

# Oregon’s Home and Community Based Services Setting Transition Plan

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# Oregon's Home and Community Based Services Setting Global Transition Plan

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The Oregon Department of Human Services (DHS) and the Oregon Health Authority (OHA) submits this Global Transition Plan (transition plan) in accordance with requirements set forth in the Centers for Medicare and Medicaid Services Home and Community Based Services (HCBS) Setting and Person Centered Planning Rule released on January 16, 2014. This transition plan includes programs and settings in which individuals receive Medicaid HCBS outside of their own or family home.

## **Transition Plan Preparation**

In preparation for development of the state's HCBS Transition Plan, Oregon has worked across agencies, with individuals receiving services, stakeholders and providers to assess the current status of the HCBS settings' compliance with the new Code of Federal Regulations (CFRs). In general, DHS and OHA assessment has led to the conclusion that Oregon's HCBS rules and policies are in compliance with the HCBS regulations. Areas that need to be addressed are identified in the Initial Assessment section of this plan. However, key activities in the transition plan will further assess compliance and remediate any remaining areas of concern.

DHS and OHA have also created a HCBS Transition Stakeholder Group. This group is comprised of individuals receiving services, family members, advocates, providers and delivery system representatives. Three meetings of this group occurred prior to the submission of this Transition Plan. The State will be meeting with the stakeholder group throughout the transition period. DHS and OHA know that this ongoing engagement will improve the transition plan and the implementation process.

## **Oregon Transition Plan**

### **Initial Assessment**

DHS and OHA have completed an initial assessment of Oregon's compliance with the new Code of Federal Regulations across three service systems; Addictions and Mental Health (AMH), Aging and People with Disabilities (APD), and Office of

Developmental Disability Services (ODDS). This assessment was completed on August 4, 2014. The agencies reviewed Oregon Revised Statutes (ORS), Oregon Administrative Rules (OAR), policies and contracts.

This assessment led to the creation of a global scorecard. The scorecard (Appendix A) evaluates all settings licensed by APD, AMH and by DHS's Office of Licensing and Regulatory Oversight (OLRO) on behalf of APD and ODDS. This scorecard is the result of an initial assessment and is not intended to be the final determination of current compliance or any necessary changes, but it provides an initial determination of the status of Oregon's HCBS system. Through this initial assessment, the State has found that no changes are necessary to its Oregon Revised Statutes (ORS). A determination if changes are needed to Oregon Administrative Rules (OARs), policies, practices and contracts will occur after the provider self-assessment and individual's experience assessment stages.

The scorecard was shared with the HCBS Transition Stakeholders on August 5, 2014. The scorecard will be posted on the Oregon HCBS website along with transition plan. This will allow consumers/individuals, families, advocates and other stakeholders the chance to provide feedback on the scorecard as well as the transition plan. Their insight and input, based on their individual experience, into the actual level of compliance will be vital as the State moves towards full compliance.

As a next step, Oregon will assess certified and unlicensed settings providing HCBS services to determine if these settings are in compliance with the new regulations. The initial assessment is being finalized as this Plan is being submitted. It will be posted on the State's HCBS website by October 31, 2014. .

Based on the assessment of rules and policies, DHS and OHA have determined that the State meets the following requirements:

- The setting is selected by the individual, or their representative, from among all available options, including services and supports in the individual's home, unless there are legal impediments that prohibit the individual from being served in a particular setting.
- The setting choice is identified and documented in the person-centered service plan and are based on the individual's needs, and preferences.
- The delivery system facilitates individual choice regarding services and supports, and who provides them.

Based on the assessment of rules and policies, DHS and OHA have determined that most residential setting types meet the following requirements:

- Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
  - In limited circumstances, some individuals may need appropriate supports that include personal protective interventions. This is limited to individuals who are a danger to themselves or others and need emergency interventions to be protected. (See Modifications to Person-Centered Service Plans).
- Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
- The unit or dwelling can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, substantially similar responsibilities and protections from eviction.
- Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- The setting is physically accessible to the individual.

Some residential settings may need to adapt and change their program design to make the following requirements:

- Each individual has privacy in their sleeping or living unit:
  - Most programs ensure privacy. However, some do have shared rooms.
- Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
- Individuals sharing units have a choice of roommates in that setting.
- Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
- Individuals receiving services in residential setting are able to have visitors of their choosing at any time.

Some non-residential settings may need to adapt and change their programs to come into compliance with the HCBS setting requirements. Facility-based non-residential services, including employment and other day services, must be provided in settings that are integrated in and support full access to the

greater community. This includes opportunities to seek employment and work in competitive and integrated settings. Additional information and guidance from CMS regarding how these setting requirements apply to non-residential settings is forthcoming and will be incorporated into this Transition Plan and Oregon's guidance as it becomes available.

As part of Oregon's efforts to address non-residential settings, the State is actively pursuing its Employment First policy. Governor Kitzhaber issued an Executive Order in April 2013 which directs state agencies to take numerous steps that will advance the Employment First policy. Last year, the Oregon Legislature provided significant additional funding to carry out the measures required by the Order. Oregon administrative rules have been adopted to carry out the Executive Order, a wide array of stakeholders and advocacy groups are involved in this initiative and efforts to fully implement the Order are well underway.

Providers will be given concrete instructions on what areas they must address before the final deadline. They will have until March 2019 to make their final changes.

### **Facilities and Programs Requiring Heightened Scrutiny**

Oregon is asking CMS to approve the following facility or program types through the heightened scrutiny process. The State does not believe that these facility types or programs have the effect of isolating individuals receiving HCBS from the broader community and they serve a critical function in meeting the needs of individuals receiving HCBS.

- *Facilities in the same building, on the grounds of, or immediately adjacent to, inpatient facilities or public institutions*
  - These facilities or programs will meet the HCBS requirements regardless of the location and will not isolate individuals from the broader community.
    - In some cases, the facilities are co-located with institutions to provide individuals the ability to gain additional skills that allow them to transition to more integrated settings.
    - In other cases, the HCBS facility or program was not intentionally located adjacent to an institution. As an example, an adult foster home, a traditional family home, may be

- adjacent to a hospital but is operated by an independent provider.
- These settings are often located where a residential neighborhood begins and individuals have full access to the community.
- In the few instances where the location of a facility creates concerns of potential isolation from the community, the State will work with providers to identify additional resources that facilitate access to the greater community.
- *Specialized housing designed specifically for people with disabilities*
  - The State contracts with residential programs that provide services and supports in buildings funded by Housing and Urban Development or related programs. Individual enters into a rental/lease agreement with the housing owner or manager. This arrangement is separate and distinct from the scope of services paid for through the State's HCBS program.
    - These programs facilitate individuals' engagement and integration in the broader community.
    - For most of these programs the individuals are served through the State's in-home services and the individual can select to receive services through the on-site provider or select another qualified provider.
- *Non-residential programs designed specifically for people with disabilities*
  - The state contracts with non-residential programs that are specifically designed to meet and support the assessed needs of individuals with disabilities.
  - Some non-residential programs that are located immediately adjacent to an institutional setting support full access to the greater community and opportunities to seek employment and work in competitive and integrated settings. These settings will be subject to the heightened scrutiny process.
  - These programs include Adult Day Services which supports individuals who live at home by providing opportunity for social and physical activities as well as offering relief for family and caregivers. Oregon will be asking for heightened scrutiny for these programs.
- *Secure and Locked Facilities*

- There are programs that have locked facilities to meet the needs of individuals who cannot be safely served in settings without locks to the outside.
  - This may include individuals with dementia, developmental and intellectual disabilities, mental illness and traumatic brain injury who without locked facilities will be a danger to themselves or others.
    - The use of locked facilities is based solely on the assessed needs of the individual, or legal issues, that identify or require a need for restrictions provided in a locked facility.
  - All restrictions to rights and freedoms are clearly documented in the plan of care and approved by the guardian or representative.
  - Other than locks, these facilities or programs will meet the HCBS requirements regardless of the location and will not isolate individuals from the broader community.
- *Multiple Settings Co-located and Operationally Related*
  - In Oregon, many providers co-locate different, independently licensed or certified programs on the same or adjacent property,
    - Co-locating on large properties is a direct response to the State's land-use laws that call for higher density building.
    - Additionally, co-locating allows for increased services and access to professional staff. This increased staffing and flexibility can expand access to the community.
    - Other than being co-located, these facilities or programs will meet the HCBS requirements regardless of the location and will not isolate individuals from the broader community.

## **Heightened Scrutiny Process**

The State will assess each setting to determine if they meet the requirements for Heightened Scrutiny. This will include:

- Reviewing each setting to determine if the setting is in the building of, on the grounds of, or adjacent to an institution. (Fall 2014)
- Working with stakeholders to create criteria for determining if each facility or program should be included in the public Heightened Scrutiny process.

- Using the provider assessment responses to determine if the setting meets the other criteria (Spring 2015)
- Making proposed determination if setting should or should not be a HCBS setting. (Summer 2015)
- Posting information on each setting that meets the heightened scrutiny on the website and ask for public comment. (Fall/Winter 2015-2016)
- Providing opportunity for settings to request an Administrative Review of the State's determination (Winter 2016)
- Compiling a report of the settings requiring heightened scrutiny and submit the report to CMS (Spring 2016)
- Receiving CMS response. (Spring/Summer 2016)
- Determining remediation strategies and next steps (Fall 2016)

### **Provider, Individual and Delivery System Education**

DHS and OHA will develop a variety of ways to educate and update individuals, families, providers, communities and stakeholders. These include the use of electronic media and community meetings. The State has developed a website designed to provide information and provider training materials in order to keep the broader community informed about the transition progress. The website will also allow the broader community to have continuous input into the transition process.

#### ***Individual and Family Education***

In collaboration with stakeholders, especially individuals receiving services and consumer advocates, and based upon the results of compliance activities conducted by the agencies and their service delivery systems, DHS and OHA will develop educational materials for consumers/individuals, guardian/representatives and families. These materials will be posted on the Oregon HCBS Transition Plan website and provided in regional information meetings. The initial information will explain the new requirements and how they will be included in the assessment and transition process. The educational information will also explain the impact of the new CFRs and how programs and services are to be integrated in the community and that individuals' have the right to access the broader community in which they live. Materials will be submitted to CMS Region X office. The information will be routinely updated, posted on the State's websites and sent to the CMS Region X office. DHS and OHA will recommend that providers hold resident and family meetings.

***Provider information meetings and trainings***

DHS and OHA began meeting with providers and provider associations in July 2014 to inform them of the new regulations, Oregon's conceptual transition plan, and to give providers the opportunities to ask questions and provide initial process input. DHS and OHA will continue to meet with providers and their associations throughout the transition time period.

DHS and OHA will develop strategic technical assistance by issuing fact sheets, frequently asked questions (FAQs), and responding to questions from providers. The State will post materials on the website and provided in regional trainings. The initial training will focus on the new requirements and how to complete the provider self-assessment. The training will be created by November 1, 2014. It will then be provided to the transition stakeholder group and the CMS Region X office. After the review, the State will post on the state's website. Additional training will be developed and disseminated regarding individual's rights, protections, person-centered planning, community inclusion and how the "Modifications to the Conditions" will be implemented. Modification to the Conditions will be a specific process that allows some limited restrictions on individuals based on the individual's assessed need (please see the Modifications to Service Plans below). The State will work with stakeholders to develop educational materials on how to work with high risk and vulnerable individuals within the new requirements. Additionally, as these are the homes of the individuals we serve, DHS and OHA will provide clarity on the requirement that all residential settings maintain a "home-like" quality. The information will be routinely updated, posted on the State's websites and sent to the CMS Region X office.

***Delivery System Education***

DHS and OHA will ensure that delivery system staff members (case managers, personal agents, service coordinators, licensing staff and protective service staff) receive additional training on Person-Centered Planning philosophy and practice, including the empowerment of the individual to fully understand the full range of options available to them, and their rights in making individual choices. The training will stress that individuals have the right to select their service setting from the full array of services in Oregon, including services and supports in their own homes. The training will include curricula on supporting informed choice, identify areas that providers must address and support implementation of the transition plan. It will also include individuals' rights, protections, person-centered thinking, and community inclusion.

## **Provider Self-assessment**

In consultation with the HCBS Transition Stakeholder group, DHS and OHA will develop a provider self-assessment tool. Providers will receive the Provider Self-Assessment Tool with instructions and required time lines for completion. At a minimum, all Medicaid-funded HCBS providers will be required to complete the self-assessment.

Providers will be encouraged to include the individuals receiving services, their family members/representatives, advocates and other stakeholders in their assessment process. Providers will be required to include in their self-assessment a description of their self-assessment process, including any participation of the individuals listed previously. Providers will be required to be specific in their answers to ensure that the State has most complete information possible. DHS and OHA will provide guidance to providers on how to accomplish this activity. Some of the guidance will be factsheets, instructions and FAQs.

## **Individual Experience Assessment**

DHS and OHA do not assume any of the HCBS settings meet the new regulations. To validate both the State's initial assessment and the provider self-assessment, DHS and OHA will actively engage with individuals receiving Medicaid-funded HCBS services as specified in this plan, their families and their advocacy organizations to gather their opinion and insight on how providers are meeting the HCBS requirements.

In consultation with the HCBS Transition Stakeholder group, DHS and OHA will develop a survey for individuals receiving Medicaid-funded HCBS services. With advice and feedback from the stakeholder group, DHS and OHA will determine the best way to maximize participation in the survey process. At a minimum, all Medicaid-eligible individuals receiving HCBS services identified in this transition plan will receive the opportunity to participate in the survey process.

The content of the survey will allow the State to gain critical insight about how the individuals receiving services perceive their experiences receiving services both with the delivery system and their service provider. It will indicate if the survey was completed by the individual, the family, or the individual's guardian. Additionally, the survey will ask if the individual felt that they were able to select their services from all service options and all providers. The State will provide additional feedback to the provider based on the State's evaluation of the

individual experience assessment to the providers and require them to address the findings in their final implementation plan.

## **Remediation Activities**

### **Achieving Initial Compliance**

After the assessment and survey results for all providers are analyzed, DHS and OHA shall supply each provider a letter detailing the areas that they must change to come into compliance with the HCBS regulations. The letter will be sent no later than December 31, 2015. Each provider will have the opportunity to provide the State additional information to show that they are in compliance. This submission will trigger an administrative review process through which an Administrative Review Committee will make a final determination on the areas that must be remediated.

DHS and OHA will require that providers submit a "Provider-Specific Adaptation Plan" to address the specific areas identified in the State's letter. With the Transition Stakeholder group, the State will develop a suggested template for providers to use in developing their Adaptation Plan. Providers will have until April 1, 2016 to submit their final implementation plan. For providers needing assistance to come into compliance DHS and OHA shall:

- Facilitate regional focus groups of providers who can talk through provider specific issues and problem-solve how to achieve compliance together. Participation will be voluntary and can include consumers and family members who may aid in the problem solving process.
- Provide direct technical assistance at the request of the provider.
- Provide information on the State's website to guide providers in making the necessary changes.

The State will create a review panel to evaluate the Adaptation Plans to ensure the plans meet both the regulations and the spirit of the CFRs. DHS and OHA will consult with individuals receiving services, organizations advocating on behalf of individuals and state and local delivery staff in the development of the criteria for evaluating the Adaptation Plans. Plans that do not meet the requirements will be returned to the providers/programs for necessary changes. Providers/programs who do not agree with the State's evaluation of the Adaptation Plan may request an administrative review of the State's determination. DHS and OHA will post the

approved Adaptation Plans on the public website. The State will redact any individually identifiable or confidential information before posting.

The State will also develop a scorecard of provider's progress towards implementing the new requirements and post it on the State's website. This scorecard will allow for public input on the provider's assessment of their status.

## **Modifications to Service Plans**

Any modification for an individual to the HCBS requirements for provider-owned or operated settings will be supported by a specific assessed need for the individual being served and justified in that individual's person-centered service plan. Modifications may be provided for at risk and vulnerable individuals. As an example, if the person centered assessment and planning process identifies that the individual would be at risk if they were able to setting leave the facility, the person centered service plan will define the appropriate limitations. For each individual, DHS and OHA will ensure that any modification will be reviewed by the individual, the person responsible for assessing the individual's functional needs (i.e., case manager) and others involved in the development of the service plan to confirm that:

- There is a specific individualized assessed need for such modifications;
- Prior interventions and supports including less intrusive methods have been tried and demonstrated to be unsuccessful;
- The proposed modification is appropriate based on the specific need identified; and
- The proposed modification, including interventions and support, will not cause harm to the individual.

Any need requiring a modification will be documented in the person-centered plan of care, along with:

- The method of collecting data on an ongoing basis to measure the effectiveness of the modification; and
- A specific time limit for periodic review of the data and the effectiveness of the modification to ensure it continues to be appropriate.
- Documentation that the individual was provided informed consent of the proposed modification.

## **Compliance Review and Quality Assurance**

### ***Initial Compliance Stage***

Oregon will assess providers' compliance through reports, interviews and on-site inspections that include information from providers and individuals receiving services.

Licensing and Program staff will be critical to ensuring compliance and assuring providers' progress on their adaptation plans. DHS and OHA will ensure that these staff members are appropriately trained on the new regulations and expectations. Additionally, ongoing surveys of individuals will ensure that providers reach compliance.

With the State's HCBS Stakeholder group, DHS and OHA will develop processes, data elements and other aspects to measure the impact of the changes on individuals receiving services. The State will report out the compiled data on a regular basis.

### ***Assuring Ongoing Compliance***

Once overall compliance is achieved, strategies to ensure ongoing compliance will include:

- Conducting the Individual Experience Assessment (as described above) biannually;
- Building questions on the individual's experience into annual service planning processes; and
- Oregon's quality measurement system will include ongoing HCBS setting compliance monitoring to ensure that settings continue to comply with the HCBS Setting Rule.

Throughout the Transition Plan, we will work closely with the stakeholder group to ensure that the State has a robust view on the progress towards successful implementation of the Transition Plan and the changes necessary to reach lasting compliance. DHS and OHA will engage the stakeholder group and other venues to evaluate progress, identify areas of concern, and propose solutions. This transition process will be transparent to the stakeholder group and the broader public.

To ensure that there is adequate time to help individuals choose alternative services and setting, providers must be in substantial compliance with the

regulations by December 31, 2018. If, by December 31, 2018, the provider is not in substantial compliance and it is determined that the provider will likely not achieve full compliance by February 28, 2019, DHS and OHA will begin working with individuals and their family members or representatives to transition to a program that will be in compliance. All providers must be in full compliance by February 28, 2019. Providers who are unable to come into compliance will no longer be able to contract with DHS and OHA effective March 1, 2019. Providers who are not able to achieve full compliance will be required to assist the State in transitioning individuals by February 28, 2019 to other settings that are in compliance.

### Key Action Item Timeline

This timeline is intended to provide an overview of the timing involved in reaching full compliance. Some activities may start earlier and have a more rapid implementation process.

Key Action Items	Approx Start Date	Approx End Date
<b><i>Pre Plan Activities</i></b>		
Meetings with provider associations	Jul-14	Sep-14
Convene a HCBS Transition Stakeholder Group	Aug-14	Sep-19
HCBS Transition Stakeholder Kick-off meeting	Aug-14	Aug-14
<b><i>Initial Assessment</i></b>		
Complete an initial assessment of Oregon's compliance with the CFRs	Jun-14	Aug-14
Share scorecard with stakeholders	Apr-14	Aug-14
Post scorecard on Oregon HCBS Website	Aug-14	Sep-14
Assess non-residential programs and add to the scorecard	Sep-14	Oct-14
<b><i>Oregon Transition Plan Development and Submission</i></b>		
Write draft Transition Plan	Aug-14	Aug-14
Stakeholder review of draft transition plan	Aug-14	Aug-14
Public Comment Period: <i>September 5, 2014</i>	Sep-14	Oct-14
End of Public Comment Period: (October 5, 2014)	Oct-14	Oct-14
Transition Plan Submitted to CMS	Oct-14	Oct-14

Key Action Items	Approx Start Date	Approx End Date
<b><i>Individual and Family Education</i></b>		
Develop educational materials for individuals including FAQs and Factsheets	Oct-14	Ongoing
Share materials with stakeholders	Nov-14	Ongoing
Provide materials to CMS	Nov-14	Nov-14
Post materials on website	Nov-14	Ongoing
Host Regional Meetings	Nov-14	Jun-15
<b><i>Provider information meetings and trainings</i></b>		
Provider Information and Trainings	Jul-14	Ongoing
Continue meeting with providers and associations	Jul-14	Ongoing
Develop Fact Sheets and FAQs	Sep-14	Ongoing
Share Fact Sheets and FAQs with stakeholders	Oct-14	Ongoing
Provide materials to CMS	Oct-14	Nov-14
Post training materials on website	Oct-14	Ongoing
<b><i>Delivery System Education</i></b>		
Develop training for CMs, PAs, Service Coordinators	Nov-14	Ongoing
Submit the draft training to the Stakeholder group	Dec-14	Dec-14
Share training materials with CMS	Jan-15	Jan-15
Post materials on website	Jan-15	Jan-15
Provide trainings	Feb-15	Ongoing
<b><i>Provider Self-Assessment</i></b>		
Develop Provider Self-Assessment Tool	Oct-14	Dec-14
Share with Transition Stakeholder Group	Dec-14	Dec-14
Share Self-Assessment Tool with CMS	Dec-14	Dec-14
Incorporate CMS's guidance regarding non-residential settings	Dec-14	Dec-14
Share with Transition Stakeholder Group and CMS	Dec-14	Dec-14
Send provider self-assessment to providers	Jan-15	Jan-15
Send non-residential providers self-assessments to	Jan-15	Jan-15
Provider Self-Assessments completed	Jan-15	May-15
Non-Residential Provider Self-Assessments Completed and returned to the state	Jan-15	Jan-15

<b>Key Action Items</b>	<b>Approx Start Date</b>	<b>Approx End Date</b>
Evaluation of Provider Self Assessments	Jun-15	Aug-15
Evaluation of non-residential provider Self Assessments	Feb-15	April-15
Evaluation of Provider Self Assessments	Jun-15	Jun-15
State to provide <b>initial</b> response to non-residential providers and recommendations on Adaptation plans	Aug-15	Aug-15
State to provide <b>initial</b> response to residential providers and recommendations on Adaptation plans	Sep-15	Sep-15
<b>Individual Experience Assessment</b>		
Develop a survey for individuals receiving services	Jan-15	Feb-15
Share survey with Transition Stakeholder Group and discuss best way to pilot	Feb-15	Feb-15
Share survey with CMS	Feb-15	Feb-15
Pilot Individual Experience Assessment Survey	Feb-15	Mar-15
Work with stakeholder group to determine best way to disseminate/conduct survey after the pilot	Mar-15	Mar-15
Disseminate Individual Experience Assessments	Apr-15	Apr-15
Conduct individual assessments ( <i>in-person, phone</i> )	Apr-15	Apr-15
Provide technical assistance to individuals	Apr-15	Sep-15
Individual Experience Assessments Due	Sep-15	Sep-15
Evaluation of Individual Experience Assessment	Oct-15	Nov-15
<b>Remediation Activities</b>		
Develop and disseminate Adaptation Plan template for providers to develop their individual Adaptation Plan based on the findings provided in the Final Response Letter.	Sep-15	Sep-15
Provide Technical Assistance for Providers	Sep-15	Apr-16
Schedule and Facilitate regional focus groups	Sep-15	Feb-16
Provide direct technical assistance at the request of the provider.	Jun-15	Mar-16

<b>Key Action Items</b>	<b>Approx Start Date</b>	<b>Approx End Date</b>
Update website to guide providers in making the necessary changes.	May-15	Apr-16
Assess OARs for needed changes	Sep-15	Dec-15
Work with stakeholders to identify necessary changes	Oct-15	Dec-15
Provide Final Response Letter to providers on findings and changes that must be addressed in the Adaptation Plan	Dec-15	Dec-15
Conduct formal rule making process	Jan-16	Jun-16
Create a review panel to evaluate the Adaptation Plans	Mar-16	Mar-16
Provider Adaptation Plans Due	Apr-16	Apr-16
Review adaptation plans and provide feedback	Apr-16	Jul-16
Develop a scorecard of provider's compliance	Jul-16	Jul-16
Post scorecard on website.	Aug-16	Aug-16
Gather public input on provider's assessment.	Aug-16	Sep-19
<b><i>Modifications to Service Plans</i></b>		
Develop policies and procedures on individual service plan modifications	Jan-16	Mar-16
Create expectations and a method for collecting data on an ongoing basis to measure the effectiveness of the modification	Jan-16	Mar-16
Develop timeframes for review of the data and effectiveness of the modification to ensure it continues to be appropriate.	Jan-16	Mar-16
<b><i>Initial Compliance Stage</i></b>		
Develop procedures for interviewing providers, individuals, family members and program inspections.	May-16	Jun-16
Develop policies and procedures for Quality Assurance and Licensing staff to check progress on their adaptation plans.	Jun-16	Aug-16
<b><i>Assuring Ongoing Compliance</i></b>		

*Oregon's Home and Community Based (HCB) Setting Transition Plan*

<b>Key Action Items</b>	<b>Approx Start Date</b>	<b>Approx End Date</b>
Develop ongoing monitoring and quality assurance processes	Aug-16	Sep-19
Assist individuals in finding and transitioning to alternative settings	Jan-19	Feb-19
Terminate Medicaid contracts with non-compliant providers	Mar-19	Mar-19
2 <sup>nd</sup> Individual Experience Assessment	Jul-17	Dec-17
3 <sup>rd</sup> Individual Experience Assessment	Jul-19	Dec-19