Good afternoon everyone this is Jonathan, director for the division of health plan, contracting and oversight within the office, a health insurance program at the Department of health, and thank you so much for joining today. I just wanted to hand it over to Tyler our Project Manager to go over the ground rules for the webinar today. Thanks, Jonathan. Again, my name's Tyler and I'm the project manager for the program. Before we get started today, just so everyone knows you have joined in listen only mode, which means everyone is muted, except for the panelists who will be speaking today. If you do have questions, I see a few of you have already found the Q&A panel and started to input questions so thank you for that. But, as we go along, if you do have questions, please put your questions in the QA panel. We will be capturing those questions and we will try to get to all the questions today. If for some reason we run out of time, we will be providing answers to your questions after the session today. As always throughout this presentation, you'll see our BML email account and please, as always, feel free to submit any questions you have to us. With that, I'll pass it back to Jonathan to kick us off. Thank you, Tyler, and thanks to all the panelists who are joining us today and thank you to all of you who have joined today. We are grateful for your participation and your engagement in this project. This is the 1st phase of our joint effort to maximize opportunities for social adult day participants to have access to HCBS benefits in the most integrated community setting possible. This effort that we're going to be going over today, focuses on the 1st phase of our joint endeavor as we move towards compliance with the home and community based Final Rule from the federal government, so we are very excited. We look forward to our continued partnership and delivery of these services and we are also very excited to roll out all the details to you today. We know there's going to be a lot to absorb today, and we hope that we'll be able to kick this off and have a real positive start to our 1st phase of this compliance efforts that we're all going to be working on and achieving together. So, with that thanks again to the team and everyone for joining, and I'll pass it to Diane Kiernan, who is our director of Managed Long-Term Care within the Office of Health Insurance Programs. Good afternoon everyone and thank you for joining the webinar today. So, for the agenda today, we have about 45 or so slides so there's quite a bit of information. This agenda will be posted on the website when we are done, the webinar will also be recorded and available and we will let you know when that's ready. For the agenda today, we have several speakers that will go over several parts of this presentation and the agenda for today is Madeline Kennedy who is the New York state subject matter expert on home and community-based services compliance activities and the transition plan reporting to CMS. She will be going over the final rule overview as well as assessing the compliance with the rule and understanding what heightened scrutiny means for particular locations or settings, understanding how the rule is related to person center planning, and next steps for achieving compliance. She'll be walking through the self-assessment tool which we had sent out last Friday on December 3rd, which is also posted on the website and going through the questions and the interpretations of what those questions mean and what kind of evidence would be suggested in terms of what needs to be submitted and for what questions. Then we'll pass it back over to Tyler, who will go over the timeline and I do know there are some comments and concerns about the aggressiveness of the timeline for reporting back, but we will go over

that at the end of the presentation. There will be some links to additional resources, as well as additional resources that we are currently working on, and that we will distribute to you to use when you do your remediation member experience, and site assessing and finally we will open up for Q&A that you can type in your Q&A panel as Tyler said and we'll try to get to as many of those as we can and will be reviewing after this presentation. So, with that, I'm going to turn it over to Madeline, and she will go through quite a few background slides about the rule itself and again, that self-assessment tool that we sent out. So, I do recommend that you have that handy to look at as she goes through the overview of those questions. So, with that, I'll turn it over to Madeline. Thank you, Diane, I appreciate that. So, to start. Regarding the background on the final rule, it's a federal regulation that was effective March 17, 2014 that set-in place new standards to promote community involvement and independence for people who received Medicaid funded community-based services. Now, these federal standards apply to all HCBS services provided through New York's 1915(c) waivers, Community First Choice Option, and the 1115 waiver, which includes Managed Care and Managed Long-Term Care. The rule also set in place, new person-centered planning and conflict of interest requirements. So here we have the federal definition of homing community-based services per CFR 440.180(B), home and community-based waiver services include case management services, homemaker services, home health aid, personal care, adult day health, habilitation services, respite care, day treatment, or other partial hospitalization services, psychosocial, rehabilitation services and clinic services for those with chronic mental illness subject to special conditions. Most particular for our conversation today, other services, which is what social adult care falls under, which are requested by the entity approved by CMS as cost effective and necessary to avoid institutionalization. I'd like to review this slide because there are many different packages of home community-based services in New York, but this is really our federal definition. This slide here, slide 6 is important because these are what are referred to as the setting standards and so, these are the standards that are for all settings where HCBS are provided and where recipients live. So, the rule is different than many other rules that tend to apply to the actual building, the brick and mortar. This really follows the recipient wherever they go. So those settings must be integrated in and support full access to the greater community, be selected from among options by that individual and their representative if they have one, ensure an individual's rights of privacy, dignity, respect and freedom from coercion and restraint. Optimize autonomy and independence in making choices. Now this right here, that bullet pretty much sums up it's really the core of the HCBS rule. It's about optimizing that person's ability to make choices for themselves and have independents in making their own life choices. And then finally facilitates choice and provides options for an individual's services and who provides them. So here we have the additional provider-owned and controlled setting standards. Per CMS, those additional standards for non-residential settings, which apply to the social daycare system, are freedom and support to control one's own schedule and activities, access to food and visitors at any time, and that the setting is physically accessible to the individual. So, when we talk about not being modifiable which the setting is physically accessible to the individual isn't modifiable, we know that these additional standards can

be modified, which is called rights restrictions in some parts of our system. Those rights restrictions cannot be made an entire setting, which, for example, would be having a visitor policy that restricted visiting hours. So, any modifications must be made on a time limited basis, case by case after previous positive attempts have failed. Which must be supported by a specific assessed need and doesn't have to be a specific assessed need by an expert, it could be by a program staff. It also needs to be justified in the person center service plan. A good example for a social day might be that Sue is experiencing some depression, so she's not really participating in activities, she's not managing her own schedule. She's been talked to, by staff there who did some counseling and supportive conversations with her about the importance of participating and activities, which she didn't respond to. So, with her permission and or the individual that is her representative, you could put in place a modification, which would be the staff would support her by managing her schedule for example 6 months since it's time limited. You can't just say okay, we're just going to go ahead and manage the schedule it needs to be revisited in 6 months. There's another example that you can find in the social adult day FACT sheet and policy guidance that went out. Some key dates. The HCBS Rule took effect back on March 17, 2014, for the 1915(C)waivers, July 6, 2012 for the 1915(K)or that community first choice option, December 4th, 2014 for the 1115 demonstration which includes managed care and long-term care. We have received several transition extensions, which applied to the setting standards and provider under control standards, and person-centered planning in order to achieve full compliance with rule. We received an additional year due to Covid so March 17, 2023 is our current end point by which we need to come into compliance and that applies to the setting standards that's for 1915(C), 1915(K), and 1115 demonstration waivers. In terms of person-centered planning, it pertains to making any modifications to our restrictions or persons rights that we've talked about on slide 7, those providers under control standards. Now we'll talk very briefly about assessing for compliance with the final rule and what that looks like in New York. So, our site level assessment has involved state agencies, offices, and units that oversee Medicaid home and community-based services in New York. Each have their own existing surveillance and monitoring processes in place to access for compliance with various state and federal policies and rules. Each of those state entities have been building in site-level assessments of HCBS compliance into their system to achieve compliance by 2023 and to monitor compliance going forward. They are using approved CMS based processes for assessing for compliance of the settings that they oversee, and or licensed. Such as site visits to a statistically significant sample of settings, site visits to all their settings, or provider self-survey attestations with a validation of a statistically significant sample of settings. And now we will talk about heightened scrutiny. So, in a nutshell, HCBS settings with a certain characteristic are presumed to be institutional by CMS and therefore require a more intensive form of side assessment. So, here you see in the bullets, 3 categories of these settings fall into they're often referred to as the 3 prongs of heightened scrutiny and the 1st prong is settings in a publicly or privately owned facility providing inpatient, institutional treatment. The 2nd prong being settings on the grounds up or adjacent to a public institution providing inpatient, institutional treatment. Now, you'll notice that these 1st, 2 prongs are

very straightforward, and they're geographically determined. Now, prong 3 is a little bit more nebulous, and those are settings with the effect of isolating individuals from the broader community. In a nutshell you can say, as individuals have limited to new opportunities to access the community while in program. And it is safe to say that our system and systems around the country were initially designed to provide many of the services on site. And with HCBS Final rule, it really moved forward the change that was already happening in our state and around the country to offer more community-based opportunities so that folks have the same opportunities that you or I do to be able to access services and activities in the community. So again, with heightened scrutiny assessment, it is a more intensive form of assessment, but it is still assessing for those same standards that we talked about on slide 6 and 7. So, it's the same site assessment tool, however; it's also required to have an onsite validation of the assessment results. So that can be done virtually but it has to be an onsite assessment. There is a 30-day public comment period where we essentially put evidence packets out and say this is why we think this setting either is in compliance or will come into compliance and we essentially ask the public to weigh in on that in order to make our final determination as to whether or not that setting will be submitted for continued federal financial participation and ability to participate in HCBS. And the state's determination on if the setting has or will overcome the institutional presumption and come in and compliance by March 17, 2023. And so, the state must submit evidence in the results of the comment to CMS for any settings we want to continue to receive FFP for past that date. Now we're going to talk briefly about person center planning as it really the heart of the rule. Everything moves through the person center planning process. Essentially, the HCBS rule established many new standards since we know the person center planning has been around since the 80'S, however; the HCBS rule really took person centered planning to another level, including requiring a person center plan for every person who receives medicated funded HCBS. These person-centered plan requirements are included in section 2402(a) of the affordable care act. So now person center plan plus identified individual strengths, preferences, needs both critical and support needs, as well as their desired outcomes which in many instances may involve relationships or activities of preference. Person center plans must also assist the person in achieving outcomes which they defined for themselves in the most integrated community settings that they desire. We develop their process where individuals get the right information and support so that they can direct process as much as possible. Document their choice of services and supports that they receive and for whom and document that setting options were provided to individuals that are not specifically designed for people with disabilities. They must also include people in the planning meeting that are chosen by the person served, be update at least once a year at times and locations convenient to the individual, take into consideration the person's culture and background which includes using non-technical or plain language, adjusting language as needed so that we make sure that those individuals understand what's in their plan. Include strategies for solving any disagreements and managing risk factors and provide a method for the individual to request updates, as we know that really a compliant person center plan is a living document, it's something that changes with time, just as any one of us, as we have different goals that we're working on and those things tend to change. We

might come across barriers to decide that we want to change course and there needs to be flexibility built into the process. Now we'll talk about some next steps for achieving compliance with the HCBS final rule and I want to clarify here that these are changes that social day care providers can make and are making. I've also had many wonderful conversations with social with healthcare providers that are already providing these opportunities for individuals. So, that includes increasing flexibility and options for individualized activities and outings, rather than only offering onsite activities or group outings. Adding snack cabinets/cubbies and making snacks of individual preference available at a time. Because we know if folks are supposed to be allowed to access food at any time, this is not mean having a buffet out, it can be as simple as having some water or maybe some tea and some snacks in a cabinet that folks are able to access and it can be with staff support as long as they're able to access it when they want to. Making visitor hours unrestricted which you also might want to consider adding a visitor's room with a phone so that folks can have a privacy call. Family and friends when they'd like to give individuals who are competent access to come and go freely, such as with key codes, key cards. In some instances, it's having a staff person who's readily available when somebody needs to leave building even if there is a sign in and out, that's fine, it's just that folks need to be able to come and go freely. And the remediation tools, which are going to be forthcoming will provide additional options very specific to what results we see in the site assessments or those self-surveys that come back. So, those remediation tools, which I believe will be coming early next year, will have very specific options for the programs to look at for remediation efforts. Also, very important is really enhancing the person set of planning and plan implementation. So, first off really looking at any blanket program rules and restrictions that might exist. This might be restricted visitors' hours. This may be where you set times so maybe there's only 2 times for folks can have something to eat or there's restrictive food options and there aren't enough options for folks. You want to use that required process to make modifications to those additional standards that we talked about the freedom and support and control one's own schedules and activities and access to food and visitors. You want to be making any restrictions on a case-by-case basis again, based on a specific assessment that an individual has. Using plain language, and all documents, so taking a look at your plans and doing an assessment of the language level and making sure that those are going to be understandable folks who might have limited English proficiency, or maybe they just don't read very much because those abilities to understand more complex content tends to diminish as we age. We want to make sure that the person center plans include goals that are important to the person. These tend to be just like any of us, meaningful activities, relationships with others, also balancing them of course with what's important to the person and then initiate annual persons centered planning member experience assessment and you will see sample template forthcoming on that. Now we're going to review the SADC HCBS compliant self-assessment questions, so if folks want to have that document up it can be helpful to review. You will note that the HCBS rule standard that corresponds to the question, as many of the questions correspond very specifically to an HCBS rule standard, they're going to be on your left-hand column so you can refer to that. Then, when you see any question in bold, then that means that that

requires supporting documentation and there are specific examples that you can refer to for that. So, the manage long term care staff on page 1 and the social adult healthcare provider staff on page 4, you'll see that there's a general information section for each. You will want to complete your contact and demographics following the instructions that are in the form. There are very detailed instructions, so it should be very straightforward. And in terms of the heightened scrutiny prongs, the Managed Long Term Care Managed Care Staff starting on page 2, and social adult day care providers starting on page 5, will each fill in which of the 3 prongs are indicated for the social adult day care setting assessed, or none of the above if none are applicable. So, the social daycare staff, you can simply just go based on the best of your knowledge and fill out those prongs. You also may want to take a look at Google Maps, just to make sure you're not on the grounds over adjacent to an institutional setting. And then for managed care staff, you're going to determine that prong after the completed self-assessment has been reviewed by staff for isolating characteristics. Meaning that it's pretty clear that services and activity take place on site, and they are limited to no opportunities for individuals to access activities in community as described in the person's center plan. There will be additional instructions in the forthcoming guiding questions for site assessors that will be submitted or that will be disseminated to manage long-term care plans. Also managed long-term care plan staff are going to verify the location of the site using Google Maps, or a similar platform, to confirm whether it's inside of, on the grounds of, or adjacent to a public or private institution providing inpatient institutional treatment. And so, questions 1 through 5 are for managed long-term care plan staff to complete. Number 1 is at some point where participants or the representatives' given options of HCBS serving settings that they could choose from, including the social adult day care. Number 2, are individuals provided a choice regarding the site where they receive services when they sign their plan of care, and those should include non-disability, specific settings. Number 3, does the site allow individuals who are known to be safe in competent the freedom to move about the setting, including the freedom to go outside as they choose? So, for number 3, the managed long-term care plan will be doing the UAS New York assessment and would be the entity determining if the consumer is safe and competent. Sharing the results with the social day provider. Individuals who require support to be able to go outside, or move about the building, should have the support to do so as well, which should be indicated in their plan of care. So regardless of whether or not someone is safe and competent to be able to come and go from the building, or they need support, should be able to come and go from the building when they would like to. Number 4, are resources other than public transportation, including financial and staff resources, available for individuals during the time at the social adult day care to access the site and/or individualized activities that participants may wish to attend in the community? Number 5, does the site support individuals to receive services or to engage in activities outside setting? You probably noticing a trend here. This is really should be able to access services and activities outside in the community just as any one of us would be able to as well as services and activities inside the settings as well. And now we will review the questions for the social adult pay care providers to complete. Number 1, the setting is integrated in support

full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work, or volunteer in competitive integrated settings? Number 2, does it say, provide opportunities for regular meaningful activities in community settings with people who do not receive services for the amount of time desired by participants. So, the idea here is, we're not talking about staff, but we're talking about a setting that really is integrated in the community as individuals that are able to interact with folks just everyday folks that are out about the community. So, there really shouldn't be restrictions to only interacting with other participants and staff while they're in program. Number 3, so this is a bolded one which means it requires supporting documentation and you will see there are several examples provided in your self-assessment. Do the individuals served at the site regularly interact with members of the community (not staff or volunteers) while participating in the program? So, for number 3, this question is not only referring to time spent at the daycare site, other examples would be interacting with other community events and outings, healthcare provider offices, stores, ect. Number 4, another question that requires supporting documentation. Does a site afford opportunities for individual activities that focus on the needs and desires of individuals served and opportunity for individual growth? Number 5, does the site allow individuals who are known to be safe and competent (per plan assessment) the freedom to move about the setting, including the freedom to go outside as they choose? So, this is the same question that we had for the managed Long-term care plan staff, which is repeated for the social audit daycare providers to respond to. And again, the plan does the UAS NYS assessment and would be determining if the consumer is safe and competent. But regardless, any individual who requires to go outside and move about the building should have the support to do as indicated in their care plan. Number 6, is full transportation available to and from the site? So, now this is important in a rural setting, this might include STAR bus, taxi, lyft/Uber. So, answering no, does not necessarily indicate noncompliance as long as the program provides transportation for individuals to access the community. Also, an ability to access the community in a way that is flexible, not simply when the individual has dropped off in the morning or picked up in the afternoon. So, we're looking at again, these individualized activities that folks are able to be accessing in the community they are going to need transportation to do that. Number 7, this requires supporting documentation, with information regarding transportation available to individuals in a convenient manner such as participant handbooks, handouts, or public postings? Now, this requires supporting documentation it could be a picture of where you post that information. Now, if that's not something that you've done in the past, that's okay, we understand that there's going to be changes that this rule requires and this is how this has gone for our entire system so if you find the bus schedules and you're able to post them up on the bulletin board, go ahead and take a picture and you can include that in your supporting documentation. Number 8, are resources other than public transportation, including financial and staff resources, available for individuals during the time at the social adult daycare site to access the site and/or individualized activities that participants may wish to attend in the community? Because you're going to need access to resources in order to go and attend activities in the community. We understand that some

settings, at least in the past, have not necessarily allowed individual to bring money into the setting and we are also aware that other providers have received notice of the rule and made some changes to be able to have financial resources for those individuals on site even if it includes the staff supporting the individuals with that, and having someone in the office however that works for the program. They just need to be able to access resources. Number 9, does the site restrict individuals from receiving services or engaging in activities outside of the setting? Number 10 does the site ensure individual information (Medical, diet information, etc.) is kept private and confidential? So, this is where we want to be careful about having bulletin boards that may have a list of an individual's appointments where their name is on that. We have to really look at confidentiality here and keeping that information private and not publicly accessible by any participants in the program. Number 11, our individual's giving flexibility in when they take breaks and lunchtimes. So again, we don't want to be too rigid or prescriptive and just say, okay, we only have lunch at 12 and that's it, as there needs to be some flexibility. So, wherever you're at when you do this assessment, that's how you want to respond and then we will talk about remediation, going forward. Number 12, our activities adapted to individuals needs and preferences? So here supporting documentation, which is required, might include an activity calendar that shows options, it may include a consumer meeting that's held, you know, a sign in sheet for the meeting that's held once a month or every other month, where activities of preference are a discussion. There's a clear line between that process of getting feedback from the individual's serve and activities that are promoted. Number 13, our health and personal care activities, including discussions of health or personal matters, conducted in private? Number 14, does this staff interact and communicate with people respectfully and in a manner in which the person would like to be addressed at all times? Number 15, does the site provide opportunity and space for individuals to do activities such as speaking on the telephone and visiting with others in private? So, there's a note here for questions 15 and 16. We want you to describe the current conditions, if they're impacted by COVID, and how policies and procedures ensure this standard is met under current and/or normal circumstances. Number 16, are participants given freedom and support to control their own schedule and activities and have access to food and visitors at any time, with any modifications or restrictions made based on a participant's specific accessed need, and done on a time-limited basis after positive interventions have failed, which is documented in the participant's plan of care plan or person-centered plan? Number 17, does the setting ensure that one or more person's behavior supports do not impede on the rights of other individuals? Number 18, does the site provide individuals with flexibility in their daily schedule and activities? So, some supporting documentation examples here might be a staff schedule that shows that there is some free time built into the staff schedule and calendar, so that folks have an ability to get out and do some activities, maybe on an unscheduled basis. Number 19, does the site, have any of the following barriers used to prevent individuals' movement? Gates, locked doors, fences, or other, which you want to specify in the comment's column. I want to make a note here that this does not necessarily indicate noncompliance, it allows us to better understand what the setting is like so that we can understand how

individuals are given the opportunity to come and go as they want. Number 20, does the site offer any options for participants to meet physical environment goals and needs? This could be indoor gathering space, outdoor gathering space, large group activity space, small group activity space, private space which could be an area for calming activities for folks who may be struggling, an area for stimulating activities. Now for number 20, we want you to describe the current conditions, if they are impacted by COVID, and how policies and procedures ensure the standard is met under current and/or normal circumstances. Number 21, is the site physically accessible to participants, including access to bathrooms and break rooms? Number 22, does the site provide for more than one meal option and a private dining space if requested by an individual? Number 23, do the individuals have access to food at any time with snacks and water and/or beverage available during non-mealtimes? Number 24, does the site allow participants choose with whom they spend their time while at the setting? So, this is an important point here, because you might want to look at, for example, assigned seating and what level of flexibility there is around individuals and where they are able to sit while in the program. Number 25, does the site allow participants have visitors of their choosing at any time? And for supporting documentation here, there's plenty of examples provided right in that self-survey, but I just want to point out that it could be sending us your visitor policy and if that is a new policy that you recently created to address the HCBS rule implementation that's fine, send it in. Just make sure that if it’s in a very thick policy, you want to indicate what page it's on so that we're able to find that. Number 26, does the setting support individuals to make their own decisions, associate with others, and access their money? Number 27, does the site allow individuals to choose which of the site's employees provide their services? Example, an individual request that all personal care services for her be conducted by female employees. Is that individuals requested met? Number 28, does the site afford individuals the opportunity to update or change their work or daily activities based on their preferences? Number 29, does the site have person centered policies to make sure participants are supported in developing specific plans to support their needs and preferences? Number 30, does the setting ensure staff is knowledgeable about the capability’s interests, preferences and needs of people? Number 31, does it say, provide information to individuals about how to make a request for additional services or to make changes to their care plan? Number 32, do all staff (paid and unpaid) received new hire training related to company policies, including HCBS specific policies and person-centered planning, practice and thinking? Which are just a few examples. Number, 33 are company policies regularly reassessed for compliance and effectiveness, and amended as necessary? Number 34, does the site have documentation that shows staff adherence to policy such as HCBS specific training documentation and sign in sheets for relevant activities? Now without further ado, I will introduce Heather Grimmer a Health Care Program Advisor for Managed Long-term Care to talk about completion and submission. Thank you very much Madeline. For us to complete the first phase of this compliance project, we’re looking for you to respond to the questions with only a yes or no in the columns. The managed care staff are supposed to be completing the sections on page 1 and then the daycare providers complete the section starting on page 4. If you answer no to anything where you potentially have a lack of each HCBS rule compliance,

you will have to provide a brief explanation in the comment's column and also discuss any remediation efforts that are in progress at that time. And if you answer yes, to a question, you're going to provide a brief explanation in the comment's column as to how you demonstrate the compliance. Your responses are required to be submitted to us by December 30th of 2021. You're going to be submitting those responses through the health commerce system, so you'll complete an actual self-assessment for each day care and submit it with all supporting documentation in zip files and you're going to put it to the HCS secure mailbox listed on the slide, but it is HCBS SADC Site Assessments. Again, we're looking for that by December 30th and if you do have any questions on the self-assessment you can certainly direct those to our HCBSSADCSiteAssessments@health.ny.gov. And at this time, I am going to pass the presentation over to Tyler Corcoran, our project manager to discuss the timeline and key dates. Thank you, my name is Tyler and I'm the project manager for this program and I'm going to review the timeline and key dates. These dates that we're going to go through are broken down into 2 phases phase 1 phase 2. These are also available for reference. I have seen a few questions come through on if this presentation is being recorded and will it be posted. So, for any folks who have that question and who missed Diane's initial intro, I just wanted to say that this session will be records and posted. These dates are also available on the FACT Sheet that was sent out on the December 3rd, along with the tool. So, for phase 1, the first three items have already occurred. On November 17th, during the plan meeting, we had a few slides where Jonathan and the team presented what the self-assessments were, what was upcoming, in addition to presenting the information that this educational session that we're having today, would forthcoming. On December 3rd, the LISTSERV went out that included the tool, and guidance and policy resources, including the FACT Sheet and Policy Guidance Document I just referenced. Then we're here today on December 9th, for the training webinar for completing and conducting these self-assessments. And then, as Heather just mentioned, the due date for returning self-assessments to the state is December 30th so between now and then, plans will be working with their sites to complete the self-assessments, analyze results, document remediation efforts, and plans will return those results to the state. Next for the 1st part in 2022, DOH will be analyzing the results from the self-assessments. We will be working with plans to validate remediation plans and determine what sites will come into compliance with that March 2023 Date. Again, that's the end goal date for having all sites in compliance by that March 2023 date. Also, in the 1st, part of 2020 to remediate plan, remediation begins plans will begin remediating, remediation activities with the sites based on the results from the self-assessments. And for phase 2, in the first part of 2022 as well, DOH will be working with plans to review and establish policies and procedures for monitoring the social adult daycare site remediation plans and transition activities. This will also include a validation of the plans heightened scrutiny steps for their social adult daycare network. Next starting in early 2022 will also be working with plans to conduct site-level reviews for specific sites. Reviews will validate the plans monitoring or remediation activities for specific sites as well as overall compliance for each site with the HCBS final rule, and the person center planning requirements that Madeline just reviewed for us. In addition to that, and spring of 2022, DOH will be providing a member experience assessment,

this is an assessment that will be conducted on a sampling of members which will aligned to the members person center planning services. Public comment and heightened scrutiny sites, in late spring of 2022 DOH will host a public comment period for, activities and identification of heightened scrutiny for the sites. And then, through October 2022 and ongoing Plans will report status of ongoing SADC site compliance and remediation activities to DOH. The plans and the sites compliance will be incorporated into the reporting to CMS within the New York state transition plan timeframes. And then, as I mentioned before, the Federal goal post for this is March 17th of 2023 when all sites must be in compliance in order to continue receiving HCBS funding. Next, I'm going to go over some additional resources. Some of this is a little bit repeating from some of the things you've already heard so I apologize. Those first two bullets are for the Policy Guidance Document and the FACT sheet that was sent out on the 3rd, via the LISTSERV. In addition, the plans will be provided with the guiding questions for site assessors as Madeleine had mentioned earlier. This will be disseminated to the plans this month and will include some additional information on heightened scrutiny and the steps for determining that. Additional information and resources will be provided for settings that are identified as heightened scrutiny and heightened scrutiny assessments are needed, this will occur in early to mid-2022. The SADC provider remediation tool, we're looking to disseminate that once the self-assessments are completed and returned. As I mentioned before in the timeline, that member experience assessment template also will be sent out in early 2022. In addition, inclusive of today's comments, all the comments are going to be collected including comments that we get through our BML email account, and we will be working to respond to that any questions we get and as well as posting FAQs publicly. So, with that here are some additional resources again, this presentation will be provided after today to, and we will post it publicly. But also, these links are provided on the FACT sheet and Policy Guidance sent out on the December, 3rd. We definitely recommend, registering for the Person-Centered Planning training opportunities. In addition, please see the link to the HCBS Final Rule Website, the Transition Plan for the New York states compliance with the final rule, as well as the CMS HCBS Final Rule website itself. As always, for any additional questions about the self-assessment process or the program in general, you can email us at the email address provided here. I just want to point out to reduce any confusion that this BML Email is just for questions. So, for the actual submission of the tool and supporting documentation, as Heather referenced earlier, those would go through HCS. So, the plans will be submitting the completed self-assessments as well as supporting documentation to DOH through HCS. In addition, this information is included at the top of the tool itself that was sent out on December 3rd.