

## Milestones for Implementation

Milestones for Implementation of the State Transition Plan with cross reference to Remedial Actions if warranted:

**WV 01.0      Completion of Systemic Assessment**      Conduct a review of West Virginia regulations and supporting documents across the 3 waiver programs with residential and non-residential settings. Post Report on BMS website.

**WV 02.0**      Complete modifying rules and regulations, including provider manuals, inspection manuals, procedures, laws, qualification criteria, etc. Implement the HCBS setting evaluation tool designed to conduct setting reviews of providers of HCBS, including prompts for ensuring HCBS are provided in settings that offer employment and work in competitive integrated settings.

WV02.1      Strengthen enrollment and re-enrollment procedures to identify settings that may have indicators of non-compliance and require more thorough review.

WV02.2      IDWW - Building upon the MFP program, develop a housing strategic plan to address the potential need for transition to new housing as well as prepare the LTSS system for future need.

WV02.3      Update applicable Member Handbooks to strengthen person centered HCBS requirements.

WV02.4      Revise the service definition of Personal Attendant Services in the policy manual for the TBIW and Personal Assistance/Homemaker for the ADW to include language that supports the use of this service to promote individuals' integration in and access to the greater community.

WV02.5      IDWW - Develop template leases, written agreements or addendums to support providers in documenting protections and appeals comparable to those provided under West Virginia landlord tenant law. Ensure that written language describes the required environment to comply such as locked doors and use of common areas.

WV02.6      IDWW - Require provider owned or controlled residences to ensure residents rights are protected by legally binding agreements (lease or other).

WV02.7      IDWW - Modify regulations to ensure community characteristics are reflected across IDWW waiver services with attention on ISS, group homes and specialized family care homes as well as facility-based day habilitation.

**WV03.0      Effective date of new rules and regulations: 50% complete.**

**WV04.0      Effective date of new rules and regulations: 100% complete.**

**WV05.0**      **Completion of site-specific assessment.** Prepare a list of settings that meet the residential and non-residential requirements, those that do not meet the residential and non-residential requirements, may meet the requirements with changes, and settings West Virginia chooses to submit under CMS heightened scrutiny. The list will be distributed to provider agencies and posted to the website.

**WV06.0**      **Incorporate results of settings analysis into final version of the STP and release for public comment.** Incorporate the outcomes of the assessment of settings within existing licensure and certification processes to identify existing settings as well as potential new settings in development that may not meet the requirements of the rule.

WV06.1      **Completion of site visits.** Completion of Priority I and II site visits. Completion of Priority I site visits. Completion of Priority II site visits. Conduct site visits and implement remedial actions.

WV06.2      **Incorporate results of settings analysis into final version of the STP and release for public comment**

**WV07.0**      **Submit final STP to CMS**

**WV08.0**      **Completion of residential provider remediation: 25%** There are 50 residential settings that fall under this rule. 17 were non-sample. (34%) Of 33 sampled settings, as of 3/10/18, all were in compliance. As of 12/31/18 all 50 residential settings will be in compliance.

**WV09.0**      **Completion of residential provider remediation: 50%** There are 50 residential settings that fall under this rule. 17 were non-sample. (34%) Of 33 sampled settings, as of 3/10/18, all were in compliance. As of 12/31/18 all 50 residential settings will be in compliance.

**WV10.0**      **Completion of residential provider remediation: 75%** There are 50 residential settings that fall under this rule. 17 were non-sample. (34%) Of 33 sampled settings, as of 3/10/18, all were in compliance. As of 12/31/18 all 50 residential settings will be in compliance.

**WV11.0**      **Completion of residential provider remediation: 100%** There are 50 residential settings that fall under this rule. 17 were non-sample. (34%) Of 33 sampled settings, as of 3/10/18, all were in compliance. As of 12/31/18 all 50 residential settings will be in compliance.

WV11.1      **Develop a plan to manage non-compliance with the transition plans submitted by providers (e.g. disenrollment, sanctions).** Include a decision flow and timeline within the management plan. Plan is connected with the quality improvement system and contains provisions to assist providers in either becoming compliant or being terminated as a provider of HCBS because they are unable to become compliant. This is contained in **Appendix M**.

WV11.2      **Require provider owned or controlled residences to ensure residents rights are protected by legally binding agreements (lease or other).**

**WV12.0**      **Completion of nonresidential provider remediation: 25%** All nonresidential settings passed as of 1/5/18.

**WV13.0**      **Completion of nonresidential provider remediation: 50%** All nonresidential settings passed as of 1/5/18.

**WV14.0**      **Completion of nonresidential provider remediation: 75%** All nonresidential settings passed as of 1/5/18.

**WV15.0**      **Completion of nonresidential provider remediation: 100%** All nonresidential settings passed as of 1/5/18.

IDDW – Develop a plan to manage non-compliance with the transition plans submitted by providers (e.g. disenrollment, sanctions). Include a decision flow and timeline within the management plan. Plan is connected with the quality improvement system and contains provisions to assist providers in either becoming compliant or being terminated as a provider of HCBS because they are unable to become compliant. This is contained in **Appendix M**.

**WV16.0**      **Identification of settings that will not remain in the HCBS System.** IDDW - Using lessons learned from the State’s MFP program, develop a process for helping individuals to transition to new settings as appropriate.

WV16.1      Prepare a list of settings that meet the residential and non-residential requirements, those that do not meet the residential and non-residential requirements, may meet the requirements with changes, and settings West Virginia chooses to submit under CMS heightened scrutiny. The list is distributed to provider agencies and posted to the website.

**WV17.0**      **Identification of settings that overcome the presumption and will be submitted for heightened scrutiny and notification to provider.** Prepare a list of settings that meet the residential and non-residential requirements, those that do not meet the residential and non-residential requirements, may meet the requirements with changes, and settings West Virginia chooses to submit under CMS heightened scrutiny. The list is distributed to provider agencies and posted to the website.

**WV18.0**      **Complete gathering information and evidence on settings requiring heightened scrutiny that it will present to CMS.**

Develop a process for heightened scrutiny as part of the compliance protocol and using information gathered through validation and remedial action.

IDDW – Implement heightened scrutiny process including any necessary request for CMS review.

**WV19.0**      **Incorporate list of settings requiring heightened scrutiny and information and evidence referenced above into the final version of STP and release for public comment.** This issue is

incorporated into the State Transition Plan, **Appendix M**, Section 8. There have been no settings identified as of 3/18/18.

**WV20.0**      **Submit STP with Heightened Scrutiny information to CMS for review.**

**WV 21.0**      **Complete notifying member, guardians, case managers, facility support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements and that relocation or alternate funding sources need to be considered: 25%** There have been no provider settings identified as not in compliance and unable or unwilling to attain compliance. Should this occur in the future, as a part of the review protocol delineated in **Appendix M**, the procedure will be followed as described.

**WV 22.0**      **Complete notifying member, guardians, case managers, facility support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements and that relocation or alternate funding sources need to be considered: 50%** There have been no provider settings identified as not in compliance and unable or unwilling to attain compliance. Should this occur in the future, as a part of the review protocol delineated in **Appendix M**, the procedure will be followed as described.

**WV 23.0**      **Complete notifying member, guardians, case managers, facility support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements and that relocation or alternate funding sources need to be considered: 75%** There have been no provider settings identified as not in compliance and unable or unwilling to attain compliance. Should this occur in the future, as a part of the review protocol delineated in **Appendix M**, the procedure will be followed as described.

**WV 24.0**      **Complete notifying member, guardians, case managers, facility support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements and that relocation or alternate funding sources need to be considered: 100%** There have been no provider settings identified as not in compliance and unable or unwilling to attain compliance. Should this occur in the future, as a part of the review protocol delineated in **Appendix M**, the procedure will be followed as described.

**WV25.0**      **Complete beneficiary relocation or alternate funding across providers: 25%** There have been no provider settings identified as not in compliance and unable or unwilling to attain compliance. Should this occur in the future, as a part of the review protocol delineated in **Appendix M**, the procedure will be followed as described.

**WV26.0**      **Complete beneficiary relocation or alternate funding across providers: 50%** There have been no provider settings identified as not in compliance and unable or unwilling to attain compliance. Should this occur in the future, as a part of the review protocol delineated in **Appendix M**, the procedure will be followed as described.

**WV27.0**      **Complete beneficiary relocation or alternate funding across providers: 75%** There have been no provider settings identified as not in compliance and unable or unwilling to attain compliance. Should this occur in the future, as a part of the review protocol delineated in **Appendix M**, the procedure will be followed as described.

**WV28.0**      **Complete beneficiary relocation or alternate funding across providers: 100%** There have been no provider settings identified as not in compliance and unable or unwilling to attain compliance. Should this occur in the future, as a part of the review protocol delineated in **Appendix M**, the procedure will be followed as described.

**Quarterly progress reports will be provided to CMS subsequent to final approval of the State Transition Plan.**