

The Content Review Tool can be found beginning on pg. 7 of this document; click [here](#) to proceed to pg. 7.

**HCBS Basic Element Review Tool for Statewide Transition Plans Version 1.0**

**Criteria for Basic Requirements Review (Basic Element Review).** If there are concerns regarding the elements for public notice or the content of what the state has submitted is insufficient to provide necessary information to stakeholders, it may indicate that the Statewide Transition Plan needs to be sent back to the state before the Content Review begins.

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
<b>Appropriate Submission of the Statewide Transition Plan</b>	
1. The Statewide Transition Plan must be submitted by the state’s Medicaid agency.	Was the Statewide Transition Plan submitted by the state’s Medicaid agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. The state submitting the Statewide Transition Plan had a section 1915(c) waiver or a section 1915(i) state plan benefit in effect on or before March 17, 2014.  Note to reviewers: You will be given a list of the 1915(c) waivers and 1915(i) programs that have been approved for each state.	<input type="checkbox"/> The state had a section 1915(c) waiver in effect on or before March 17, 2014. <input type="checkbox"/> The state had a section 1915(i) state plan benefit in effect on or before March 17, 2014.
<b>The Statewide Transition Plan Includes all Basic Elements</b>	
<b>Public Notice Requirements</b>	
3. The state provides evidence that the entire Statewide Transition Plan was available for comment.	Does the state provide evidence that the entire Statewide Transition Plan was made available for public comment? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. The state describes the timeframe for public input, which verifies that the state provided at least a 30-day period for public input.	Does the state describe the timeframe it allowed for public input? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, does the state verify that it provided at least a 30-day period for public review and comment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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<p>5. The state provides two statements of public notice and public input procedures.</p>	<p>Does the state include evidence that it provided two notices to the public about the opportunity for public input?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe or list each of the processes the state used for the two notices (e.g., announcement via website, publication in newspapers, posting in county office on aging): _____</p> <p>If yes, does the state include the dates of those notices?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If yes, what are the dates of the notices?  Process _____ Date: _____  Process _____ Date: _____  Process _____ Date: _____  Process _____ Date: _____</p>
<p>6. The state included the URL where the Statewide Transition Plan could be found on the state's website.</p>	<p>Does the state include the URL where the Statewide Transition Plan can be found on the state's website?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. The state provided at least one option for public input in addition to the state's website.  Note to reviewers: The state must provide at least 1 method for individuals to receive a non-electronic copy of the Statewide Transition Plan, and a method to respond non-electronically.</p>	<p>Does the state indicate that it provided at least one option for public input in addition to the state's website (e.g., testimony)?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe this additional option or options: _____</p> <p>Is at least one of the additional option or options non-electronic?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. The Statewide Transition Plan includes a summary of public comments.</p>	<p>Does the state include a summary of the public comments?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. The Statewide Transition Plan includes in its summary of public comments those comments that agree/disagree</p>	<p>If the state includes a summary of the public comments, does the state include in its summary of public comments those comments that agree/disagree with the</p>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
with the state's determinations about compliance with the settings requirements.	state's determinations about compliance with the HCB settings requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (the state has not made determinations about compliance with the requirements, or did not receive any comments that address its determinations about compliance)
10. In the case where the state's determination differs from public comment, the Statewide Transition Plan includes the additional evidence and the rationale the state used to confirm the determination.	If the state includes a summary of the public comments, do any of the state's determinations about compliance differ from the public comments? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  If yes, does the state include additional evidence and the rationale it used to confirm the determination (e.g., site visits to specific settings)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  If yes, for each comment with which the state's determination differs, copy and paste here the comment and the state's response that includes the additional evidence and its rationale.
11. The Statewide Transition Plan includes a description of any changes the state made as a result of the public comments.	Does the state include a description of any changes the state made as a result of public comment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b><i>State Assessment of Compliance</i></b>	
12. The Statewide Transition Plan describes an assessment process that includes a systemic review (e.g., a review of statutes, regulations, policies, and provider contracts).  Note to reviewers: It is fine if the assessment is planned or ongoing at the time of the Statewide Transition Plan. At this time, we are not evaluating the details of the assessment process. However, if the state indicates that its systemic review assessment will not be completed within 6 months, we need to flag that for CMS.	Does the state describe a systemic review process under which it assesses or will assess whether its standards for HCB settings (e.g., statutes, regulations, policies, and provider contracts) comply with the federal HCB settings regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, does the state indicate that it has completed the systemic review? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  If no, has the state completed any part of the systemic review? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  If yes, list the parts of the systemic review the state has completed and those it has not completed: _____

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
	<p>If the state has not completed the systemic review, does state indicate when it will complete this review?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            If yes, give the date(s) for completion: _____</p>
<p>13. If the state has chosen to assess individual sites to determine whether or not they are in compliance with the federal home and community-based settings requirements, the state includes a description of how the state conducted, or plans to conduct, its site-specific assessments and a list of specific settings that were, or will be, assessed.</p> <p>Note to reviewers: States are not required to conduct site-specific assessments. However, under this requirement, if the state opts to conduct site-specific assessments, it must provide certain information to CMS. It is fine if the site-specific assessments are planned or ongoing at the time of the Statewide Transition Plan. At this time, we are not evaluating the details of the assessment process. However, if the state indicates that its assessment of individual sites will not be completed within 6 months, we need to flag that for CMS.</p>	<p>Does the state describe a process in which it has assessed or plans to assess whether individual HCB settings comply with the federal HCB settings regulation?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, does the state include a description of how the state conducted, or intends to conduct, its assessment of individual HCB settings?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If the state describes a process for assessing individual HCB settings, does the state include a list of the specific settings that it evaluated or that it intends to evaluate?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>14. The Statewide Transition Plan includes a statement of the outcome of its assessments if the assessments have been completed.</p>	<p>Does the state include a statement of the outcome of its systemic review of compliance with the HCB settings requirements (requirement 12)?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <input type="checkbox"/> Other (e.g., the statement of outcome applies to only part of the assessment).            Explain: _____            _____</p> <p>Does the state include a statement of the outcome of its assessments of specific settings for compliance with the HCB settings requirements (requirement 13)?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <input type="checkbox"/> Other (e.g., the statement of outcome applies to only part of the assessment).            Explain: _____</p>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
	_____
<p>15. If the state has not completed its assessment, the state must provide a timeline for completion.</p> <p>Note to reviewers: Mark both questions under this requirement as “N/A” and proceed to the next question if the state has completed all of its assessment(s) of compliance.</p>	<p>If the state has not completed its assessment(s) of compliance under requirements #12 and 13, does the state provide a timeline/timelines for completing the assessment/ assessments?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If yes, are the timelines within six months of submission of the Statewide Transition Plan?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<b>Remedial Actions</b>	
<p>16. The Statewide Transition Plan includes a description of the remedial actions the state will use to assure full compliance with the home and community-based settings requirements.</p> <p>Note to reviewers: If a state has not completed its assessment(s), it is acceptable for the state to submit a description of the actions it anticipates taking regardless of the ultimate findings from the assessment (e.g., the state knows it will have to conduct provider training on the new settings requirements no matter what). This information should be more robust for transition plans submitted closer to March 17, and states may need to revise the transition plan later after completing the assessment.</p>	<p>Does the Plan include a description of the remedial actions the state will take to assure full compliance with the HCB settings requirements?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Other (e.g., the state describes some, but not all remedial actions needed to assure full compliance or the remedial actions are not specific to issues found during the assessment). Explain: _____</p> <p>_____</p>
<p>17. If the state describes its proposed remedial actions, it includes the milestones needed to address any non-compliant settings.</p> <p>Note to reviewers: If the state did not describe its proposed remedial actions, mark “N/A” for the questions under this requirement and requirement #18, and proceed to</p>	<p>If the state describes its proposed remedial actions (requirement #16), does it include the milestones needed to address any non-compliant settings?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <input type="checkbox"/> Other - Explain: _____</p>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
<p>requirement #19. If the state did describe proposed remedial actions, note that during this review, we are not reviewing for adequacy of the timelines, just that there is enough information about the timelines to review.</p>	
<p>18. If the state describes its proposed remedial actions, the state includes the timelines for completing each milestone.</p>	<p>If the state describe its proposed remedial actions (requirement #16), does the state include the timelines for completing each milestone?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <input type="checkbox"/> Other - Explain: _____</p>
<p>19. The Statewide Transition Plan includes a description of the state’s monitoring processes for assuring full and ongoing compliance with the home and community-based settings requirements.</p> <p>Note to reviewers: During this review, we are simply reviewing whether states have monitoring processes in place, not the adequacy of the processes.</p>	<p>Does the state describe its monitoring processes for assuring full and ongoing compliance with the home and community-based settings requirements?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>Relevance</b>	
<p>20. The Statewide Transition Plan focuses on the state’s compliance with the home and community-based settings requirements, and does not include substantial extraneous information, such as information on the state’s compliance with the person-centered planning process or person-centered service plan requirements.</p>	<p>Does the state include any substantial extraneous information such as how it is complying with the person-centered planning process and person-centered service plan requirements in the new HCBS regulations?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Attached please find summary.

## HCBS Content Review Tool for Statewide Transition Plans Version 1.0

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
<b><i>Waivers Included in Statewide Transition Plan</i></b>	
<p>1. The Statewide Transition Plan identifies all setting types in the 1915(c), 1915(i), and 1115 programs.</p> <p>Note to reviewers: You will be given a list of all existing waivers in each state and the types of settings in those programs.</p>	<p>1. Does the Statewide Transition Plan identify all setting types in the 1915(c), 1915(i), and 1115 programs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List all of the setting types in the state’s 1915(c), 1915(i), and 1115 programs: _____</p>
<p>2. The information provided in any Waiver Transition Plan submitted by the state matches the information about that specific Waiver presented in the Statewide Transition Plan.</p> <p>Note to reviewers: You will be given any Waiver Transition Plans submitted by the state. Some states may not have submitted any yet.</p>	<p>2. Does the information in each Waiver Transition Plan submitted by the state match the information about that specific Waiver presented in the Statewide Transition Plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If no, explain_____</p>
<b><i>Systemic Assessment: Process</i></b>	
<p>3. The Statewide Transition Plan includes a description of a systemic assessment of whether its standards (e.g., statutes, regulations, policies, and provider contracts) for both residential and non-residential settings comply with the federal HCB setting regulations.</p> <p>Note to reviewers on question #1: It may simply be a description of how they <i>will</i> do the systemic assessment. Questions #3-8</p>	<p>1. Does the state include a detailed description of a systemic assessment of whether its standards (e.g., statutes, regulations, and policies) comply with the federal HCB setting regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, summarize text from the Statewide Transition Plan (“Plan”) that describes the process in column #3.</p> <p>2. If yes, does the state indicate that it has assessed non-residential as well as residential settings? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>3. Does the state indicate that it has completed the systemic assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
<p>focus on if the assessment is already completed, or will be completed in the future.</p>	<p>4. If the state has completed some, but not all of the systemic assessment, list:  a. The parts the state has completed: _____  b. The parts the state has not completed: _____</p> <p>5. If the state has not completed a systemic assessment, does the state indicate when it will complete this assessment?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  If yes, give the date(s) for completion: _____</p> <p>6. Is this timeframe within six months of submission of the Plan?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>7. If it is not within six months, does the state submit a justification for the additional time?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>8. Is the additional timeframe for completing the systemic assessment reasonable?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Explain: _____</p>
<p><b>Systemic Assessment: Outcomes</b></p>	
<p>4. The Statewide Transition Plan includes a statement of the outcome of the state’s systemic assessment of the compliance of its standards with the HCB settings requirements, for each HCB requirement and for each waiver/1915(i) program.</p> <p>Note to reviewers: States are not required to address compliance for each of the standards (3a – 3s). However, if this information is included, CMS wants to know.</p> <p>Note to reviewers: For #2, if the state</p>	<p>1. If the state has completed some or all of its systemic assessment of the compliance of its standards with the HCB settings requirements, does the state include a statement of the outcome of that assessment?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially (i.e., not for all of its standards and/or 1915(c)/(i) programs - explain: _____) <input type="checkbox"/> N/A</p> <p>2. Does the state indicate that some of its standards are in compliance with the HCB settings requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  a. If yes, are the standards listed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  b. If the standards are listed, based on a review of the state’s standards, do they appear to comply with the federal HCB settings requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  If no, explain:</p>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
<p>included a list of the standards that comply, you should quickly look over the standards to ensure you agree with the state's assessment. You may need to go online to locate the relevant state regulations.</p>	<p>3. If yes or partially in #1, in the outcome of its systemic assessment, does the state identify and address any of its standards as being currently out of compliance with, or silent on, any of the following federal HCB settings requirements?</p> <p>a. The setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)  Evidence: _____  <input type="checkbox"/> No</p> <p>b. The setting optimizes individual initiative, autonomy, and independence in making life choices  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)  Evidence: _____  <input type="checkbox"/> No</p> <p>c. The setting facilitates individual choice regarding services and supports, and who provides them.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)  Evidence: _____  <input type="checkbox"/> No</p> <p>d. The setting provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)  Evidence: _____</p>

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	<p><input type="checkbox"/> No</p> <p>e. The setting is integrated and supports access to the greater community.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)  Evidence: _____  <input type="checkbox"/> No</p> <p>f. The setting provides opportunities to engage in community life.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)  Evidence: _____  <input type="checkbox"/> No</p> <p>g. The setting provides opportunities to control personal resources.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)  Evidence: _____  <input type="checkbox"/> No</p> <p>h. The setting provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)  Evidence: _____  <input type="checkbox"/> No</p> <p>i. The setting is selected by the individual from among options including non-disability specific settings and a private unit in a residential setting.  <input type="checkbox"/> Yes</p>

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	<p> <input type="checkbox"/> Partially (explain: ___)  <input type="checkbox"/> N/A (explain: _____)  Evidence: _____  <input type="checkbox"/> No </p> <p> j. If provider-owned or controlled, the setting provides a specific unit/dwelling that is owned, rented, or occupied under a legally enforceable agreement.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain: ___)  <input type="checkbox"/> N/A (explain: _____)  Evidence: _____  <input type="checkbox"/> No </p> <p> k. If provider-owned or controlled, the setting provides the same responsibilities/protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain: ___)  <input type="checkbox"/> N/A (explain: _____)  Evidence: _____  <input type="checkbox"/> No </p> <p> l. If the setting is provider-owned or controlled and the tenant laws do not apply, the state ensures that a lease, residency agreement or other written agreement is in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain: ___)  <input type="checkbox"/> N/A (explain: _____)  Evidence: _____  <input type="checkbox"/> No </p> <p> m. If provider-owned or controlled, the setting provides that each individual has privacy in their sleeping or living unit. </p>

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	<p> <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)  Evidence: _____  <input type="checkbox"/> No </p> <p>n. If provider-owned or controlled, the setting provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.</p> <p> <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)  Evidence: _____  <input type="checkbox"/> No </p> <p>o. If provider-owned or controlled, the setting provides individuals who are sharing units with a choice of roommates.</p> <p> <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)  Evidence: _____  <input type="checkbox"/> No </p> <p>p. If provider-owned or controlled, the setting provides individuals with the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p> <p> <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)  Evidence: _____  <input type="checkbox"/> No </p> <p>q. If provider-owned or controlled, the setting provides individuals with the freedom and support to control their schedules and activities and have access to food any time.</p> <p> <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____) </p>

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	<p><input type="checkbox"/> N/A (explain: _____) Evidence: _____</p> <p><input type="checkbox"/> No</p> <p>r. If provider-owned or controlled, the setting allows individuals to have visitors at any time. <input type="checkbox"/> Yes <input type="checkbox"/> Partially (explain: _____) <input type="checkbox"/> N/A (explain: _____) Evidence: _____</p> <p><input type="checkbox"/> No</p> <p>s. If provider-owned or controlled, the setting is physically accessible to the individual. <input type="checkbox"/> Yes <input type="checkbox"/> Partially (explain: _____) <input type="checkbox"/> N/A (explain: _____) Evidence: _____</p> <p><input type="checkbox"/> No</p>
<p>5. Based on its systemic review, the Statewide Transition Plan provides the state’s best estimate of the number of settings that:</p> <ol style="list-style-type: none"> <li>Fully comply with the federal requirements;</li> <li>Do not comply with the federal requirements and will require modifications;</li> <li>Cannot meet the federal requirements and require removal from the program and/or relocation of individuals; and</li> <li>Are presumptively non-home and community-</li> </ol>	<ol style="list-style-type: none"> <li>Based on its systemic review, does the state includes its best estimate of the number of settings that fully comply with the federal requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Partially (explain: _____)</li> <li>Based on its systemic review, does the state includes its best estimate of the number of settings that do not comply with the federal requirements and will require modifications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Partially (explain: _____)</li> <li>Based on its systemic review, does the state includes its best estimate of the number of settings that cannot meet the federal requirements and require removal from the program and/or relocation of individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</li> </ol>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
<p>based, but for which the state will provide justification that these settings do not have the characteristics of an institution and do have the qualities of home and community-based settings.</p> <p>Note to reviewers: Settings that are “presumptively non-home and community-based,” or “presumptively non-HCB,” refer to any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment , or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.</p> <p>Note to reviewers: In 4.c. you only need to list information about on-site reviews conducted on settings that are being submitted for heightened scrutiny review.</p>	<p><input type="checkbox"/> Partially (explain: _____)</p> <p>4. In relation to settings that are presumptively non-HCB:</p> <p>a. Based on its systemic review, does the state includes its best estimate of the number of settings that are presumptively non-HCB, but for which the state will provide evidence/justification that these settings do not have the qualities of an institution and do have the qualities of home and community-based settings?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <input type="checkbox"/> Partially  (explain: _____)</p> <p>b. For the settings that are presumptively non-HCB, does the state include evidence/justifications for why these settings do not have the characteristics of an institution and do have the qualities of HCB settings?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <input type="checkbox"/> Partially  (explain: _____)  If yes, summarize the text describing each justification by setting and by waiver in column #3.</p> <p>c. Did the state or will the state or its agent conduct an on-site review of the settings for which the state will provide evidence/justification that these settings do not have the qualities of an institution and do have the qualities of home and community-based settings?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<b>Site-Specific Assessment: Process</b>	
<p>6. The state conducts site-specific assessments to determine if settings are in compliance.</p> <p>Note to reviewers: States are not required to</p>	<p>1. Did the state conduct site-specific assessments to determine if any settings are in compliance with the federal HCB settings requirements even if the state’s standards are not?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

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<p>conduct site-specific assessments, but if they do conduct these assessments, CMS would like to collect this information about the site-specific assessments.</p> <p>Note to reviewers: For question #20, note that MCO assessments would be consider a provider self-assessment and would need to be validated.</p>	<p>2. Does the state indicate that it plans to conduct site-specific assessments in the future?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>3. If yes to number 1 and/or 2, list the setting types for which the state has conducted site-specific assessments, or plans to, and indicate which assessments have already been completed: _____</p> <p>4. If the state plans to conduct site-specific assessments in the future, when does the state indicate it will complete these assessments? _____</p> <p>5. Is the timeframe for completing the site-specific settings assessments reasonable?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Explain: _____</p> <p>6. If the state will be assessing individual sites, does the state indicate how these assessments will impact the timeframe proposed to bring the settings into compliance?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If yes, summarize the state’s explanation of the impact in column #3.</p> <p>7. Does the state indicate how it conducted and/or plans to conduct these site-specific assessments?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If yes, summarize.</p> <p>8. Did the state use or does the state plan to use standard processes such as licensing reviews, provider qualification reviews, support coordination visit reports, etc. to conduct the site-specific assessments?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to ascertain <input type="checkbox"/> N/A</p> <p>9. If yes, list the standard process or processes: _____</p>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
	<p>10. Does the state identify the entity or entities that conducted or will be conducting the site-specific assessments?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>11. List the entity or entities the state used or plans to use: _____</p> <p>12. Did the state develop, or is the state planning to develop, a tool for qualified entities to use in conducting site-specific setting assessments?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>13. If the state is planning to develop such a tool in the future, does the state give a timeframe for completing it?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  If yes, state the timeframe: _____</p> <p>14. Did the state engage, or does it plan to engage, individuals receiving services and/or representatives of consumer advocacy entities (long-term care ombudsman programs, protection and advocacy systems, etc.) in the site-specific assessment process?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to ascertain <input type="checkbox"/> N/A</p> <p>15. If yes, list the stakeholder groups represented (e.g., consumer advocacy entities, individual service recipients, etc.). Do not identify service representatives by name. :  _____</p> <p>16. Did the state develop, or is the state planning to develop, a tool for individuals receiving services and representatives of consumer advocacy entities to use in conducting site-specific setting assessments?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>17. If the state is planning to develop such a tool in the future, does the state give a timeframe for completing it?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  If yes, state the timeframe: _____</p>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
	<p>18. Did the state administer, or does it plan to administer, self-assessment surveys to providers?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>19. If the state is planning to develop such a provider self-assessment tool in the future, does the state give a timeframe for completing it? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, state the timeframe: _____</p> <p>20. If the state administered, or plans to administer, provider self-assessments, did the state identify a validity check for the provider self-assessment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, summarize the information.</p> <p>21. Did the state conduct a statistically significant sample of settings to determine which types of settings comply with the HCB settings standards?  <input type="checkbox"/> Yes  Evidence: _____  <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<b>Site-Specific Assessment: Outcomes</b>	
<p>7. The Statewide Transition Plan includes a statement of the outcome of the state’s site-specific assessments of the compliance of settings with the HCB settings requirements, for each HCB requirement and for each waiver/1915(i) program.</p> <p>Note to reviewers: for question #2, you do not need to indicate here what specific remedial actions were identified by the state or whether they were sufficient. We are simply looking at whether any remedial action was identified to address each compliance issue from the state’s site-</p>	<p>1. If the state has completed some or all of its site-specific assessments of the compliance of settings with the HCB settings requirements, does the state include a statement of the outcome of those assessments?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially (i.e., not for all of its standards and/or 1915(c)/(i) programs - explain: _____) <input type="checkbox"/> N/A</p> <p>2. For each setting that the state determines does not comply with the HCB setting requirements, does the state identify the remedial actions that will be taken to remedy each compliance issue identified?</p> <p>a. The setting ensures an individual’s rights of privacy, dignity, respect, and freedom from coercion and restraint.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain: _____)  <input type="checkbox"/> N/A (explain: _____)</p>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
<p>specific assessment. The remedial actions themselves will be captured in the following section.</p>	<p>Evidence: _____  <input type="checkbox"/> No            If yes or partially:                Setting:                Specific issue:                Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. The setting optimizes individual initiative, autonomy, and independence in making life choices.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)            Evidence: _____  <input type="checkbox"/> No            If yes or partially:                Setting:                Specific issue:                Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. The setting facilitates individual choice regarding services and supports, and who provides them.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)            Evidence: _____  <input type="checkbox"/> No            If yes or partially:                Setting:                Specific issue:                Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. The setting provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.  <input type="checkbox"/> Yes</p>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
	<p> <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)  Evidence: _____  <input type="checkbox"/> No  If yes or partially:  Setting:  Specific issue:  Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>e. The setting is integrated and supports access to the greater community  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)  Evidence: _____  <input type="checkbox"/> No  If yes or partially:  Setting:  Specific issue:  Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>f. The setting provides opportunities to engage in community life.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)  Evidence: _____  <input type="checkbox"/> No  If yes or partially:  Setting:  Specific issue:  Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>g. The setting provides opportunities to control personal resources.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____) </p>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
	<p> <input type="checkbox"/> N/A (explain: _____)  Evidence: _____  <input type="checkbox"/> No  If yes or partially:  Setting:  Specific issue:  Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p> h. The setting provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain: ____)  <input type="checkbox"/> N/A (explain: _____)  Evidence: _____  <input type="checkbox"/> No  If yes or partially:  Setting:  Specific issue:  Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p> i. The setting is selected by the individual from among options including non-disability specific settings and a private unit in a residential setting.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain: ____)  <input type="checkbox"/> N/A (explain: _____)  Evidence: _____  <input type="checkbox"/> No  If yes or partially:  Setting:  Specific issue:  Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p> j. If provider-owned or controlled, the setting provides a specific unit/dwelling that is owned, rented, or occupied under legally enforceable agreement them... </p>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
	<p> <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain: ___)  <input type="checkbox"/> N/A (explain: _____)  Evidence: _____  <input type="checkbox"/> No  If yes or partially:  Setting:  Specific issue:  Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p> k. If provider-owned or controlled, the setting provides the same responsibilities/protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain: ___)  <input type="checkbox"/> N/A (explain: _____)  Evidence: _____  <input type="checkbox"/> No  If yes or partially:  Setting:  Specific issue:  Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p> 1. If the setting is provider-owned or controlled, if the tenant laws do not apply, the state ensures that a lease, residency agreement or other written agreement is in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain: ___)  <input type="checkbox"/> N/A (explain: _____)  Evidence: _____  <input type="checkbox"/> No  If yes or partially:  Setting: </p>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
	<p style="text-align: center;">Specific issue: Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>m. If provider-owned or controlled, the setting provides that each individual has privacy in their sleeping or living unit.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)  Evidence: _____  <input type="checkbox"/> No  If yes or partially:  Setting:  Specific issue:  Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>n. If provider-owned or controlled, the setting provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)  Evidence: _____  <input type="checkbox"/> No  If yes or partially:  Setting:  Specific issue:  Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>o. If provider-owned or controlled, the setting provides that individuals sharing units have a choice of roommates.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:____)  <input type="checkbox"/> N/A (explain:____)  Evidence: _____  <input type="checkbox"/> No</p>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
	<p>If yes or partially:  Setting:  Specific issue:  Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>p. If provider-owned or controlled, the setting assures that individuals the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:___)  <input type="checkbox"/> N/A (explain:_____)  Evidence: _____  <input type="checkbox"/> No</p> <p>If yes or partially:  Setting:  Specific issue:  Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>q. If provider-owned or controlled, the setting assures that individuals have the freedom and support to control their schedules and activities and have access to food any time.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:___)  <input type="checkbox"/> N/A (explain:_____)  Evidence: _____  <input type="checkbox"/> No</p> <p>If yes or partially:  Setting:  Specific issue:  Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>r. If provider-owned or controlled, the setting assures that individuals may have visitors at any time.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain:___)  <input type="checkbox"/> N/A (explain:_____)</p>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
	<p>Evidence: _____  <input type="checkbox"/> No            If yes or partially:            Setting:            Specific issue:            Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>s. If provider-owned or controlled, the setting assures that the setting is physically accessible to the individual.  <input type="checkbox"/> Yes  <input type="checkbox"/> Partially (explain: ___)  <input type="checkbox"/> N/A (explain: _____)            Evidence: _____  <input type="checkbox"/> No            If yes or partially:            Setting:            Specific issue:            Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>t. Other:            Setting:            Specific issue:            Did the state identify a remedial action for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>Monitoring of Settings</b>	
8. The state describes its oversight and monitoring process for ensuring continuous compliance of settings.	1. Does the state describe its oversight and monitoring process for ensuring continuous compliance of settings? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, copy and paste the text from the Plan that describes the process in column #3.
<b>Remedial Strategies: State Standards</b>	
9. If the state determined that its standards are not consistent with federal HCB setting requirements, the Statewide	1. If the state determined that its standards are not consistent with federal HCB setting requirements, does the state include a detailed description of the remedial actions the state will use to assure full compliance with the requirements?

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
<p>Transition Plan includes a detailed description of the remedial actions the state will take to assure full compliance with the requirements, including:</p> <ol style="list-style-type: none"> <li>Specific timelines for completing actions and deliverables,</li> <li>Milestones, and</li> <li>A description of the monitoring process to ensure timelines and milestones are met.</li> </ol> <p>Note to reviewers: this requirement focuses on remedial actions related to bringing the state’s standards into compliance (the systemic assessment), as opposed to bringing the settings themselves into compliance.</p> <p>For question #2, items a-f should be answered for every issue identified.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A If no or partially, explain: _____</p> <p>2. If yes or partially to #1, list each compliance issue the state identified with its state standards, and answer the following questions for each issue.</p> <p>Issue: _____</p> <ol style="list-style-type: none"> <li>For this issue, does the state identify any specific remedial actions the state indicates it will take to assure that its standards fully comply with the federal HCB settings requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>If yes, list the specific remedial action(s) the state identifies: _____</li> <li>Does the state include timelines for the remedial process? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially (explain: _____) <input type="checkbox"/> N/A</li> <li>If the state says the timelines are “ongoing,” do they give an end date before March 17, 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</li> <li>Are the timelines reasonable given the remedial actions the state is planning to accomplish? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain: _____) <input type="checkbox"/> N/A</li> <li>Do the timelines allow the state standards to be in compliance by March 17, 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure (explain: _____) <input type="checkbox"/> N/A</li> </ol> <p>3. Does the state include milestones for the remedial process? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially (explain: _____) <input type="checkbox"/> N/A</p> <p>4. Are the milestones measurable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>5. Does the state include a description of the monitoring process to ensure timelines and milestones are met? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially (If no or partially, explain: _____) <input type="checkbox"/> N/A Summarize the description of the state’s monitoring process in column #3.</p> <p>6. Does the state indicate that it intends to conduct an assessment (e.g., a sampling review) after adopting new standards? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
	<p>7. If yes, does the state provide information on how, in the interim before the new standards are in effect, the state will communicate the need for change, educate providers, inform individuals and families, and establish a time frame for the activities.  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially (explain: _____) <input type="checkbox"/> N/A</p>
<b>Remedial Strategies: Settings</b>	
<p>10. If the state conducted site-specific assessments and determined that the settings may not be in compliance with the federal HCB settings requirements, the Statewide Transition Plan includes a detailed description of the remedial actions the state will use to assure full compliance with the requirements, including:</p> <ol style="list-style-type: none"> <li>a. Specific timelines for completing actions and deliverables,</li> <li>b. Milestones, and</li> <li>c. A description of the monitoring process to ensure timelines and milestones are met.</li> </ol> <p>Note to reviewers: this requirement focuses on compliance of specific settings, as opposed to compliance of the state's standards.</p> <p>For question #2, items a-f should be answered for every issue identified.</p> <p>For question #6, note that this question differs from requirement #8 in that</p>	<p>1. If the state conducted site-specific assessments and determined that some or all of the settings may not be in compliance with the federal HCB settings requirements, does the state includes a detailed description of the remedial actions the state will use to assure full compliance of the settings with the requirements?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A  If no, explain: _____</p> <p>If yes or partially to #1, list the remedial actions the state indicates it will use to assure that the settings fully comply with the federal HCB settings requirements for each issue identified:</p> <p>Setting: _____ Issue: _____</p> <ol style="list-style-type: none"> <li>a. For this issue, does the state identify any specific remedial actions the state indicates it will take to assure that the setting fully complies with the federal HCB settings requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>b. If yes, list the specific remedial action(s) the state identifies: _____</li> <li>c. Does the state include timelines for the remedial process? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially (explain: _____) <input type="checkbox"/> N/A</li> <li>d. If the state indicates that the timelines are "ongoing," do they give an end date before March 17, 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</li> <li>e. Are the timelines reasonable given the remedial actions the state is planning to accomplish? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain: _____) <input type="checkbox"/> N/A</li> <li>f. Do the timelines allow settings to be in compliance by March 17, 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure (explain: _____) <input type="checkbox"/> N/A</li> </ol> <p>2. Does the state include milestones for the remedial process?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially (explain: _____) <input type="checkbox"/> N/A</p> <p>3. Are the milestones measurable?</p>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
<p>requirement #8 relates to the state’s monitoring process for ensuring that settings continue to comply with federal regulations after they are brought into compliance; i.e., in 2019 and beyond. Question #6 in this requirement relates to the state’s monitoring process for the actions the state will take to bring its settings into compliance between now and March 19, 2019.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>4. If providers indicate through self-assessments that they do not meet the new requirements, has the state included how to address this non-compliance in its remediation strategy, including actions and associated timeframes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>5. Does the state indicate that it plans to assist providers in implementing the new HCB setting requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, summarize the description of the assistance in column #3.</p> <p>6. If the state describes its remedial actions, does the state include a description of the monitoring process to ensure timelines and milestones are met? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially (explain: _____) <input type="checkbox"/> N/A</p>
<b>Heightened Scrutiny</b>	
<p>11. If the state submits evidence to CMS for the application of the heightened scrutiny process for settings that are presumed not to be home and community-based, the Statewide Transition Plan includes:</p> <p>a. Evidence sufficient to demonstrate the setting: does not have the characteristics of an institution and does meet the HCB setting requirements, and</p> <p>b. The results of an on-site assessment conducted by the state or an entity engaged by the state</p>	<p>1. If the state submits evidence to CMS for the application of the heightened scrutiny process for settings that are presumed not to be home and community-based, does the state include:</p> <p>a. Evidence sufficient to demonstrate the setting:</p> <p>i. does not have the qualities of an institution <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A (explain: _____); and</p> <p>ii. does have the qualities of home and community-based settings <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A (explain: _____)</p> <p>b. The results of an on-site assessment conducted by the state or an entity engaged by the state supporting the state’s assertion? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially (explain: _____) <input type="checkbox"/> N/A</p>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
supporting the state's assertion.	
<b><i>Relocation of Beneficiaries</i></b>	
<p>12. If relocation of beneficiaries is part of the state's remedial strategy, the Statewide Transition Plan includes:</p> <ul style="list-style-type: none"> <li>a. An assurance that the state will provide reasonable notice and due process to beneficiaries;</li> <li>b. A description of the timeline for the relocation process; and</li> <li>c. The number of beneficiaries impacted.</li> <li>d. A description of the state's process to assure that beneficiaries, through the person-centered planning process, are given the opportunity, the information, and the supports to make an informed choice of an alternate setting that aligns, or will align, with the regulation, and that critical services/supports are in place in advance of the individual's transition.</li> </ul>	<ol style="list-style-type: none"> <li>1. Is relocation of beneficiaries part of the state's remedial strategy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</li> <li>2. If yes, does the state include an assurance that it will provide reasonable notice and due process to beneficiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</li> <li>3. Does the state include a description of the timeline for the relocation process? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, summarize the timeline for that process in column #3.</li> <li>4. Does the state include the number of beneficiaries that will be relocated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</li> <li>5. Does the state describe its process to assure that beneficiaries, through the person-centered planning process, are given the opportunity, the information, and the supports to make an informed choice of an alternate setting that aligns, or will align, with the regulation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A If yes or partially, summarize the description of that process in column #3.</li> <li>6. Does the state describe its process to assure that critical services/supports are in place in advance of the individual's transition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A If yes or partially, summarize the description of that process in column #3.</li> </ol>
<b><i>State Plans for Additional Assessment</i></b>	
13. If the state intends to conduct an assessment after adopting new standards, the Statewide Transition Plan	<ol style="list-style-type: none"> <li>1. Does the state indicate that it intends to conduct an assessment after adopting new standards? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</li> </ol>

1. Requirement and Instructions for Reviewers	2. Questions to be Answered
<p>provides information on how, in the interim, the state will:</p> <ul style="list-style-type: none"> <li>a. Communicate the need for change;</li> <li>b. Educate providers;</li> <li>c. Inform individuals and families; and</li> <li>d. Establish a time frame for the activities.</li> </ul>	<p>2. If yes, does the state provide information about how, in the interim, it will:</p> <ul style="list-style-type: none"> <li>a. Communicate the need for change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</li> <li>b. Educate providers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</li> <li>c. Inform individuals and families? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</li> <li>d. Establish a time frame for the activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, are the timeframes reasonable? _____</li> </ul>

Attached please find summary.