from the outside. Members or staff may open the doors for access to visitors after that time.
19. Grab bars and safety equipment accommodations will be provided by the facility and by policy must make these available as needed by the member and specified in the person-centered plan.
20. Members may come and go at will and there are no curfew requirements. Taxis are available in the area and facility provided transportation is provided for weekly shopping trips and other specialty shopping areas as requested. The RN and Activity coordinator are available to assist the Member with scheduling any transportation that is needed.
21. By policy and Member's lease agreement the Members right to dignity and privacy must be respected.
22. *ADvantage* Member health information is in a locked room only accessible by the director and the nurse staff.
23. *ADvantage* requirements is the AL facility must provide assistance with light housekeeping, grooming, personal care such as dressing and bathing or reminders, toileting assistance, transfer assistance, laundry and medication assistance.
24. Staff must communicate with the Member in a dignified manner. Any complaints regarding this issue from the Member will be investigated by the OK State Dept. of Health. Contact information for these complaints must be provided in the Member's lease agreement.

**Exploratory Questions of *Non-Residential* Home and Community-Based Service (HCBS) Settings
– ADvantage Adult Day Health
Mercy Love County Adult Day Care
Marietta, OK
DHS-ADvantage Facility Evaluation
November 16, 2015**

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)

- **Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual?**
 - Mercy Love County ADC is open to provide opportunities for the participants to be active in community settings. They schedule at least one field trip per week and offer Member choice and input on activities.
- **Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?**
 - Mercy Love County ADC offers Member input and each Member develops with the ADC staff a Care Plan on their preferences.
- **Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc. outside of the setting, and who in the setting will facilitate and support access to these activities?**
 - All ADvantage Members have the same accesses to information and community opportunities as any participant at the ADC. A Care Plan is developed with the Member and their preferences and as specified on the ADvantage Service Plan Goals.
- **Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting? For example, do individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS?**
 - All ADvantage Members are allowed access to any of the rooms at the ADC and are free to participate in any activities. All participants have access to all rooms and activities.
- **Is the setting in the community/building located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community?**
 - The facility is located about 200 feet from the Mercy Hospital and the ADC is also located close to a Dollar Store, Homeland grocers and doctor's offices. They are allowed to go to the retail stores etc. with the assistance of a staff member.
- **Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies? For example, do visitors greet/acknowledge individuals receiving services with familiarity when they encounter them, are visiting hours unrestricted, or does the setting otherwise encourage interaction with the public (for example, as customers in a pre-vocational setting)?**
 - Visitors and volunteers are encouraged to come read, talk, visit and dine with the Members. Family members and guests can come dine with the Members for a very small fee.

**Exploratory Questions of *Non-Residential* Home and Community-Based Service (HCBS) Settings
– ADvantage Adult Day Health
Mercy Love County Adult Day Care
Marietta, OK
DHS-ADvantage Facility Evaluation
November 16, 2015**

• Do employment settings provide individuals with the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Medicaid funded HCBS?

- Employment settings are not a part of Mercy Love County ADC, however if they do have opportunities to go out into the community and work the ADC would accommodate their schedule and transportation needs. They are currently organizing possibly going and working at a local Farmer's market. This will be offered to those participants that want to participate and will not be mandatory.

• In settings where money management is part of the service, does the setting facilitate the opportunity for individuals to have a checking or savings account or other means to have access to and control his/her funds. For example, is it clear that the individual is not required to sign over his/her paychecks to the provider?

- This ADC has private pay participants, ADvantage Member and DDS Members. They bill for the HCBS Members and the private pay are personally responsible to pay the ADC. They do not intercept paychecks. The participant is personally responsible to make sure there is funding for their participation.

• Does the setting provide individuals with contact information, access to and training on the use of public transportation, such as buses, taxis, etc., and are these public transportation schedules and telephone numbers available in a convenient location?

- The facility has transportation (vans) available to transport their participants or they assist the Member is acquiring transportation if needed. Numbers are posted by all telephones in the facility.

Alternatively where public transportation is limited, does the setting provide information about resources for the individual to access the broader community, including accessible transportation for individuals who use wheelchairs?

- Telephone numbers to transportation and emergency departments are posted in all common areas and by the public telephone.

• Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCB services?

- Yes, all participants at the ADC are offered the same opportunities for tasks and activities.

• Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment, and tables/desks and chairs at a convenient height and location, with no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting? If obstructions are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstructions?

- The ADC meets all ADA requirements. There are no steps or other obstructions in the facilities and it meets all ADA requirements for accesses.

2. 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)

• Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual?

- Yes, the ADC does not limit the choice of any of their participants. All have the same choices of activities and Care Plans are developed for each participant with their preferences noted.

**Exploratory Questions of *Non-Residential* Home and Community-Based Service (HCBS) Settings
– *ADvantage* Adult Day Health
Mercy Love County Adult Day Care
Marietta, OK
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November 16, 2015**

• Do the setting options offered include non-disability-specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at a YMCA?

- Yes, the ADC does not limit the choices of any of their participants and is open for community opportunities for them.

• Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day/week (e.g. combine competitive employment with community habilitation)?

- Yes, they state that they are open to assist with these opportunities and seek out additional opportunities for their participants.

3. 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)*

• Is all information about individuals kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of individuals for PT, OT, medications, restricted diet, etc., in a general open area?

- All personal and medical information and medications are locked at all times. The personal information is kept private and not shared in the public areas.

• Does the setting support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance, provided in private, as appropriate?

- Yes, they currently offer assistance with hair, showers and nails. This is provided in a private area as appropriate.

• Does the setting assure that staff interacts and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the regular course of daily activities?

- Yes, there are policies and training 2 times per year regarding how to appropriately talk to the participants. Training is provided by Mercy Hospital.

• Do setting requirements assure that staff does not talk to other staff about an individual(s) in the presence of other persons or in the presence of the individual as if s/he were not present? HIPPA training is provided annually to staff by Mercy Hospital.

- Yes, this is in policy and trained to the staff.

• Does the setting policy require that the individual and/or representative grant informed consent prior to the use of restraints and/or restrictive interventions and document these interventions in the person-centered plan?

- No, they do not use restraints under any circumstance. They try to de-escalate problems and do it without restraints. There are no restraints at the facility. They would contact the Mercy hospital for assistance and the Member's representatives. They have to date no incidents that requires restraints.

• Does the setting policy ensure that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting and/or restrictive to the rights of every individual receiving support within the setting?

- Yes, individualized Care Plans are developed with the Member and their representatives.

• Does the setting offer a secure place for the individual to store personal belongings?

- Yes, they have cubbies that are in a locked room and must request access to them by a staff member.

**Exploratory Questions of *Non-Residential* Home and Community-Based Service (HCBS) Settings
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4. 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)

- **Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting?**
 - No, every participants have access to all rooms except medication room and private information rooms.
- **Does the setting afford a variety of meaningful non-work activities that are responsive to the goals, interests and needs of individuals? Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)?**
 - There are outdoor and indoor patios, activity areas and common areas and participants are free to access and participate in any of these areas.
- **Does the setting afford opportunities for individuals to choose with whom to do activities in the setting or outside the setting or are individuals assigned only to be with a certain group of people?**
 - Yes, they are free to participate with whomever they choose. There are no seating assignments or group assignments.
- **Does the setting allow for individuals to have a meal/ snacks at the time and place of their choosing? For instance, does the setting afford individuals full access to a dining area with comfortable seating and opportunity to converse with others during break or meal times, afford dignity to the diners (i.e., individuals are treated age-appropriately and not required to wear bibs)? Does the setting provide for an alternative meal and/or private dining if requested by the individual? Do individuals' have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?**
 - The participants can choose to sit in the dining area, the patios or activity rooms if they desire to eat. There are not formal seating charts. Snacks are available all day but the meal menu is provided by the hospital and they do not have choices at that time. Breakfast is made at the ADC and the participants have choices of cereals or oatmeal. Fruit and snacks are available all day.
- **Does the setting post or provide information on individual rights?**
 - Yes, Resident Rights are posted and abuse and neglect reporting information is posted at the facility.
- **Does the setting prohibit individuals from engaging in legal activities (ex. voting when 18 or older, consuming alcohol when 21 or older) in a manner different from individuals in similar and/or the same setting who are not receiving Medicaid funded services and supports?**
 - No, ADC offers all participants the same opportunities and assists them in getting access to the community as they request.
- **Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities and desires?**
 - Yes, an individualized Care Plan is developed with the participants and their representatives regarding their preferences, abilities and skills.

**Exploratory Questions of *Non-Residential* Home and Community-Based Service (HCBS) Settings
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5. 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)

- **Was the individual provided a choice regarding the services, provider and settings and the opportunity to visit/understand the options?**
 - Yes, Members are provided a list of available contracted ADvantage ADH providers by the ADvantage Case Manager. The Members are free to choose, visit the setting and determine if that facility meets their needs and preferences.
- **Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?**
 - Yes, ADvantage Case Managers meet with the Members monthly and ask if they are happy with the services they are receiving. The ADH does monthly progress notes to document activities and preferences of the Member.
- **Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible? Does the setting afford the individual with the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences?**
 - Yes, Members are supported to make their choices and the ADH will cooperate in any activities and opportunities that the Members desire to participate in. They monthly do progress notes and talk with the participants regarding their choices and preferences.
- **Does setting policy ensure the individual is supported in developing plans to support her/his needs and preferences? Is setting staff knowledgeable about the capabilities, interests, preference and needs of individuals?**
 - Yes, ADH states that all individuals no matter the pay source are offered the same opportunities and their preferences and needs will be documented in the progress notes.
- **Does the setting post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS?**
 - Yes, will refer them to the ADvantage Care Line and the ADvantage Case Manager if they want to make changes to the current services they are receiving. These changes or preferences are noted in the monthly progress notes by the ADH.

**CMS Heightened Scrutiny of Residential HCB Settings
North County Assisted Living – Collinsville, OK
DHS-ADvantage Administration Facility Evaluation**

1. HCB Setting selection - Member choice
 - a. *ADvantage* Members are provided a list of available contracted *ADvantage* assisted living facilities by the *ADvantage* case manager for the Assisted Living Service Option and Member is free to choose, visit setting and determine what facility meets their needs and preferences.
2. Members have regular access to the community and in the same manner as individuals not receiving Medicaid HCBS services.
 - a. North County AL includes residents who live independently in addition to those who receive HCBS. Licensed for 33 residents and they currently have 22 residents who do not receive HCB services. They currently have 8 *ADvantage* Members living at the AL.
 - b. Activity schedules are planned by the residents, posted in the AL and passed out/mailed to all residents, family and friends.
 - c. All residents must schedule with 72 hour notice any activities that they desire to attend in the community if they want to use facility provided transportation. However, access to the community via taxi, or Sooner Ride for medical appointments is available at any time. Members may have the assistance of the Activity coordinator or the LPN to schedule transportation if they desire.
 - d. Facility transportation is provided for all activities that are scheduled by the facility or the Resident Council.
 - e. Members are allowed to come and go at will but the facility requests that they sign in and out just for emergency situation accountability.
3. Members are allowed to work in the community or be active in the community as they so desire. Members and residents are free to come and go as they desire.
4. Members have a studio apartment and may share with a roommate if they request to do so. Couples may have separate rooms if they so choose and are able to meet the financial costs.
 - a. Members are allowed to have personal vehicles and parking is provided.
5. A person-centered plan is developed with the *ADvantage* Case Manager at the Interdisciplinary Team (IDT) meeting upon entry of the program and the Member's choice and needs are determined at that time. Additional IDT meetings may be scheduled at any time to adjust or change per the Members preferences and needs.
6. Member is responsible for all their personal finances and to pay the facility any room and board costs and vendor payments if applicable.
7. The dining room is open from 7:00am until 6:00pm and small meals and snacks are available after that time as desired.
 - a. Members are provided a microwave, refrigerator and storage for utensils in their apts. to fix meals and snacks as desired. Assistance with this is provided by the facility aides as requested.
8. The dining room does not have assigned seating and a private dining room is available to the Member as requested or they may eat in their room if they desire. North County AL does encourage that the resident eat in the dining room at least 2 times a day for socialization and community awareness.

9. Member choice is required of the Assisted Living providers and Members have the right to file a grievance or appeal any action of the provider by policy. This is part of the lease agreement that the facility makes with the *ADvantage* Member.
10. *ADvantage* Members have the right of choice to choose services and supports. Choice cannot be limited by the providers.
11. North County AL does not provide phone, Wi-Fi or Ethernet services; however the Member may contract with any service provider that provides this service. A phone is available in a common area for residents to use if needed.
12. By *ADvantage* policy Members are to be free from coercion and have the right to privacy and dignity. Members are visited, at least monthly, face to face with their *ADvantage* case manager to discuss any issues, concerns or changes in needs. Case managers are to oversee the person-centered plan and make sure services are appropriate to meet the Member's needs.
 - a. Complaint and grievance information is provided in the Member's lease agreement giving contact numbers and addresses to the appropriate parties.
13. Mandatory members of the IDT team are the Member, *ADvantage* Case Manager and the Assisted Living RN and any representatives and the Member chooses. Service plans cannot be changed without the Member's signature. IDT meetings are to be held at the AL facility or wherever the Member desires.
14. *ADvantage* Members receive services in the same setting as all other residents. North County will have 10 *ADvantage* rooms available for *ADvantage* Members. These rooms are dispersed throughout the facility and not isolated to any one area.
 - a. The facility is in the Collinsville, OK community in an area that also has independent living homes across the street and a nursing home that is .5 miles away. Shared staff is the Administrator, Registered Nurse and Housekeeping only.
 - b. Open to all residents are park areas and walking trails. The facility is within 1000 feet of a public school and residential neighborhoods.
 - c. All apts. must consist of a living area and a private bathroom that includes a sink, toilet and shower stall. All units at North County are at least 250 square feet and are studio apt. with separate closets, small cooking area and a private bathroom.
 - d. Visitors are requested to leave by 8:00pm but may stay longer as long as they do not disturb other residents and they are not restricted to a specified visiting area. Visitors may come and dine for a small fee as they desire. Overnight visitors are welcome to stay on a limited time basis.
15. North County is a state licensed Assisted Living facility in good standing. They must meet all the state's rules and policies for an AL to be contracted by the *ADvantage* program.
 - a. *ADvantage* Members have unrestricted use of all the facilities amenities.
 - b. AL facility meets ADA requirements for accessibility per their state license requirements.
16. Small kitchen area is provided in each apartment for the Member including a microwave, refrigerator and storage unit for utensils. Members have access to the laundry room and dining areas and these are handicap accessible and may utilize this area as desired.
17. Members have unrestricted use of the AL facility. Doors are unlocked all day and only are locked at 8:00pm from the outside. Members may open the doors for access to visitors after that time.
18. Grab bars and safety equipment accommodations will be provided by the facility and by policy must make these available as needed by the member and specified in the person-centered plan.

19. Members may come and go at will and there are no curfew requirements. Taxis are available in the area and facility provided transportation is provided for weekly shopping trips to Walmart and other specialty shopping areas as requested. Residents are allowed to have automobiles and parking is available. The LPN and Activity coordinator are available to assist the Member with scheduling any transportation that is needed.
20. By policy and Member's lease agreement the Members right to dignity and privacy must be respected.
 - a. Health information is in a locked room only accessible by the director and the nurses.
21. AD*van*tage requirements is the AL facility must provide assistance with light housekeeping, grooming, personal care such as dressing and bathing or reminders, toileting assistance, transfer assistance, laundry and medication assistance.
22. Staff must communicate with the Member in a dignified manner. Any complaints regarding this issue from the Member will be investigated by the OK State Dept. of Health. Contact information for the complaints must be provided in the Member's lease agreement.

ICF/ID Settings - Heightened Scrutiny

The final rule identifies settings that are presumed to have institutional qualities and do not meet the rule’s requirements for home and community-based settings. These settings include those in a publicly or privately-owned facility that provide inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS. A state may only include such a setting in its Medicaid HCBS programs if CMS determines through a heightened scrutiny process, based on information presented by the state and input from the public that the state has demonstrated that the setting meets the qualities for being home and community-based and does not have the qualities of an institution. (For more information about the heightened scrutiny process, see Section 441.301(c)(5)(v)Home and Community-Based Setting).

Settings that have the following two characteristics alone might, but will not necessarily, meet the criteria for having the effect of isolating individuals:

- The setting is designed specifically for people with disabilities, and often even for people with a certain type of disability.
- The individuals in the setting are primarily or exclusively people with disabilities and on-site staff provides many services to them.

Settings that isolate people receiving HCBS from the broader community may have any of the following characteristics:

- The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities.
- People in the setting have limited, if any, interaction with the broader community.
- Settings that use/authorize interventions/restrictions that are used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g. seclusion).

Locations Identified to Have Institutional Qualities	Address	Reason
Opportunity Center	2225 N. Union, Ponca City, OK 74601	Adjacent to an ICF/ID location
Reliant Living Center	3317 SE 18th Street, Del City, 73115	Adjacent to an ICF/ID location
Gateway Foundation	1217 E. College, Broken Arrow, OK 74012	Adjacent to an ICF/ID location
People Inc.	205 JT Stites Blvd., Sallisaw, OK 74955	Potentially Isolating
Sequoyah Enterprises Inc.	103 E. 32nd Street, Stillwater, OK 74075	Potentially Isolating
Sequoyah Enterprises Inc.	12951 Jenny Lane, Wayne, OK 73095	Potentially Isolating
Home of Hope	360 W Hope Ave. Vinitia, OK 74301	Adjacent to an ICF/ID location
McCalls Chapel	13546 CR3600, Ada, OK 74820	Adjacent to an ICF/ID location
Center of Family Love	600 W. Oklahoma, Okarche, OK 73762	Adjacent to an ICF/ID location
Mercy Love County Adult Day Center	200 Wanda St., Marietta, OK 73448	Adjacent to an ICF/ID location

Heightened Scrutiny Plan of Action

1. Identify any setting that is presumed to have the qualities of an institution
2. Review setting through onsite visit to include observations and interviews
3. Complete documentation to submit to CMS to demonstrate heightened scrutiny and that the setting does not have the qualities of an institution
4. Submit documentation to CMS.
5. If location does, have qualities of institution, the state will begin the Remediation process. If Remediation is not an option, the state will begin the process of Relocation.