

VIA EMAIL (Email message may also be put in form of letter, attached to email for reference.)

To: [Name of Provider Agency/Appropriate Contact Person(s) for Provider Agency]

From: [Regional Office Director]

Date:

Setting: [Setting Name; Address of Setting]

Type of Setting: [] Residential [] Non-Residential

RE: Results of HCBS Settings Rule Validation Assessment and Next Steps for Provider to Submit Setting-Specific Transition to Compliance Plan to DDD

Dear Provider:

Thank you for your advanced preparation and cooperation when we recently conducted the HCBS Settings Rule Validation Assessment for the above listed setting. You can review the complete results of your Validation Assessment in ADIDIS. If you cannot access the Validation Assessment in ADIDIS, please contact your Regional Monitor. However, please note **you do not need access to ADIDIS to move ahead** with completing the next step in the compliance process which is described below.

The next step in the process is for your agency to submit a Setting-Specific Transition to Compliance Plan to address any areas of partial or non-compliance with the HCBS Settings Rule that were identified through the Validation Assessment. ***Please note the Setting-Specific Transition to Compliance Plan is due to your Regional Office Monitor by no later than fifteen (15) business days from the date of this email communication.***

In order to assist your agency with developing an approvable Setting-Specific Transition to Compliance Plan, please find attached to this email the Setting-Specific Transition to Compliance Plan Template with the pertinent information from the Validation Assessment already entered for you. To complete the Plan Template, please do the following:

1. Fill in the information in Section B for your agency contact and your agency mailing address.
2. Complete Section C, **columns D and E only**.
 - In Section C, you will note each question from the Validation Assessment where the answer for this setting indicates partial or non-compliance with the HCBS Settings Rule standards. Full compliance is required; therefore, **your agency will need to identify the remediation step(s) it will take, and target date by which the remediation step(s) will be completed**, to address each area of partial or non-compliance that has been identified.

- To do this, for each question listed in column A, consider the Remediation Options suggested in column C. Also note your agency may choose to propose its own remediation step(s).
 - Enter the remediation step(s) your agency will take in **column D**.
 - Enter the date by which the remediation step(s) will be completed in **column E**. Please note two important things with regard to choosing target dates:
 - **For questions 1a, 2a, 3a, 3b and 3c:** If any of these are included in the Setting-Specific Transition to Compliance Plan, the target date for completion of the remediation step(s) cannot be later than **July 1, 2020**.
 - For all questions other than 1a, 2a, 3a, 3b and 3c: the target date for completion of the remediation step(s) cannot be later than **September 30, 2021**.
3. Save the Plan for your own use and submit it back to your Regional Office Monitor via email **no later than fifteen (15) business days from the date of this email communication**.

Response from Your Regional Office on Your Proposed Setting-Specific Transition to Compliance Plan

Your Regional Office will contact you regarding the proposed Setting-Specific Transition to Compliance Plan within fifteen (15) working days of receiving the proposed Plan from your agency. One of the following responses will be provided to you:

1. The plan is approved – proceed with implementation.
2. The plan is approved with changes inserted in the plan by the Regional Office – proceed with implementation.
3. The plan cannot be approved as submitted; the provider must address specific issues in the plan (the Regional Office will return the plan and identify the issues that must be addressed in **column F** of the plan)

If the plan cannot be approved, you will have **ten (10) working days to revise the plan and resubmit it to your Regional Office Monitor**. Your Regional Office Monitor will contact you regarding this revised plan within fifteen (15) working days.

After the Setting-Specific Transition to Compliance Plan is Approved

Once the Setting-Specific Transition to Compliance Plan is completed by your agency and approved by your Regional Office, please note your Regional Office Monitor is responsible for monitoring and supporting your agency's implementation of the Plan, according to the target dates set out in the approved Plan. Failure to implement all parts of the Setting-Specific Transition to Compliance Plan by the "no later than" dates noted above will force DDD to report this Setting to the federal Centers for Medicare and Medicaid Services (CMS) as non-compliant with the HCBS Settings Rule, thus prohibiting DDD from continuing to permit HCBS waiver participants to receive Medicaid-funded HCBS services in this setting after March 17, 2022.

Further, DDD is required by CMS to relocate HCBS waiver participants to compliant service settings by no later than March 17, 2022.

If you have any questions about how to complete and submit the Setting-Specific Transition to Compliance Plan, please do not hesitate to reach out to your Regional Office Monitor **as soon as possible**. Further, if you need any technical assistance related to implementing the remediation step(s) identified in your approved Setting-Specific Transition to Compliance Plan, please reach out to your Regional Office Monitor.

Thank you in advance for your cooperation with this critical effort to ensure all LAH and ID waiver settings are in full compliance with the Medicaid HCBS Settings Rule by the deadlines established for all states.

Attachments:

1. Setting-Specific Transition to Compliance Plan