

CMS is requesting additional information. Please see below and provide a response.

*CMS was unable to locate changes in the STP that address some of the initial feedback. The comments below are to clarify state's previous responses or ask for additional information from previous feedback.*

### **General feedback:**

- *There are several milestones in the STP that appear to have two different due dates. Please review and ensure that the correct date is listed.*

#### **State Response:**

- **Updated page 56 re: sleeping units for CAP/DA**
- **Updated p.56 re: waiver policy for CAP/DA**
- **Updated all language to reflect completion oppose "completed" to in some areas**
- *The general milestones cited at the end of the STP delay a couple of systemic remediation/policy changes and waiver amendments specific to lockable entries for private rooms in facilities (new due date-6/30/19) and language around sleeping units (new due date 4/1/19). However, page 21 of the STP indicates those additions will be added to waiver policies by 10/1/18. Please clarify the correct timeline for each of these systemic changes.*

#### **State Response:**

- **Updated p.21 to reflect 7/1/19 as the date of the waiver policy implementation for CAP/DA. This wavier policy change for NC Innovations was completed 11/1/16.**
- **Clarified language on p. 56 to show the original target date and now the corrected end date**
- **Updated p.56 to reflect 7/1/19 for consistency throughout STP**
- *Page 42 indicates 6/30/21 is the goal date for compliance for all providers, whereas page 44 indicate 3/2020 as the goal date of full compliance for all providers. Please review and revise as necessary.*

#### **State Response:**

- **Updated to reflect that 3/31/20 is the accurate date. This in now on page 44. In the event that a site is unable to be validated, individuals receiving an HCBS service must transition to a validated HCBS site by 6/30/21.**

*Pages 45 and 46 indicate that validation will be complete by 3/1/20, please note that the STP will need to go out for public comment again once the validation and categorization of all settings has been completed.*

#### **State Response:**

- **Language added on 45 and 46 to speak to this.**

### **Site-Specific Assessment & Validation Activities**

*CMS requests that the state provide the following information regarding the site-specific assessment process.*

**Validation Strategies:** *CMS has the following questions regarding the state's strategies for validating settings, some of which is clarifying new information submitted by the state as well as revisiting some previous feedback where CMS could not locate how the state addressed it in the latest version of the STP.*

- *Please confirm that the state (or state designees-LME-MCOs and CAP/DA LLAs) has validated 100% of the provider self-assessments or provide the date by which 100% of the provider self-assessments will be validated. Please also confirm the evidence of compliance that is reviewed and confirm that the validation includes reviewing setting compliance with all aspects of the settings criteria.*

**State Response:**

- ***Per pages 44-46, all sites will be validated by 3/31/18 using the Care coordination Tool (onsite), desk review, or CAP DA Case Management quarterly on site visit. For Tier One Innovations, it notates all Innovations waiver services totaling 100% of sites in this subsection. Tier One: ADH and (b)(3) have had clarifying language to notate all sites as well. 100% of sites will be validated utilizing one of the above noted strategies.***
- *Please confirm that the randomized sample of MIE responses that the LME-MCOs and CAP/DA LLAs are reviewing is reflective of a randomized sample for each setting (in other words, that there are participant responses from the MIE included in the validation of each individual setting).*

**State Response:**

- ***MIE responses are not randomized samples. The process per page 50 is as follows:***
  - *Within the MIE survey process, threshold probing questions have been implemented to notify LME-MCO or Local Lead Agency and DHHS HCBS Team of disparities between consumer responses and provider assessment results. (For example, if a person selects a response of “no” for 5 threshold questions, the threshold will be triggered, and notification will go to the appropriate parties to complete further review.*
- ***Updated language on p. 48 & 50 to reflect that DHHS is reviewing MIEs that have met threshold. Therefore, randomized sampling is not necessary. The current process requires all MIEs meeting the threshold (5 negative responses) be reviewed by the LME-MCO. DHHS will also continue to review these as submitted to review methods of remediation.***
- *It appears the state is reporting on the number of “accepted” self-assessments and corresponding action plan. Please confirm that the process outlined under the Remediation and Validation Strategies (pages 42-46) describe the state’s plan to validate both the provider self-assessment and plan of action at the same time.*

**State Response:**

- ***A site cannot be validated unless the plan of action is completed. (Language added to the TA portion). Plan of action details that the validation process started, but due to a concern, a plan to remediate concerns must be addressed before the site can be validated. Additional language added on page 44.***
- *Please describe the state’s approach for addressing situations where DHHS finds problems with an LME-MCO’s or CAP/DA LLA’s validation work during its secondary sample review (for example, will the state use this as a quality assurance component, and follow-up with additional training and technical*

*assistance to the specific or all LME-MCOs, etc.).*

**State Response:**

- **Language added to p.46.**
- *Please indicate the approximate number of settings that still require validation, if any.*

**State Response:**

- **All settings require validation. The process started January 1, 2019 with DHHS reviewing MIE surveys. LME-MCO and CAP-DA validation strategies start April 1, 2019.**

### **Heightened Scrutiny**

*The STP appears to state that settings that fall under prongs 1 and 2 will not be considered for HS and presumably will be removed from the service system, however, the HS appendices include those settings as options (NCDHHS HCBS Heightened Scrutiny Review Tool, NC HCBS Heightened Scrutiny Process). Please confirm the state's intentions for settings that fall under prongs 1 and 2 and revise the STP and any related appendices to ensure consistent information across the documents.*

**State Response:**

- **It is noted that the STP is correct. The appendices required updates.**
- **Updated HCBS Heightened Scrutiny Review Tool with Track Changes**

**The process outlines the entire process inclusive of what happens for if a provider falls under prong 1 and 2. Therefore, language regarding this cannot be removed. Instead, language was added that clearly notated that the state will not consider providers in prongs 1 and 2**