



MISSISSIPPI DIVISION OF
MEDICAID

Public Comments For the
1915(i) State Plan Services
Transition Plan for Home and Community-Based Settings
September 17 – October 17, 2014

1. Comment received by telephone during public hearing held on September 26, 2014.
“This is Beth Porter, Disability Rights Mississippi. My comment is that this is not an accessible hearing to the people that you serve. Thank you.”
2. Comment received by telephone during public hearing held on September 26, 2014.
“This is Beth Porter, Disability Rights Mississippi. Under Section sorry, give me a second to find it again. Under Section 3, Quality Management Provider Monitoring, it doesn't look like you're doing any changes. It just says annually. You're just going to leave it annually instead of changing any of that? I think that should be changed -- well, that's my comment. I think that should be changed to quarterly. Thank you.”
3. Comments received from the The Arc of Mississippi via emailed letter and crosswalk document. Both documents are attached to this page.



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October 3, 2014

Mississippi Division of Medicaid
Attention: Margaret Wilson
Walter Sillers Building
550 High Street, Suite 1000
Jackson, Mississippi 39201

Re: Public Comment Period for CMS Final Rule

Dear Ms. Wilson,

The Arc of Mississippi would like to take this opportunity to commend Centers for Medicaid and Medicare and likewise the Mississippi Division of Medicaid for their forward thinking in the efforts to promote lives of choice, inclusion, and opportunity. Our national convention prevents us from being present at the public hearings and we appreciate the opportunity to provide written comments.

The transition plans for the home and community based waivers include a Quality Management section. In each section (with the exception of the IL waiver which will not require a new plan) this section proposes to use the National Core Indicators as data collection for measuring quality. The Arc of Mississippi is familiar with the National Core Indicators and assisted with the initial collection of data when the NCI were first introduced to Mississippi.

The Arc of Mississippi would like to suggest using the Personal Outcome Measures as either a substitute for or accompaniment to the NCI. National Core Indicators were designed solely for individuals who experience intellectual and/or developmental disabilities. Personal Outcome Measures (POMs) have a universal design, appropriate for all services underwritten by the Mississippi Division of Medicaid. For approximately three years The Arc has performed Quality Measurement for the Mississippi Department of Mental Health using the Personal Outcome Measures. We have measured outcomes and supports from every program, from every provider, with results that are framed in a positive, outcome-based manner for both the provider and the Department of Mental Health.

The Council on Quality and Leadership is responsible for the formation and continued development of the Personal Outcome Measures (www.thecouncil.org). POMs use 21 outcomes of life and a guided interview process to measure two things; are the life outcomes present and did their service provider make supports available to facilitate life outcomes. Questions range from safety, to life goals to intimacy.

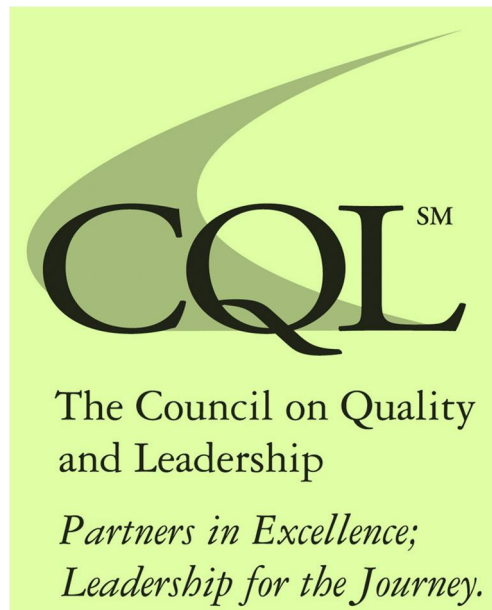
We would enjoy the opportunity to describe or demonstrate POMs further. Tell us how we can help.

Matt Nalker, Executive Director
The Arc of Mississippi

Achieve with us.

Evidence to Support New CMS/HCBS Reporting Requirements Using CQL Basic Assurances[®] Data and CQL Personal Outcome Measures[®] Data[©]

- ✓ New Home and Community-Based Setting Requirements
 - ✓ Additional Requirements for Provider Owned/Controlled Residential Settings
 - ✓ New Person-Centered Service Plan Process Requirements
 - ✓ New Person-Centered Service Plan Documentation Requirements
 - ✓ Revised CMS Quality Assurances & Sub-Assurances
-



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August, 2014

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INTRODUCTION

This **Toolkit for States** provides States with detailed support, using CQL | The Council on Quality and Leadership quality measurement tools and data elements, to comply with requisite reporting to CMS on new Home and Community-Based Setting and Plan Requirements (effective March 17, 2014), and Revised HCBS Quality Assurances (issued March 12, 2014).

Specifically, this Toolkit addresses:

- New Home and Community-Based Setting Requirements
- Additional Requirements for Provider Owned/Controlled Residential Settings
- New Person-Centered Service Plan Process Requirements
- New Person-Centered Service Plan Documentation Requirements
- Revised CMS Quality Assurances & Sub-Assurances

For each area, concrete data elements (i.e., specific questions) are pulled from CQL’s well-established quality measurement tools (**CQL Basic Assurances®** and **CQL Personal Outcome Measures®**) to support State compliance with CMS reporting requirements. Below is an overview of each tool.

Overview of CQL Basic Assurances®

Introduced in 2005, CQL’s *Basic Assurances®* ensure accountabilities for health, safety and human security within service provider organizations. *Basic Assurances®* are more than a high-level compliance review of licensing and certification standards. Although the *Basic Assurances®* do contain requirements for certain systems (i.e. policies and procedures), the true measure of the effectiveness of the system or policies is determined in practice. Demonstrations of assurances of health, safety and human security are prerequisites for providing responsive services and enhancing the quality of life for service recipients. Assurances are not statements of intent; they are demonstrations of successful operations in the areas of health, safety and human security. The *Basic Assurances®* contains 10 Factors, 46 Indicators, and over 200 quality probes (or sub-indicators). The 10 Factors are listed below, and the specific indicator(s) and sub-indicator(s) associated with each new CMS requirement are provided in this **Toolkit**.

- | | |
|----------------------------------------------------------------------------|--------------------------------------------|
| Factor 1: Rights Protection and Promotion | Factor 6: Safe Environments |
| Factor 2: Dignity and Respect | Factor 7: Staff Resources and Supports |
| Factor 3: Natural Support Networks | Factor 8: Positive Services and Supports |
| Factor 4: Protection from Abuse, Neglect,
Mistreatment and Exploitation | Factor 9: Continuity and Personal Security |
| Factor 5: Best Possible Health | Factor 10: Basic Assurances® System |

The application of the *Basic Assurances®* involves two broad evaluation strategies – evaluation of both the system and the organizational practice. Policies and other systems are important for sustainability and consistency over time and so is the actual practice of the policy. The

assessment identifies how the organization views their systemic and practice infrastructure for meeting the Basic Assurances® prior to a formal review. Data collected are analyzed to identify trends and gaps and to make recommendations for improvement. Data can be analyzed at the single provider level, or compared against others locally, statewide or nationally.

Overview of CQL Personal Outcome Measures®

In 1993, CQL|The Council on Quality and Leadership introduced the Personal Outcome Measures® (POM) tool. This ground-breaking instrument, its methods and values-based quality of life system have been widely recognized for accurately measuring achieved outcomes in key life domains. The POM puts listening to, and learning from the person, at the center of quality evaluation. The POM instrument includes 21 outcomes:

- | | |
|------------------------------------------------------|----------------------------------------------------------|
| 1. People are connected to natural support networks. | 11. People choose where they work. |
| 2. People have intimate relationships. | 12. People use their environments. |
| 3. People are safe. | 13. People live in integrated environments. |
| 4. People have the best possible health. | 14. People interact with other members of the community. |
| 5. People exercise rights. | 15. People perform different social roles. |
| 6. People are treated fairly. | 16. People choose services. |
| 7. People are free from abuse and neglect. | 17. People choose personal goals. |
| 8. People experience continuity and security. | 18. People realize personal goals. |
| 9. People decide when to share personal information. | 19. People participate in the life of the community. |
| 10. People choose where and with whom they live. | 20. People have friends. |
| | 21. People are respected. |

The *Personal Outcome Measures*® represent a valid and reliable quality of life tool that can be incorporated in human services systems for people of all ages receiving mental health, aging and/or intellectual and developmental disabilities services. The tool focuses on the choices and control people have in their lives. It is a powerful instrument for evaluating quality of life for people, and the degree to which organizations individualize supports to facilitate outcomes. The outcomes are non-prescriptive. People define outcomes for themselves so the meaning and definition of personal outcome items vary from person to person. However, the tool was developed and tested to ensure reliability across responses. Data is gathered, aggregated and analyzed to identify trends, including what is going well for people, and opportunities for improvement. The data can be used to assist planning teams, providers, regions and the state to select priorities and focus their efforts for quality assurance and improvement.

** Please note that the information provided in this **Toolkit for States** was developed by CQL staff and has not been reviewed or approved by the Centers for Medicare and Medicaid Services.

A. New Requirements for Home and Community-Based Settings

REQUIREMENT 1: *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 with the same degree of access as individuals not receiving Medicaid HCBS.*

The setting is integrated in and supports full access to the greater community.

CQL Basic Assurances® Data

- Factor 2d: Supports and services enhance dignity and respect.
 - *Are transportation and other supports provided so people can access community services similar to those used by the community at large?*
 - *Are people provided options for support settings that include generic settings?*
 - *Are supports provided in integrated settings?*

CQL Personal Outcome Measures® Data

- POM 10: People choose where and with whom to live.
 - *Do the options an individual has about where and with whom to live include generic community settings?*
- POM 13: People live in integrated environments.
 - *Does the person use the same environments used by people without disabilities (at home, at work, at school, in the community)?*
 - *Do services and supports for the person promote opportunities for integration?*
- POM 14: People interact with other members of the community.
 - *Is there direct interaction between the person and others in the community?*
 - *Is the type and frequency of interaction satisfactory to the individual?*
- POM 19: People participate in life in the community
 - *Does the person participate in the life of the community?*
 - *Is the individual satisfied with the type and frequency of his/her participation?*

There are opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.

CQL Basic Assurances® Data

- Factor 2e: People have meaningful work and activity choices.
 - *Do personal preference assessments identify the kinds of work and recreational activities people want?*
 - *Do people receive the support needed to make choices about the kinds of work and activities they prefer?*
 - *Are services and supports focused on assisting people to achieve their goals and desires?*
 - *Are the activity and work options available to people age appropriate and culturally normative? Do these options promote a positive self-image?*
 - *Are people supported to generate income to be used for needs and wants not covered by public assistance?*
 - *Are people actively supported to seek employment and work in competitive and integrated settings?*
 - *Are people actively supported to engage in community life?*

CQL Personal Outcome Measures® Data

- POM 5: People exercise rights.
 - *Does the person exercise their right as a citizen to access their money?*
 - *Does the person exercise their right as a citizen to associate with others?*
- POM 11: People choose where they work.
 - *Does the person decide where to work or what to do (e.g., type of job/employer or daytime activity)?*
 - *Does the person have the opportunity to experience different work/day activities, and are generic community options included?*

The individual receives services in the community with the same degree of access as individuals not receiving Medicaid HCBS.

CQL Basic Assurances® Data

- Factor 2d: Supports and services enhance dignity and respect.
 - *Are transportation and other supports provided so people can access community services similar to those used by the community at large?*

CQL Personal Outcome Measures® Data

- POM 10: People choose where and with whom they live.
 - *Is this outcome present for the individual?*¹
 - *Are individualized organizational supports present to support this outcome?*²
- POM 11: People choose where they work.
 - *Is this outcome present for the individual?*
 - *Are individualized organizational supports present to support this outcome?*
- POM 12: People use their environments.
 - *Does the person have maximum access to each physical environment s/he frequents – at home, at work, and in the community?*
- POM 13: People live in integrated environments.
 - *Does the person use the same environments used by people without disabilities (at home, at work, at school, in the community)?*
- POM 16: People choose services.
 - *Is this outcome present for the individual?*
 - *Are individualized organizational supports present to support this outcome?*

REQUIREMENT 2: The setting (home or community-based) 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.

The setting is selected by the individual from among residential and day options that include generic settings.

CQL Basic Assurances® Data

- Factor 2d: Supports and services enhance dignity and respect.
 - *Are people provided options for support settings that include generic settings?*
 - *Are supports provided in integrated settings?*

¹ A series of relevant questions (and responses/data points) lead to a summative determination of whether an outcome is present or not present for each individual.

² A series of relevant questions (and responses/data points) lead to a summative determination of whether organizational supports are in place to support each individual to achieve their personal outcome.

- Factor 2e: People have meaningful work and activity choices.
 - *Do people receive the support needed to make choices about the kinds of work and activities they prefer?*
- Factor 2b: The organization respects people’s concerns and responds accordingly.
 - *Does the organization use information about satisfaction to improve services and supports?*
- Factor 6a: The organization provides individualized safety supports.
 - *Are people’s abilities to be safe in their environments assessed?*

CQL Personal Outcome Measures® Data

- POM 10: People choose where and with whom to live
 - *Do options include generic community settings?*
- POM 11: People choose where they work.
 - *Do options include generic community work/day activities?*

The setting provides the participants an option to choose a private unit in a residential setting

CQL Basic Assurances® Data

- Factor 2c: People have privacy.
 - *Do people have an option to choose a private bedroom if receiving residential support?*
 - *Do people have a place and the opportunity to be by themselves during the day?*

CQL Personal Outcome Measures® Data

- POM 10: People choose where and with whom they live.
 - *Do options about where and with whom to live, include options for a private unit in a residential setting, and respect the individual’s choice?*

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.

CQL Basic Assurances® Data

- Factor 8a: People's individual plans lead to person-centered and person-directed services and supports.
 - *Are setting options identified and documented in the person-centered plans? Are they chosen by the person?*
 - *Do person-centered plans incorporate the results of assessments, evaluations and screenings required by the organization and by the person based on individual strengths and needs?*
 - *Do assessments, evaluations and screenings focus on the skills and supports present, those preferred and desired by the person, and those needed to realize personal goals?*
- Factor 9b: The organization implements sound fiscal practices.
 - *Does the organization have a budgeting and accounting system to determine costs associated with providing needed services and supports?*

CQL Personal Outcome Measures® Data

- POM 16: People choose services.
 - *Does the person select the services and/or supports that he or she receives?*
 - *Does the person have choices about service provider organizations?*
 - *Does the organization actively solicit the person's preferences, provide options to the person and honor the person's choices about services?*

REQUIREMENT 3: Ensures right to privacy, dignity and respect, and freedom from coercion and restraint.

Right to Privacy

CQL Basic Assurances® Data

- Factor 2c: People have privacy.
 - *Do people have the space and opportunity to speak on the telephone, open and read mail, and visit with others, privately?*
 - *Do support staff demonstrate respect for people's privacy when providing needed supports for dressing and personal hygiene and when entering people's rooms?*

- Factor 3d: The organization facilitates each person’s desire for natural supports.
 - *Do people have private space to visit with family and friends?*

CQL Personal Outcome Measures® Data

- POM 5: People exercise rights.
 - *Does the person exercise their right as a citizen to privacy?*

Right to Dignity and Respect

CQL Basic Assurances® Data

- Factor 2a: People are treated as people first.
 - *Are people extended the same common courtesies anyone would expect?*
 - *Are support staff trained to promote dignity and respect and to recognize each person as a unique individual?*

CQL Personal Outcome Measures® Data

- POM 5: People exercise rights.
 - *Does the person exercise their right as a citizen to dignity and respect?*
- POM 21: People are respected.
 - *Is this person treated with respect by: family, residential support staff, roommates/housemates, employment support staff, day staff, co-workers, medical professionals, adult educational staff, classmates, business community members, therapists/counselors, neighbors and others?*
 - *Do interactions with others reflect concern for the person's opinions, feelings and preferences?*
 - *Does the organization act to ensure that interactions with the person are respectful?*

Freedom from Coercion and Restraint

CQL Basic Assurances® Data

- Factor 1a: The organization implements policies and procedures that promote people’s rights.
 - *Does the policy define the organization’s commitment to protect and promote people’s rights?*
 - *Does the policy describe the organization’s due process procedures?*
 - *Does the policy prohibit use of a restrictive or intrusive medical or behavioral intervention without prior informed consent?*

- Factor 1b: The organization supports people to exercise their rights and responsibilities.
 - *Does the assessment address people’s civil and legal rights and personal freedoms? Examples include, but are not limited to the ability to do the following: move freely, manage money, send and receive mail, make and receive telephone calls and use other means of communication, visit and be visited by whomever they choose, vote.*
- Factor 1c: Staff recognize and honor people’s rights.
 - *Do staff demonstrate respect for and honor people’s rights?*
- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Is the plan agreed to, with informed consent of the person in writing? Do all team members responsible for implementation sign the plan?*
- Factor 8d: The organization treats people with psychoactive medications for mental health needs consistent with national standards of care.
 - *Is the use of psychoactive/psychotropic medication based on specific psychiatric diagnoses?*
 - *Do people receive the fewest psychotropic medications possible, at the lowest dosage possible?*
- Factor 8e: People are free from unnecessary, intrusive interventions.
 - *Do people receive only the amount of behavioral and medical support necessary to prevent harm to themselves or others?*
 - *Is there clear evidence that less restrictive/intrusive procedures have been tried and not been effective? Is it also clear that the severity of the behavior justifies incorporating highly restrictive/intrusive procedures into the behavior support or treatment plan – procedures including, but not limited to, involuntary commitment, physical restraint, psychotropic medication and/ or time out rooms?*
 - *Are behavior intervention plans that include highly intrusive procedures or other restrictive techniques implemented only with the prior written, informed consent of the person or the person’s legally authorized representative?*

CQL Personal Outcome Measures® Data

- POM 5: People exercise rights.
 - *Does the person exercise their right as a citizen to freedom from coercion and restraint?*
- POM 7: People are free from abuse and neglect.
 - *Have there been any allegations of abuse or neglect by or on behalf of the person?*
 - *Is there any evidence that the person has been abused, neglected or exploited?*

- *Does the organization provide the person with information and education about abuse, neglect, exploitation and mistreatment?*
- *Does the organization provide support for the person if there have been concerns expressed or occurrences of abuse, neglect, exploitation and mistreatment (recent or in the past)?*
- *Does the organization provide support if the person is in danger or at risk of harm (e.g., threats of suicide, threats of physical harm, inability to handle crisis without assistance)?*
- *Are any/all allegations of abuse, neglect, exploitation and mistreatment reported and investigated (regardless of the source) according to organizational policy and procedure, and applicable law?*

REQUIREMENT 4: Optimizes individual initiative, autonomy and independence in making life choices (including daily activities, physical environment, and with whom to interact).

CQL Basic Assurances® Data

- Factor 2d: Supports and services enhance dignity and respect.
 - *Are supports provided only to the extent needed by the person?*
- Factor 1e: Decision-making supports are provided to people as needed.
 - *Do people receive only the level of support needed to make their own decisions?*

CQL Personal Outcome Measures® Data

- POM 5: People exercise rights.
 - *Does the person exercise their right as a citizen to: voice his/her opinion, vote, move about the community, associate with others, practice their religion, access his/her money, make personal decisions, and other rights that are important to him/her*
 - *Have the rights that are important to the person been identified or are there efforts being made to learn about the person's preferences?*
 - *Is the person provided with the support needed to exercise his or her rights?*
 - *Are individualized organizational supports present to support this outcome?*
- POM 16: People choose services.
 - *Does the person select the services and/or supports that he or she receives?*
 - *Is this outcome present for the individual?*
 - *Are individualized organizational supports present to support this outcome?*

REQUIREMENT 5: Facilitates individual choice regarding services/ supports, and who provides them.

CQL Basic Assurances® Data

- Factor 7d: The organization implements systems that promote continuity and consistency of direct support professionals.
 - *Does the organization have a system that addresses people’s preferences and choices when hiring or identifying regularly assigned staff for them?*

CQL Personal Outcome Measures® Data

- POM 10: People choose where and with whom they live.
 - *Does the person have options about where and with whom to live?*
 - *Does the person select where and with whom s/he lives?*
 - *Does the organization support the person to explore all options so he or she can make informed choices?*
- POM 11: People choose where they work.
 - *Does the person have opportunity to experience different options?*
 - *Do the options include generic community work/day activities?*
 - *Does the person decide where to work or what to do (e.g., type of job/employer or daytime activity)?*
 - *Does the organization provide the person with access to varied job experiences and options?*
 - *Has the organization responded to the person's desires for pursuing specific work or career options with supports?*
 - *Has the organization supported the person to address any identified barriers to achieving this outcome?*
- POM 16: People choose services.
 - *Does the person select the services and/or supports that he or she receives?*
 - *Does the person have choices about service provider organizations?*
 - *Does the organization actively solicit the person’s preferences, provide options to the person and honor the person’s choices about services?*

B. New Requirements for Provider Owned/Controlled Residential Settings

REQUIREMENT 1: *The dwelling is a specific place that can be owned, rented, or occupied under a legally enforceable agreement (e.g., a lease), and the individual has the same responsibilities and protections from eviction that other tenants have under landlord/tenant laws.*

CQL Basic Assurances® Data

- Factor 1b: The organization supports people to exercise their rights and responsibilities.
 - *Does the assessment address people’s civil and legal rights and personal freedoms? Examples include, but are not limited to the ability to move freely.*
- Factor 1a: The organization implements policies and procedures that promote people’s rights.
 - *Does organizational policy contain a listing of rights afforded all citizens as indicated by the United Nation’s Declaration of Human Rights and by the constitution and laws of the country in which people reside?*

CQL Personal Outcome Measures® Data

- POM 10: People choose where and with whom they live.
 - *Is this outcome present for the individual?*

REQUIREMENT 2: *Each individual has privacy in their sleeping or living unit, including: entrance doors are lockable by the individual (staff have keys as needed); individuals sharing units have a choice of roommates in that setting; and individuals have the freedom to furnish and decorate their sleeping unit within the lease or other agreement.*

Privacy

CQL Basic Assurances® Data

- Factor 2c: People have privacy.
 - *Are entrance doors lockable by the person?*
 - *Do support staff demonstrate respect for people’s privacy when providing needed supports for dressing and personal hygiene and when entering people’s rooms?*

CQL Personal Outcome Measures® Data

- POM 5: People exercise rights.
 - *Does the person exercise their right as a citizen to privacy?*
 - *Does the person exercise their right as a citizen to access their possessions?*

Choice of Roommates

CQL Basic Assurances® Data

- Factor 2c: People have privacy.
 - *Do people have a choice of roommates (if applicable)?*
- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Do people choose their goals and services, including where they work (or spend their day) and where and with whom they live?*

CQL Personal Outcome Measures® Data

- POM 10: People choose where and with whom they live.
 - *Does the person select with whom s/he lives?*

Freedom to Furnish and Decorate their Unit

CQL Basic Assurances® Data

- Factor 2d: Supports and services enhance dignity and respect.
 - *Are people supported to decorate their homes as they choose and to maintain homes that are safe and sanitary?*

CQL Personal Outcome Measures® Data

- POM 10: People choose where and with whom they live.
 - *Does the person determine how to furnish and decorate their home/room?*

REQUIREMENT 3: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.

Control Schedules and Activities

CQL Basic Assurances® Data

- Factor 2d: Supports and services enhance dignity and respect.
 - *Do people have autonomy and independence in making life choices including control over their own schedules and routines?*
- Factor 2e: People have meaningful work and activity choices.
 - *Do personal preference assessments identify the kinds of work and recreational activities people want?*
 - *Do people receive the support needed to make choices about the kinds of work and activities they prefer?*

CQL Personal Outcome Measures® Data

- POM 16: People choose services.
 - *Does the person select the services and/or supports that he or she receives?*

Access to Food at any Time

CQL Basic Assurances® Data

- Factor 9c: Business, administrative and support functions promote personal outcomes.
 - *Is food available that is nutritious and meets each person's dietary needs and preferences?*

CQL Personal Outcome Measures® Data

- POM 5: People exercise rights.
 - *Does the person exercise their right as a citizen to access food and the refrigerator as desired?*

REQUIREMENT 4: Individuals are able to have visitors of their choosing at any time.

CQL Basic Assurances® Data

- Factor 1b: The organization supports people to exercise their rights and responsibilities.
 - *Does the assessment address people's civil and legal rights and personal freedoms? Examples include, but are not limited to the ability to visit and be visited by whomever they choose.*
- Factor 3a: Policies and practice facilitate the continuity of natural support systems.
 - *Do the organization's policies and practices promote frequent and informal visits at people's homes?*

CQL Personal Outcome Measures® Data

- POM 5: People exercise rights
 - *Does the person exercise their right as a citizen to have visitors at any time?*
- POM 20: People have friends.
 - *Is the person satisfied with the amount of contact with his/her friends?*

REQUIREMENT 5: The setting is physically accessible to the individual.

CQL Basic Assurances® Data

- Factor 6a: The organization provides individualized safety supports.
 - *Are people’s abilities to be safe in their environments assessed?*
- Factor 6b: The physical environment promotes people’s health, safety and independence.
 - *Have design modifications been made to facilitate accessibility and safety based on people’s needs?*

CQL Personal Outcome Measures® Data

- POM 12: People use their environments.
 - *Have modifications been made to promote maximum access and use of physical environments for the person, if needed and requested?*

REQUIREMENT 6: Any modifications to Requirements 1 through 4 above must be supported by a specific assessed need and justified in the person-centered service plan.

CQL Basic Assurances® Data

Identify a specific and individualized assessed need.

- Factor 1b: The organization supports people to exercise their rights and responsibilities.
 - *Does the organization assess people’s abilities to exercise their rights, especially those rights that are most important to them?*

Document the positive interventions and supports used prior to any modifications to the person-centered service plan.

- Factor 8e: People are free from unnecessary, intrusive interventions.
 - *Is there clear evidence that less restrictive/intrusive procedures have been tried and not been effective? Is it also clear that the severity of the behavior justifies incorporating restrictive procedures into the behavior support or treatment plan?*

Document less intrusive methods of meeting the need that have been tried but did not work.

- Factor 8e: People are free from unnecessary, intrusive interventions.
 - *Is there clear evidence that less restrictive/intrusive procedures have been tried and not been effective? Is it also clear that the severity of the behavior justifies incorporating restrictive procedures into the behavior support or treatment plan?*

Include a clear description of the condition that is directly proportionate to the specific assessed need.

- Factor 1b: The organization supports people to exercise their rights and responsibilities.
 - *Does the person-centered plan document assessment results, including supports needed to protect and promote the person’s rights?*

Include a regular collection and review of data to measure the ongoing effectiveness of the modification.

- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Are person-centered plans reviewed at least monthly by the individual plan coordinator and at least annually by the team?*

Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.

- Factor 1b: The organization supports people to exercise their rights and responsibilities.
 - *Are the assessments of people’s rights ongoing and reviewed at least annually?*
- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Are person-centered plans reviewed at least monthly by the individual plan coordinator and at least annually by the team?*

Informed consent of the individual.

- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Is the plan agreed to, with informed consent of the person in writing? Do all team members responsible for implementation sign the plan?*
- Factor 8e: People are free from unnecessary, intrusive interventions.
 - *Are behavior intervention plans that include restrictive techniques implemented only with the prior written, informed consent of the person or the person’s legally authorized representative?*

Include an assurance that interventions and supports will cause no harm to the individual.

- Factor 8e: People are free from unnecessary, intrusive interventions.
 - *Do people receive only the amount of behavioral and medical support necessary to prevent harm to themselves or others?*

C. New HCBS Person-Centered Service Plan Process Requirements

REQUIREMENT 1: *Includes people chosen by the individual.*

CQL Basic Assurances® Data

- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Do people receive information and support to direct the development of their plans?*
 - *Do people have person-centered plans that they develop with individual support teams that are chosen by them? Do teams include both paid and natural supports?*

CQL Personal Outcome Measures® Data

- POM 5: People exercise rights.
 - *Does the person exercise their right as a citizen to personal decision making?*
 - *Does the person exercise their right as a citizen to voice their opinion?*

REQUIREMENT 2: *Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions.*

CQL Basic Assurances® Data

- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Do people receive information and support to direct the development of their plans?*
 - *Is personal information shared only with people’s permission or that of their legally authorized representatives?*

CQL Personal Outcome Measures® Data

- POM 16: People choose services.
 - *Does the organization actively solicit the person's preferences about services, provider organizations, and direct support staff?*
 - *Does the organization provide options to the person about services, provider organizations, and direct support staff?*
 - *Does the organization honor the person's choices about services, provider organizations, and direct support staff?*

REQUIREMENT 3: Is timely and occurs at times and locations of convenience to the individual.

CQL Basic Assurances® Data

- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Do people receive information and support to direct the development of their plans?*

REQUIREMENT 4: Reflects cultural considerations of the individual and is conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient.

CQL Basic Assurances® Data

- Factor 2a: People are treated as people first.
 - *Are support staff trained to promote dignity and respect and to recognize each person as a unique individual?*
- Factor 2d: Supports and services enhance dignity and respect.
 - *Do people receive information about their supports and services in plain language that is accessible and that reflects cultural considerations?*
- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Are person-centered plans written in plain language and accessible to the person?*
 - *Do person-centered plans incorporate the results of assessments, evaluations and screenings required by the organization and by the person based on individual strengths and needs?*
 - *Do assessments, evaluations and screenings focus on the skills and supports present, those preferred and desired by the person, and those needed to realize personal goals?*
- Factor 9b: The organization implements sound fiscal practices.
 - *Does the organization have clear, understandable policies and procedures to assist people with managing their money?*

REQUIREMENT 5: *Includes strategies for solving conflict or disagreement within the process, including clear conflict of interest guidelines for all planning participants.*

CQL Basic Assurances® Data

- Factor 1a: The organization implements policies and procedures that promote people’s rights.
 - *Does the organization’s Rights Policy describe the organization’s due process procedures?*
 - *Does the policy describe the organization’s procedures for individual rights reviews and documentation?*
- Factor 2b: The organization respects people’s concerns and responds accordingly.
 - *Do people receive needed supports to report complaints, problems or concerns?*
 - *Do people receive a timely response to their complaints that is relevant and understandable?*
 - *Does the organization review and analyze complaint information at least annually?*

CQL Personal Outcome Measures® Data

- POM 5: People exercise rights
 - *Does the person exercise their right as a citizen to file complaints about services?*

REQUIREMENT 6: *Offers choices to the individual regarding the services and supports the individual receives and from whom.*

CQL Basic Assurances® Data

- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Do people choose their goals and services, including where they work (or spend their day) and where and with whom they live?*

CQL Personal Outcome Measures® Data

- POM 10: People choose where and with whom to live.
 - *Do the options an individual has about where and with whom to live include generic community settings?*
- POM 11: People choose where they work.
 - *Does the person have the opportunity to experience different work/day activities, and are generic community options included?*

- POM 16: People choose services.
 - *Does the organization actively solicit the person's preferences about services, provider organizations, and direct support staff?*
 - *Does the organization provide options to the person about services, provider organizations, and direct support staff?*
 - *Does the organization honor the person's choices about services, provider organizations, and direct support staff?*

REQUIREMENT 7: *Includes a method for individual to request updates to the plan, as needed.*

CQL Basic Assurances® Data

- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Are person-centered plans reviewed at least monthly by the individual plan coordinator and at least annually by the team?*
 - *Are person-centered plans modified by people with their individual support teams as goals and objectives are or are not realized?*

REQUIREMENT 8: *Records the alternative home and community-based settings that were considered by the individual.*

CQL Basic Assurances® Data

- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Are setting options identified and documented in the person-centered plans? Are they chosen by the person?*

CQL Personal Outcome Measures® Data

- POM 10: People choose where and with whom to live.
 - *Do the options an individual has about where and with whom to live include generic community settings?*
- POM 11: People choose where they work.
 - *Does the person have the opportunity to experience different work/day activities, and are generic community options included?*
- POM 16: People choose services.
 - *Does the organization actively solicit the person's preferences about services, provider organizations, and direct support staff?*
 - *Does the organization provide options to the person about services, provider organizations, and direct support staff?*
 - *Does the organization honor the person's choices?*

D. New HCBS Person-Centered Service Plan Documentation Requirements

REQUIREMENT 1: *The written plan must reflect that the setting in which the individual resides is chosen by the individual and supports full access to the community, is integrated in, and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.*

The setting is chosen by the individual, is integrated in and supports full access to the greater community.

CQL Basic Assurances® Data

- Factor 2d: Supports and services enhance dignity and respect.
 - *Are transportation and other supports provided so people can access community services similar to those used by the community at large?*
- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Do people choose their goals and services, including where they work (or spend their day) and where and with whom they live?*

CQL Personal Outcome Measures® Data

- POM 10: People choose where and with whom to live.
 - *Do the options an individual has about where and with whom to live include generic community settings?*
 - *Does the person decide where to live?*
- POM 13: People live in integrated environments.
 - *Does the person use the same environments used by people without disabilities (at home, at work, at school, in the community)?*
 - *Do services and supports for the person promote opportunities for integration?*
- POM 14: People interact with other members of the community.
 - *Is there direct interaction between the person and others in the community?*
- POM 19: People participate in life in the community
 - *Does the person participate in the life of the community?*
 - *Is the individual satisfied with the type and frequency of his/her participation?*

There are opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.

CQL Basic Assurances® Data

- Factor 2e: People have meaningful work and activity choices.
 - *Do personal preference assessments identify the kinds of work and recreational activities people want?*
 - *Do people receive the support needed to make choices about the kinds of work and activities they prefer?*
 - *Are people paid fairly for work they perform?*
 - *Are people supported to generate income to be used for needs and wants not covered by public assistance?*
 - *Are people actively supported to seek employment and work in competitive and integrated settings?*
 - *Are people actively supported to engage in community life?*
 - *Are people actively supported to control their personal resources?*
- Factor 8a: People's individual plans lead to person-centered and person-directed services and supports.
 - *Do people choose their goals and services, including where they work (or spend their day) and where and with whom they live?*
- Factor 9b: The organization implements sound fiscal practices.
 - *Does the organization have clear, understandable policies and procedures to assist people with managing their money?*

CQL Personal Outcome Measures® Data

- POM 5: People exercise rights.
 - *Does the person exercise their right as a citizen to access their money?*
 - *Does the person exercise their right as a citizen to associate with others?*
- POM 11: People choose where they work.
 - *Does the person decide where to work or what to do (e.g., type of job/employer or daytime activity)?*
 - *Does the person have the opportunity to experience different work/day activities, and are generic community options included?*

- POM 16: People choose services.
 - *Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about residential, employment/day, health, case management and generic community services?*

The individual receives services in the community with the same degree of access as individuals not receiving Medicaid HCBS.

CQL Basic Assurances® Data

- Factor 2d: Supports and services enhance dignity and respect.
 - *Are transportation and other supports provided so people can access community services similar to those used by the community at large?*

CQL Personal Outcome Measures® Data

- POM 12: People use their environments.
 - *Does the person have maximum access to each physical environment s/he frequents – at home, at work, and in the community?*
- POM 13: People live in integrated environments.
 - *Does the person use the same environments used by people without disabilities (at home, at work, at school, in the community)?*
- POM 16: People choose services.
 - *Is this outcome present for the individual?*
 - *Are individualized organizational supports present to support this outcome?*

REQUIREMENT 2: The plan reflects the individual's strengths and preferences.

CQL Basic Assurances® Data

- Factor 8a: People's individual plans lead to person-centered and person-directed services and supports.
 - *Do person-centered plans incorporate the results of assessments, evaluations and screenings required by the organization and by the person based on individual strengths and needs?*
 - *Do assessments, evaluations and screenings focus on the skills and supports present, those preferred and desired by the person, and those needed to realize personal goals?*

CQL Personal Outcome Measures® Data

- POM 10: People choose where and with whom they live
 - *Does the organization know where and with whom the person wants to live or are there efforts being made to learn about the person's preferences?*
- POM 11: People choose where they work
 - *Has the organization responded to the person's desires for pursuing specific work or career options with supports?*
- POM 16: People choose services.
 - *Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about residential, employment/day, health, case management and generic community services?*

REQUIREMENT 3: *The plan reflects clinical and support needs as identified through an assessment of functional need.*

CQL Basic Assurances® Data

- Factor 8a: People's individual plans lead to person-centered and person-directed services and supports.
 - *Do person-centered plans incorporate the results of assessments, evaluations and screenings required by the organization and by the person based on individual strengths and needs?*
 - *Do assessments, evaluations and screenings focus on the skills and supports present, those preferred and desired by the person, and those needed to realize personal goals?*
- Factor 8d: The organization treats people with psychoactive medications for mental health needs consistent with national standards of care.
 - *Is the use of psychoactive/psychotropic medication based on specific psychiatric diagnoses?*

REQUIREMENT 4: *The plan includes individually identified goals and desired outcomes.*

CQL Basic Assurances® Data

- Factor 2e: People have meaningful work and activity choices.
 - *Are services and supports focused on assisting people to achieve their goals and desires?*

- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Do person-centered plans include goals, action steps designed to achieve those goals, and methods to achieve the objectives?*
 - *Do people realize/achieve personal goals?*

CQL Personal Outcome Measures® Data

- POM 17: People choose personal goals.
 - *Does the organization know the goals the person has identified for him or herself, or are efforts being made to learn about the person's goals?*
 - *Have the person’s priorities regarding goals been solicited?*
 - *Does the person choose personal goals?*
 - *Does the organization provide supports and services to assist the person in pursuing personal goals?*

REQUIREMENT 5: The plan reflects services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports.

CQL Basic Assurances® Data

- Factor 3b: The organization recognizes emerging support networks.
 - *Does the organization use community resources, including local organizations, clubs, places of worship and schools, to build capacity for potential natural supports?*
- Factor 3d: The organization facilitates each person’s desire for natural supports.
 - *Does the organization have a system for documenting people’s involvement and contact with their support networks?*
- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Do person-centered plans include goals, action steps designed to achieve those goals, and methods to achieve the objectives?*

CQL Personal Outcome Measures® Data

- POM 1: People are connected to natural supports.
 - *Does the organization provide support for the person's relationships within his or her natural support network if needed and requested?*

- POM 16: People choose services.
 - *Does the organization actively solicit, provide options, and honor the person's preferences about services, provider organizations, and direct support staff?*

REQUIREMENT 6: *The plan reflects risk factors and measures in place to minimize them, including individual backup plans and strategies when needed.*

CQL Basic Assurances® Data

- Factor 4b: People are free from abuse, neglect, mistreatment and exploitation.
 - *Do people who cause injury or harm to themselves or others receive supports to replace those behaviors?*
- Factor 7a: The organization implements a system for staff recruitment and retention.
 - *Does the organization use employment screening procedures to minimize unnecessary or unreasonable risk?*
- Factor 8b: The organization provides continuous and consistent services and supports for each person.
 - *Do person-centered plans and services incorporate supports needed for people to successfully fulfill legal requirements set forth by outside parties, such as probation, parole, and/or family, drug, mental health or other courts?*
- Factor 8c: The organization provides positive behavioral supports to people.
 - *Do the policies and procedures reflect the organization's commitment to positive behavioral approaches? Does the document outline the specific behavioral supports that may and may not be used?*
 - *Does the organization implement policies and procedures that ensure a rapid, effective and appropriate response to behavioral emergencies?*
 - *Are formal behavior support plans implemented only after the team has ruled out physical and environmental issues contributing to a person's behavior?*

CQL Personal Outcome Measures® Data

- POM 3: People are safe.
 - *Has the organization identified safety issues for the person?*
 - *Is the person provided with supports to address identified safety concerns if needed and requested?*

- POM 8: People experience continuity and security.
 - *Does the organization know what is required for the person to experience continuity and security, or are efforts being made to learn about the person's preferences?*
 - *Are supports provided to assist the person in attaining and maintaining continuity and security?*

REQUIREMENT 7: *The plan must be understandable to the individual receiving services and supports, and the individuals important in supporting him or her. It must be written in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient.*

CQL Basic Assurances® Data

- Factor 2d: Supports and services enhance dignity and respect.
 - *Do people receive information about their supports and services in plain language that is accessible and that reflects cultural considerations?*
- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Are person-centered plans written in plain language and accessible to the person?*

REQUIREMENT 8: *The plan must identify the individuals responsible for monitoring the plan.*

CQL Basic Assurances® Data

- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Do people receive information and support to direct the development of their plans?*
 - *Are person-centered plans reviewed at least monthly by the individual plan coordinator and at least annually by the team?*

REQUIREMENT 9: *The plan must be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation.*

CQL Basic Assurances® Data

- Factor 1b: The organization supports people to exercise their rights and responsibilities.
 - *Is personal information shared only with people’s permission or that of their legally authorized representatives?*

- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Is the plan agreed to, with informed consent of the person in writing? Do all team members responsible for implementation sign the plan?*
 - *Are person-centered plans reviewed at least monthly by the individual plan coordinator and at least annually by the team?*
- Factor 9d: The cumulative record of personal information promotes continuity of services.
 - *Do people and/or their legally authorized representative(s) have access to, use and contribute to the information that is in their records, if they choose to do so?*

CQL Personal Outcome Measures® Data

- POM 9: People decide when to share personal information
 - *Does the organization obtain the person's consent or that of the legally authorized representative prior to the release of any personal information?*
 - *Is personal information shared with others only at the request of, or with the consent of, the person or his/her legally authorized representative?*

REQUIREMENT 10: *The service plan is to be distributed to the individual and other people involved in the plan.*

CQL Basic Assurances® Data

- Factor 8b: The organization provides continuous and consistent services and supports for each person.
 - *Does the organization have a system for ensuring important events that impact people are effectively communicated between assigned staff, among team members, across different environments and to others important to the person?*

CQL Personal Outcome Measures® Data

- POM 9: People decide when to share personal information
 - *Is personal information shared with others only at the request of, or with the consent of, the person or his/her legally authorized representative?*

REQUIREMENT 11: *The plan includes those services, the purchase and control of which the individual elects to self-direct.*

CQL Basic Assurances® Data

- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *The system is present/not present.*³
 - *The practice is present/not present.*⁴

CQL Personal Outcome Measures® Data

- POM 16: People choose services.
 - *Does the organization actively solicit the person's preferences, provide options to the person, and honor the person's choices about services/provider organizations/direct support staff?*

REQUIREMENT 12: *The plan prevents the provision of unnecessary or inappropriate services and supports.*

CQL Basic Assurances® Data

- Factor 1b: The organization supports people to exercise their rights and responsibilities.
 - *Are people provided supports only to the extent needed?*
- Factor 8c: The organization provides positive behavioral supports to people.
 - *Are formal behavior support plans implemented only after the team has ruled out physical and environmental issues contributing to a person’s behavior?*

REQUIREMENT 13: *Any modifications must be supported by a specific assessed need and justified in the person-centered service plan.*

CQL Basic Assurances® Data

Identify a specific and individualized assessed need.

- Factor 1b: The organization supports people to exercise their rights and responsibilities.
 - *Does the organization assess people’s abilities to exercise their rights, especially those rights that are most important to them?*

³ A series of relevant questions (and responses/data points) lead to a summative determination of whether or not an organizational system is in place to meet this indicator.

⁴ A series of relevant questions (and responses/data points) lead to a summative determination of whether or not organizational practices are in place to meet this indicator.

Document the positive interventions and supports used prior to any modifications to the person-centered service plan.

- Factor 8e: People are free from unnecessary, intrusive interventions.
 - *Is there clear evidence that less restrictive/intrusive procedures have been tried and not been effective? Is it also clear that the severity of the behavior justifies incorporating restrictive procedures into the behavior support or treatment plan?*

Document less intrusive methods of meeting the need that have been tried but did not work.

- Factor 8e: People are free from unnecessary, intrusive interventions.
 - *Is there clear evidence that less restrictive/intrusive procedures have been tried and not been effective? Is it also clear that the severity of the behavior justifies incorporating restrictive procedures into the behavior support or treatment plan?*

Include a clear description of the condition that is directly proportionate to the specific assessed need.

- Factor 1b: The organization supports people to exercise their rights and responsibilities.
 - *Does the person-centered plan document assessment results, including supports needed to protect and promote the person's rights?*

Include a regular collection and review of data to measure the ongoing effectiveness of the modification.

- Factor 8a: People's individual plans lead to person-centered and person-directed services and supports.
 - *Are person-centered plans reviewed at least monthly by the individual plan coordinator and at least annually by the team?*

Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.

- Factor 1b: The organization supports people to exercise their rights and responsibilities.
 - *Are the assessments of people's rights ongoing and reviewed at least annually?*
- Factor 8a: People's individual plans lead to person-centered and person-directed services and supports.
 - *Are person-centered plans reviewed at least monthly by the individual plan coordinator and at least annually by the team?*

Informed consent of the individual.

- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Is the plan agreed to, with informed consent of the person in writing? Do all team members responsible for implementation sign the plan?*
- Factor 8e: People are free from unnecessary, intrusive interventions.
 - *Are behavior intervention plans that include restrictive techniques implemented only with the prior written, informed consent of the person or the person’s legally authorized representative?*

Include an assurance that interventions and supports will cause no harm to the individual.

- Factor 8e: People are free from unnecessary, intrusive interventions.
 - *Do people receive only the amount of behavioral and medical support necessary to prevent harm to themselves or others?*

E. New CMS Quality Assurances & Sub-Assurances

CMS ASSURANCE - LEVEL OF CARE

Assurance - The State demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with care provided in a hospital, NF, or ICF/ID-DD

- I. **Sub-assurance** - An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.

This sub-assurance is not addressed in CQL data measures.

- II. **Sub-assurance** - The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine initial participant level of care.

This sub-assurance is not addressed in CQL data measures.

CMS ASSURANCE – SERVICE PLAN

Assurance- The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

- I. **Sub-assurance - Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.**

CQL Basic Assurances® Data

- Factor 1b: The organization supports people to exercise their rights and responsibilities.
 - *Does the person-centered plan document assessment results, including supports needed to protect and promote the person's rights?*
- Factor 1e: Decision-making supports are provided to people as needed.
 - *Does the person-centered plan document the need for and scope of advocacy, guardianship, representative payee, and alternatives to guardianship and/or representative payee including supported decision-making options? Is the plan then reviewed annually?*
- Factor 6c: The organization has individualized emergency plans.
 - *Do emergency plans address missing persons, fire and severe weather?*
 - *Are alarms and visual signals, and other modifications as needed, used for people who require those supports?*

- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Do person-centered plans incorporate the results of assessments, evaluations and screenings required by the organization and by the person based on individual strengths and needs?*
 - *Do person-centered plans include goals, action steps designed to achieve those goals, and methods to achieve the objectives?*
 - *Do people choose their goals and services, including where they work (or spend their day) and where and with whom they live?*
- Factor 8c: The organization provides positive behavioral supports to people.
 - *Do behavior support plans include teaching alternative communication and coping strategies?*
- Factor 8e: People are free from unnecessary, intrusive interventions.
 - *Do people receive only the amount of behavioral and medical support necessary to prevent harm to themselves or others?*

CQL Personal Outcome Measures® Data

- POM 1: People are connected to natural supports.
 - *Does the organization provide support for the person's relationships within his or her natural support network if needed and requested?*
- POM 16: People choose services.
 - *Does the organization actively solicit, provide options and honor the person's choices about services?*
 - *Does the organization actively solicit, provide options and honor the person's choices about provider organizations?*
 - *Does the organization actively solicit, provide options and honor the person's choices about direct support staff?*
- POM 17: People choose personal goals.
 - *Does the organization know the goals the person has identified for him or herself, or are efforts being made to learn about the person's goals?*
 - *Have the person’s priorities regarding goals been solicited?*
 - *Does the person choose personal goals?*
 - *Does the organization provide supports and services to assist the person in pursuing personal goals?*
- POM 18: People realize personal goals.
 - *Is this outcome present for the individual?*

II. Sub-assurance - Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.

CQL Basic Assurances® Data

- Factor 6a: The organization provides individualized safety supports.
 - *Are individualized safety assessments completed on an ongoing basis and reviewed at least annually?*
- Factor 8a: People's individual plans lead to person-centered and person-directed services and supports.
 - *Are person-centered plans reviewed at least monthly by the individual plan coordinator and at least annually by the team?*
 - *Are person-centered plans modified by people with their individual support teams as goals and objectives are or are not realized?*

III. Sub-assurance - Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.

CQL Basic Assurances® Data

- Factor 6a: The organization provides individualized safety supports.
 - *Are people provided supports only to the extent needed?*
- Factor 7c: The support needs of individuals shape the hiring, training and assignment of all staff.
 - *Is a single team identified by each person that includes the person and others critical to assessing and providing needed supports?*
- Factor 8b: The organization provides continuous and consistent services and supports for each person.
 - *Does the organization have a system to monitor implementation of person-centered plans? Does it include direct observation of services and supports as well as assessment of the reliability of data used to evaluate people's progress?*

IV. Sub-assurance - Participants are afforded choice between/among waiver services and providers.

CQL Basic Assurances® Data

- Factor 1a: The organization implements policies and procedures that promote people's rights.
 - *Does the policy describe the organization's due process procedures?*
 - *Does the policy describe the organization's procedures for individual rights reviews and documentation?*
- Factor 1e: Decision-making supports are provided to people as needed.
 - *Do people receive only the level of support needed to make their own decisions?*

- Factor 8a: People’s individual plans lead to person-centered and person-directed services and supports.
 - *Do people choose their goals and services, including where they work (or spend their day) and where and with whom they live?*

CQL Personal Outcome Measures® Data

- POM 1: People are connected to natural supports.
 - *Does the organization provide support for the person's relationships within his or her natural support network if needed and requested?*
- POM 16: People choose services.
 - *Does the person select the services and/or supports that he or she receives?*
 - *Do the services and/or supports focus on the person's goals?*
 - *Does the person have choices about service provider organizations (residential/in-home, employment/day, health, case management, generic community)?*
 - *Does the person have choices about direct support professionals/staff (residential/in-home, employment/day, health, case management, generic community)?*
 - *Does the organization actively solicit, provide options and honor the person's choices about services?*
 - *Does the organization actively solicit, provide options and honor the person's choices about provider organizations?*
 - *Does the organization actively solicit, provide options and honor the person's choices about direct support staff?*

CMS ASSURANCE - QUALIFIED PROVIDERS

Assurance - The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

- 1. Sub-assurance - The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.***

CQL Basic Assurances® Data

- Factor 6a: The organization provides individualized safety supports.
 - *Are people’s abilities to be safe in their environments assessed?*
- Factor 6b: The physical environment promotes people’s health, safety and independence.
 - *Do all buildings comply with applicable fire and safety codes?*

- *Do physical spaces and places where people live and work comply with applicable environmental codes (for example, are they free of lead paint, radon, mercury and asbestos)?*
 - *Are sanitary practices implemented to avoid sources and transmission of infections?*
- Factor 6c: The organization has individualized emergency plans.
 - *Are data from safety drills reviewed and plans for follow-up implemented?*
- Factor 6d: Routine inspections ensure that environments are sanitary and hazard free.
 - *Does the organization maintain records and reports of corrective actions taken? Of fire, safety, sanitation and environmental inspections required by all applicable laws and regulations?*
- Factor 7e: The organization treats its employees with dignity, respect and fairness.
 - *Do the organization's personnel policies, procedures and practices meet all state and federal fair labor laws?*
- Factor 9b: The organization implements sound fiscal practices.
 - *Does the organization have a budgeting and accounting system to determine costs associated with providing needed services and supports?*
 - *Does the organization undergo an annual financial audit by an independent certified accounting firm?*
- Factor 9c: Business, administrative and support functions promote personal outcomes.
 - *Does the organization maintain a cumulative record of information and documentation of services and supports needed by and provided to people? Does this record include people's responses to those services and supports?*

II. Sub-assurance - The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

This sub-assurance is not addressed in CQL data measures.

III. Sub-assurance - The State implements its policies and procedures for verifying that training is provided in accordance with State requirements and the approved waiver.

CQL Basic Assurances® Data

- Factor 4d: Support staff know how to prevent, detect and report allegations of abuse, neglect, mistreatment and exploitation.
 - *Do staff receive orientation on what constitutes abuse, neglect, mistreatment and exploitation? On prevention, detection and reporting requirements?*
 - *Before providing supports to people, do staff demonstrate competency in defining abuse, neglect, mistreatment and exploitation, and on reporting procedures?*

- *Does ongoing training in prevention, detection and reporting occur frequently enough to support both personal and organizational outcomes?*
- Factor 7a: The organization implements a system for staff recruitment and retention.
 - *Does the organization recruit and hire staff in accordance with all applicable laws and organizational requirements?*
- Factor 7b: The organization implements an ongoing staff development program.
 - *Does the organization implement an ongoing in-service training program to maintain, update and improve staff competency?*
- Factor 7e: The organization treats its employees with dignity, respect and fairness.
 - *Does the organization provide staff with personnel policies and procedures or a handbook that informs them of its personnel practices, benefits, pay plan, due process procedures and opportunities for continuing education?*
 - *Do the organization's personnel policies, procedures and practices meet all state and federal fair labor laws?*
 - *Does the organization provide staff a job description that describes the position's duties and responsibilities?*
 - *Is staff performance with respect to the job description evaluated during a probationary period and annually thereafter? Do performance evaluations include staff's objectives for professional and personal growth?*
- Factor 8c: The organization provides positive behavioral supports to people.
 - *Do only support staff with prior training and demonstrated competency provide the behavioral supports people need?*

CQL Personal Outcome Measures® Data

- POM 3: People are safe.
 - *Has the organization identified safety issues for the person?*
 - *Are all the person's safety concerns addressed?*
- POM 7: People are free from abuse and neglect.
 - *Does the organization provide the person with information and education about abuse, neglect, exploitation and mistreatment?*
 - *Are any/all allegations of abuse, neglect, exploitation and mistreatment reported and investigated (regardless of the source) according to organizational policy and procedure, and applicable law?*

CMS ASSURANCE - HEALTH AND WELFARE

Assurance - The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

I. Sub-assurance -- The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.

CQL Basic Assurances® Data

- Factor 2b: The organization respects people's concerns and responds accordingly.
 - *Do people receive needed supports to report complaints, problems or concerns?*
 - *Are families and legally authorized representatives informed about, and do they understand, the organization's complaint process?*
 - *Do people receive a timely response to their complaints that is relevant and understandable?*
 - *Does the organization review and analyze complaint information at least annually?*
- Factor 3c: Communication occurs among people, their support staff and their families.
 - *Are inquiries from those in people's natural support networks responded to in a positive and timely manner?*
- Factor 4a: The organization implements policies and procedures that define, prohibit and prevent abuse, neglect, mistreatment and exploitation.
 - *Are definitions of abuse, neglect, mistreatment and exploitation comprehensive and specific? Do they comply with applicable requirements?*
 - *Does the policy expressly prohibit abuse, neglect, mistreatment and exploitation of people?*
 - *Do policies and procedures include screenings to prevent hiring people with a previous history of substantiated abuse or neglect?*
 - *Are procedures for protecting people from potential further abuse, neglect, mistreatment or exploitation defined?*
- Factor 4b: People are free from abuse, neglect, mistreatment and exploitation.
 - *Are people provided understandable information about their rights to be free from abuse, neglect, mistreatment and exploitation?*
 - *Is there a complaint process that is understandable and easy to use?*
- Factor 4d: Support staff know how to prevent, detect and report allegations of abuse, neglect, mistreatment and exploitation.
 - *Before providing supports to people, do staff demonstrate competency in defining abuse, neglect, mistreatment and exploitation, and on reporting procedures?*

CQL Personal Outcome Measures® Data

- POM 7: People are free from abuse and neglect.
 - *Does the individual understand the meaning of abuse, neglect, exploitation and mistreatment?*
 - *Have there been any allegations of abuse or neglect by or on behalf of the person?*
 - *Is there any evidence that the person has been abused, neglected or exploited?*
 - *Is the person experiencing personal distress from a previous occurrence of abuse, neglect, exploitation or mistreatment?*
 - *Does the organization know about the person's concerns regarding abuse, neglect, exploitation and/or mistreatment?*
 - *Does the organization provide the person with information and education about abuse, neglect, exploitation and mistreatment?*
 - *Does the organization provide support for the person if there have been concerns expressed or occurrences of abuse, neglect, exploitation and mistreatment (recent or in the past)?*
 - *Does the organization provide support if the person is in danger or at risk of harm (e.g., threats of suicide, threats of physical harm, inability to handle crisis without assistance)?*
 - *Are any/all allegations of abuse, neglect, exploitation and mistreatment reported and investigated (regardless of the source) according to organizational policy and procedure, and applicable law?*
- POM 21: People are respected.
 - *Is this person treated with respect by: family, residential support staff, roommates, employment support staff, day staff, co-workers, medical professionals, adult educational staff, business community members, therapists/counselors, and others?*
 - *Does the organization act to ensure that interactions with the person are respectful?*

II. Sub-assurance - The State demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.

CQL Basic Assurances® Data

- Factor 4c: The organization implements systems for reviewing and analyzing trends, potential risks and sentinel events, including allegations of abuse, neglect, mistreatment and exploitation, and injuries of unknown origin and deaths.
 - *Is the Incident Management system used to identify patterns or isolated incidents that may be indicative of abuse, neglect, mistreatment or exploitation? Identify situations that may precipitate abuse or neglect? Determine what corrective actions or other interventions are needed?*

- *Is there an Incident Management system for maintaining data on reports of allegations of abuse, neglect, mistreatment or exploitation that enables evaluation of both individual and organizational outcomes?*
 - *Is there an Incident Management system for maintaining data on injuries, of known and unknown origin, that enables evaluation of both individual and organizational outcomes?*
 - *Is there an Incident Management system for morbidity and mortality review that enables evaluation of both individual and organizational outcomes?*
- Factor 4d: Support staff know how to prevent, detect and report allegations of abuse, neglect, mistreatment and exploitation.
 - *Does the organization evaluate potential underreporting and screening of allegations of abuse, neglect, mistreatment and exploitation, and provide additional competency-based training as needed?*
- Factor 4e: The organization ensures objective, prompt and thorough investigations of each allegation of abuse, neglect, mistreatment and exploitation, and of each injury, particularly injuries of unknown origin.
 - *Is there a procedure that details the conduct of the investigation of allegations and injuries?*
 - *Do people who are identified as responsible for investigations receive competency-based initial and refresher training on how to conduct investigations?*
 - *Are investigations completed within five working days? If not, is a status report filed as to why not?*
- Factor 4f: The organization ensures thorough, appropriate and prompt responses to substantiated cases of abuse, neglect, mistreatment and exploitation, and to other associated issues identified in the investigation.
 - *Does the procedure require that the scope, severity and circumstances surrounding a substantiated case be thoroughly considered as the response is developed?*

CQL Personal Outcome Measures® Data

- POM 7: People are free from abuse and neglect.
 - *Does the individual understand the meaning of abuse, neglect, exploitation and mistreatment?*
 - *Have there been any allegations of abuse or neglect by or on behalf of the person?*
 - *Is there any evidence that the person has been abused, neglected or exploited?*
 - *Is the person experiencing personal distress from a previous occurrence of abuse, neglect, exploitation or mistreatment?*
 - *Does the organization know about the person's concerns regarding abuse, neglect, exploitation and/or mistreatment?*

- *Does the organization provide the person with information and education about abuse, neglect, exploitation and mistreatment?*
- *Does the organization provide support for the person if there have been concerns expressed or occurrences of abuse, neglect, exploitation and mistreatment (recent or in the past)?*
- *Does the organization provide support if the person is in danger or at risk of harm (e.g., threats of suicide, threats of physical harm, inability to handle crisis without assistance)?*
- *Are any/all allegations of abuse, neglect, exploitation and mistreatment reported and investigated (regardless of the source) according to organizational policy and procedure, and applicable law?*

III. Sub-assurance -- The State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.

CQL Basic Assurances® Data

- Factor 1a: The organization implements policies and procedures that promote people’s rights.
 - *Does the policy prohibit use of a restrictive or intrusive medical or behavioral intervention without prior informed consent?*
- Factor 4b: People are free from abuse, neglect, mistreatment and exploitation.
 - *Do people who cause injury or harm to themselves or others receive supports to replace those behaviors?*
- Factor 4c: The organization implements systems for reviewing and analyzing trends, potential risks and sentinel events, including allegations of abuse, neglect, mistreatment and exploitation, and injuries of unknown origin and deaths.
 - *Is there an Incident Management system for review of intrusive and restrictive interventions that enables evaluation of both individual and organizational outcomes?*
- Factor 8c: The organization provides positive behavioral supports to people.
 - *Are behavior supports developed by a qualified professional and/or someone who knows the person well? Are they based on an assessment of the function of the behavior, including, but not limited to, the communicative intent of behavior?*
 - *Are formal behavior support plans implemented only after the team has ruled out physical and environmental issues contributing to a person’s behavior?*
 - *Does the organization implement policies and procedures that ensure a rapid, effective and appropriate response to behavioral emergencies?*

- Factor 8e: People are free from unnecessary, intrusive interventions.
 - *Do people receive only the amount of behavioral and medical support necessary to prevent harm to themselves or others?*
 - *Are behavior intervention plans that include highly intrusive procedures or other restrictive techniques implemented only with the prior written, informed consent of the person or the person’s legally authorized representative?*
 - *Are restraint devices and other restraint procedures applied only by staff with demonstrated competency for the device or procedure used?*
 - *Do the organization’s restraint policies and procedures comply with all applicable laws, rules and regulations?*
 - *Do the organization’s restraint policies and procedures detail how people are safeguarded? Do they prohibit floor restraints, “take downs” and standing orders for restraint?*
 - *Does the organization prohibit the use of time out rooms?*
 - *Is the use of psychotropic medications for behavior support recognized as a chemical restraint and considered highly intrusive/restrictive?*
 - *Does the organization prohibit the use of corporal punishment, seclusion, noxious or aversive stimuli, forced exercise, as needed orders for psychotropic medications, and denial of food or liquids that are part of a person’s nutritionally adequate diet?*

CQL Personal Outcome Measures® Data

- POM 5: People exercise rights.
 - *Do people exercise their right as citizens to voice their opinion?*
 - *Do people exercise their right as citizens to access their possessions?*
 - *Do people exercise their right as citizens to access food and the refrigerator?*
 - *Do people exercise their right as citizens to dignity and respect?*
 - *Do people exercise their right as citizens to freedom from coercion and restraint?*
 - *Do people exercise their right as citizens to file complaints about their services?*
 - *Is the person provided with the support needed to exercise his or her rights?*

IV. Sub-assurance -- The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.

CQL Basic Assurances® Data

- Factor 5a: People have supports to manage their own health care.
 - *Are people provided understandable information about their health, their medications and their treatments, including the purpose, intended outcomes, side effects or other risks and alternatives? Are they then supported in making choices regarding their medical care? Are people provided understandable information about advanced directives, including Psychiatric Advanced Directive (PAD) and supported to develop one if desired?*
 - *Do people understand their medical and medication histories?*
 - *Are people provided the level of support necessary to ensure that they take medications and complete treatments according to prescribed orders?*
 - *Do people know how to access medical emergency services?*
- Factor 5b: People access quality health care.
 - *Are the frequency and type of health care evaluations and screenings defined in policy? Do they meet applicable requirements? Are they consistent with the standard of care for prevention, early detection and treatment?*
 - *Are there standardized protocols for regularly required evaluations and screenings?*
 - *Do people receive medical evaluations according to a protocol consistent with accepted medical practice?*
 - *Do people have current and relevant specialized health care assessments for seizure disorders; orthopedic or neuromuscular disorders; eating disorders, including dysphasia, gastroenterological disorders, and other nutrition concerns; psychiatric disorders; or any other health condition that typically requires evaluation by a licensed health care provider?*
 - *Do people routinely receive comprehensive physical examinations?*
 - *Are current and relevant health care evaluations and screenings documented in people's records?*
- Factor 5c: Data and documentation support evaluation of health care objectives and promote continuity of services and supports.
 - *Are current and relevant health care evaluations and screenings documented in people's records?*
 - *Do people's person-centered plans document the results of health care evaluations and screenings, including recommendations?*
 - *Do people's person-centered plans include a description of health care support needed?*

- *Do people’s person-centered plans describe how health care services are reduced in intensity or discontinued as the person’s needs change? Do plans indicate how both physical and behavioral health is monitored on an ongoing basis?*
 - *Does documentation show that needed health care supports are consistently provided?*
 - *Does documentation show that health care supports are reviewed routinely by a person qualified to do so and at least annually by the team?*
 - *Is there evidence to support that data are used to assess effectiveness and progress towards achieving health care goals?*
- Factor 5d: Acute health needs are addressed in a timely manner.
 - *Does the organization have a process for ensuring acute health changes are assessed by a qualified health care practitioner in a timely manner?*
 - *Do people’s health care support staff recognize the need for timely transfer to a higher level of care?*
 - *Do records document acute health changes to provide a clear picture of the course of the illness or injury, the treatment provided, and the person’s current status from the time of identification through resolution?*
- Factor 5e: People receive medications and treatments safely and effectively.
 - *Are medications and treatments administered in accordance with all applicable law and recorded at the time of administration only by persons authorized to do so?*
- Factor 5f: Staff immediately recognize and respond to medical emergencies.
 - *Does the organization implement policies and procedures that ensure a rapid and effective response to people experiencing medical emergencies?*
 - *Is emergency medical equipment needed to respond to a potential emergency available, well maintained, clean and functional?*
 - *Is emergency medication required by people available in the appropriate dose, quantity and form?*
- Factor 8d: The organization treats people with psychoactive medications for mental health needs consistent with national standards of care.
 - *Does the medication prescribed correspond to known standards for effectiveness related to the specific diagnosis, symptom or behavior?*
 - *Do people receive the fewest psychotropic medications possible, at the lowest effective dosage possible?*
 - *Does the organization have a system to ensure regular review of the effectiveness of psychotropic medications by a licensed health care provider at intervals that meet all applicable laws and regulations and that is consistent with the national standard of care?*

CQL Personal Outcome Measures® Data

- POM 4: People have the best possible health.
 - *Have health care professionals identified the person's current best possible health situation, addressing any health care issues or concerns, and interventions?*
 - *Have health intervention services been selected by the person in consultation with the health care professional?*
 - *Have health intervention services, as desired by the person, been effective?*
 - *Does the organization know the person's definition of best possible health?*
 - *Are supports provided for the person to promote and maintain best possible health if needed and requested?*
 - *Does the organization assure that the person has support to obtain regular medical and health services?*
 - *Does the organization respond to the person's changing health needs and preferences?*
 - *Is the person supported to be aware of their medical issues and their impact?*
 - *Is the person supported to self-manage their personal health?*

CMS ASSURANCE - FINANCIAL ACCOUNTABILITY

Assurance –The State must demonstrate that it has designed and implemented an adequate system for insuring financial accountability of the waiver program.

- I. Sub-assurance - The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.***

CQL Basic Assurances® Data

- Factor 9b: The organization implements sound fiscal practices.
 - *Does the organization have a budgeting and accounting system to determine costs associated with providing needed services and supports?*
 - *Does the organization use financial reports for planning and implementing strategies that promote personal outcomes?*
 - *Does the organization undergo an annual financial audit by an independent certified accounting firm?*
 - *Does the organization correct material findings identified as the result of the annual financial audit?*

II. Sub-assurance - The State provides evidence that rates remain consistent with the approved rate methodology throughout the five year cycle.

CQL Basic Assurances® Data

- Factor 9b: The organization implements sound fiscal practices.
 - *Does the organization have a budgeting and accounting system to determine costs associated with providing needed services and supports?*
 - *Does the organization use financial reports for planning and implementing strategies that promote personal outcomes?*
 - *Does the organization undergo an annual financial audit by an independent certified accounting firm?*
 - *Does the organization correct material findings identified as the result of the annual financial audit?*

At-A-Glance Table A:		
<i>New Requirements for Home and Community-Based Settings</i>	CQL Basic Assurances®: Organization Level Data Available	CQL Personal Outcome Measures®: Individual Level Data Available
<i>REQUIREMENT 1: 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 with the same degree of access as individuals not receiving Medicaid HCBS.</i>		
The setting is integrated in and supports full access to the greater community.	Yes	Yes
There are opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	Yes	Yes
The individual receives services in the community with the same degree of access as individuals not receiving Medicaid HCBS.	Yes	Yes
<i>REQUIREMENT 2: The setting (home or community-based) 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.</i>		
The setting is selected by the individual from among residential and day options that include generic settings.	Yes	Yes
The setting provides the participants an option to choose a private unit in a residential setting.	Yes	Yes
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.	Yes	Yes
<i>REQUIREMENT 3: Ensures right to privacy, dignity and respect, and freedom from coercion and restraint.</i>		
Right to Privacy	Yes	Yes
Right to Dignity and Respect	Yes	Yes
Freedom from Coercion and Restraint	Yes	Yes
<i>REQUIREMENT 4: Optimizes individual initiative, autonomy and independence in making life choices (including daily activities, physical environment, and with whom to interact).</i>	Yes	Yes
<i>REQUIREMENT 5: Facilitates individual choice regarding services/ supports, and who provides them.</i>	Yes	Yes

At-A-Glance Table B:

Additional New Requirements for Provider Owned/Controlled Residential Settings	CQL Basic Assurances®: Organization Level Data Available	CQL Personal Outcome Measures®: Individual Level Data Available
<i>REQUIREMENT 1: The dwelling is a specific place that can be owned, rented, or occupied under a legally enforceable agreement (e.g., a lease), and the individual has the same responsibilities and protections from eviction that other tenants have under landlord/tenant laws.</i>	Yes	Yes
<i>REQUIREMENT 2: Each individual has privacy in their sleeping or living unit, including: entrance doors are lockable by the individual (staff have keys as needed); individuals sharing units have a choice of roommates in that setting; and individuals have the freedom to furnish and decorate their sleeping unit within the lease or other agreement.</i>		
Privacy	Yes	Yes
Choice of Roommates	Yes	Yes
Freedom to Furnish and Decorate their Unit	Yes	Yes
<i>REQUIREMENT 3: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i>		
Control Schedules and Activities	Yes	Yes
Access to Food at any Time	Yes	Yes
<i>REQUIREMENT 4: Individuals are able to have visitors of their choosing at any time.</i>	Yes	Yes
<i>REQUIREMENT 5: The setting is physically accessible to the individual.</i>	Yes	Yes
<i>REQUIREMENT 6: Any modifications to Requirements 1 through 4 above must be supported by a specific assessed need and justified in the person-centered service plan.</i>		
Identify a specific and individualized assessed need.	Yes	No
Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	Yes	No
Document less intrusive methods of meeting the need that have been tried but did not work.	Yes	No
Include a clear description of the condition that is directly proportionate to the specific assessed need.	Yes	No
Include a regular collection and review of data to measure the ongoing effectiveness of the modification.	Yes	No
Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	Yes	No
Informed consent of the individual.	Yes	No
Include an assurance that interventions and supports will cause no harm to the individual.	Yes	No

At-A-Glance Table C:

<i>New HCBS Person-Centered Service Plan Process Requirements</i>	CQL Basic Assurances®: Organization Level Data Available	CQL Personal Outcome Measures®: Individual Level Data Available
<i>REQUIREMENT 1: Includes people chosen by the individual.</i>	Yes	Yes
<i>REQUIREMENT 2: Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions.</i>	Yes	Yes
<i>REQUIREMENT 3: Is timely and occurs at times and locations of convenience to the individual.</i>	Yes	No
<i>REQUIREMENT 4: Reflects cultural considerations of the individual and is conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient.</i>	Yes	No
<i>REQUIREMENT 5: Includes strategies for solving conflict or disagreement within the process, including clear conflict of interest guidelines for all planning participants.</i>	Yes	Yes
<i>REQUIREMENT 6: Offers choices to the individual regarding the services and supports the individual receives and from whom.</i>	Yes	Yes
<i>REQUIREMENT 7: Includes a method for individual to request updates to the plan, as needed.</i>	Yes	No
<i>REQUIREMENT 8: Records the alternative home and community-based settings that were considered by the individual.</i>	Yes	Yes

At-A-Glance Table D:

<i>New HCBS Person-Centered Service Plan Documentation Requirements</i>	CQL Basic Assurances®: Organization Level Data Available	CQL Personal Outcome Measures®: Individual Level Data Available
<i>REQUIREMENT 1: The written plan must reflect that the setting in which the individual resides is chosen by the individual and supports full access to the community, is integrated in, and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, are receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</i>		
The setting is chosen by the individual, is integrated in and supports full access to the greater community.	Yes	Yes
There are opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	Yes	Yes
The individual receives services in the community with the same degree of access as individuals not receiving Medicaid HCBS.	Yes	Yes
<i>REQUIREMENT 2: The plan reflects the individual’s strengths and preferences.</i>	Yes	Yes
<i>REQUIREMENT 3: The plan reflects clinical and support needs as identified through an assessment of functional need.</i>	Yes	No
<i>REQUIREMENT 4: The plan includes individually identified goals and desired outcomes.</i>	Yes	Yes
<i>REQUIREMENT 5: The plan reflects services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports.</i>	Yes	Yes
<i>REQUIREMENT 6: The plan reflects risk factors and measures in place to minimize them, including individual backup plans and strategies when needed.</i>	Yes	Yes
<i>REQUIREMENT 7: The plan must be understandable to the individual receiving services and supports, and the individuals important in supporting him or her. It must be written in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient.</i>	Yes	No
<i>REQUIREMENT 8: The plan must identify the individuals responsible for monitoring the plan.</i>	Yes	No
<i>REQUIREMENT 9: The plan must be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation.</i>	Yes	Yes

At-A-Glance Table D: (continued)

<i>New HCBS Person-Centered Service Plan Documentation Requirements</i>	CQL Basic Assurances®: Organization Level Data Available	CQL Personal Outcome Measures®: Individual Level Data Available
<i>REQUIREMENT 10: The service plan is to be distributed to the individual and other people involved in the plan.</i>	Yes	Yes
<i>REQUIREMENT 11: The plan includes those services, the purchase and control of which the individual elects to self-direct.</i>	Yes	Yes
<i>REQUIREMENT 12: The plan prevents the provision of unnecessary or inappropriate services and supports.</i>	Yes	No
<i>REQUIREMENT 13: Any modifications must be supported by a specific assessed need and justified in the person-centered service plan.</i>		
Identify a specific and individualized assessed need.	Yes	No
Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	Yes	No
Document less intrusive methods of meeting the need that have been tried but did not work.	Yes	No
Include a clear description of the condition that is directly proportionate to the specific assessed need.	Yes	No
Include a regular collection and review of data to measure the ongoing effectiveness of the modification.	Yes	No
Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	Yes	No
Informed consent of the individual.	Yes	No
Include an assurance that interventions and supports will cause no harm to the individual.	Yes	No

At-A-Glance Table E:

New CMS Quality Assurances & Sub-Assurances

CQL Basic
Assurances®:
Organization Level
Data Available

CQL Personal Outcome
Measures®:
Individual Level
Data Available

CMS ASSURANCE - LEVEL OF CARE

Assurance - The State demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with care provided in a hospital, NF, or ICF/ID-DD.

I. Sub-assurance - An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.	No	No
II. Sub-assurance - The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine initial participant level of care.	No	No

CMS ASSURANCE – SERVICE PLAN

Assurance- The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

I. Sub-assurance - Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.	Yes	Yes
II. Sub-assurance - Service plans are updated/ revised at least annually or when warranted by changes in the waiver participant's needs.	Yes	No
III. Sub-assurance - Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.	Yes	No
IV. Sub-assurance - Participants are afforded choice between/among waiver services and providers.	Yes	Yes

CMS ASSURANCE - QUALIFIED PROVIDERS

Assurance - The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

I. Sub-assurance - The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.	Yes	No
II. Sub-assurance - The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.	No	No
III. Sub-assurance - The State implements its policies and procedures for verifying that training is provided in accordance with State requirements and the approved waiver.	Yes	Yes

At-A-Glance Table E: (continued)

New CMS Quality Assurances & Sub-Assurances	CQL Basic Assurances®: Organization Level Data Available	CQL Personal Outcome Measures®: Individual Level Data Available
CMS ASSURANCE - HEALTH AND WELFARE		
<i>Assurance - The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.</i>		
I. Sub-assurance - The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.	Yes	Yes
II. Sub-assurance - The State demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.	Yes	Yes
III. Sub-assurance - The State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.	Yes	Yes
IV. Sub-assurance - The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.	Yes	Yes
CMS ASSURANCE - FINANCIAL ACCOUNTABILITY		
<i>Assurance - The State must demonstrate that it has designed and implemented an adequate system for insuring financial accountability of the waiver program.</i>		
I. Sub-assurance - The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.	Yes	No
II. Sub-assurance - The State provides evidence that rates remain consistent with the approved rate methodology throughout the five year cycle.	Yes	No