



TEXAS
Health and Human
Services



Statewide Transition Plan

Revision

2019

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Federal Rule Overview

Effective March 17, 2014, the Centers for Medicare & Medicaid Services (CMS) issued a rule under which states must provide home and community-based long-term services and supports in compliance with new requirements by March 17, 2022. The rule:

- requires states to ensure all home and community-based services (HCBS) settings provide for: integration in and full access to the community; integrated work environments; and control of personal resources.
- requires increasing person-centeredness in the planning for and delivery of HCBS and individual choice regarding settings, including non-disability specific settings, daily activities, and social interactions.
- identifies settings that are not home and community-based, such as nursing facilities (NFs); institutions for mental disease (IMDs); intermediate care facilities for individuals with intellectual disabilities (ICF/IID); hospitals; and locations that have the qualities of an institutional setting.

Any setting will be presumed to be a setting that has the qualities of an institution if it is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

Each state that operates a waiver under 1915(c) or 1115 (that includes HCBS) or a state plan program under 1915(i) or 1915(k) of the Social Security Act that was in effect on or before March 17, 2014, must file a statewide transition plan (STP). The STP must either provide assurances of compliance with 42 CFR §441.301 or set forth the actions that HHSC will take to bring each HCBS program into compliance and continue to operate all programs in accordance with the new requirements.

The regulations and additional related information may be found at the [CMS HCBS final regulation](#) website.

Texas Statewide Transition Plan

In December 2014, HHSC submitted its first STP to CMS for approval and provided the appropriate tribal and public notices in the two months prior to submission. HHSC considered and modified the STP, as HHSC deemed appropriate, to account for public comment prior to submission of the plan to CMS. HHSC provided to CMS the comments and responses with its submission.

In March 2015, HHSC submitted its first STP amendment and provided the appropriate tribal and public notices in the two months prior to the submission. The purpose of the STP amendment was to include the HCBS settings for services provided through the Texas Healthcare Transformation Quality Improvement Program 1115 Demonstration Waiver (Demonstration waiver). HHSC considered and modified the STP, as HHSC deemed appropriate, to account for public comment prior to submission of the amended plan to CMS.

In September 2015, HHSC received [feedback from CMS on the STP](#). Because of the CMS feedback, HHSC submitted another STP amendment to CMS in February 2016. HHSC posted a notice to the tribes on September 29, 2015, to inform them that an upcoming amendment to the original plan would be posted.

In June 2016, HHSC received feedback from CMS on the STP. CMS clarified an STP revised to respond to CMS' feedback did not have to be posted for public comment. However, at request of stakeholders and to be transparent, the revised STP submitted to CMS in November 2016 was posted on the [Home/Community-based Services web page](#)¹ for a short review period allowing for public comment. No public comments were received. CMS did not approve this submission and Texas has since completed assessments and remediation plans in preparation for this submission.

¹ <https://hhs.texas.gov/services/health/medicaid-and-chip/about-medicaid/homecommunity-based-services>

Public Input on the Statewide Transition Plan

Federal Requirements for Public Input and Notice

Prior to filing with CMS, HHSC must seek input from the public for the proposed STP and any amendments, preferably from a wide range of stakeholders representing consumers, providers, advocates, families, and others. The public input process requires HHSC to provide at least a 30-day public notice and comment period on the STP that HHSC intends to submit to CMS for review and consideration. HHSC must consider and modify the STP, as HHSC deems appropriate, to account for public comment. Upon submission of the STP to CMS, HHSC must include evidence of compliance with the public notice requirements and a summary of the comments received during the public notice period, why comments were not adopted, and any modifications to the STP based upon those comments.

The process for submitting public comment must be convenient and accessible. The STP must be posted on the State's website and include an address for comments. In addition, HHSC must have at least one additional option for public input, such as a public forum. The STP must include a description of the public input process.

HHSC has previously and will continue to reach out to providers, managed care organizations (MCOs), advocates, and individuals receiving services and their families, including using existing statutorily-required committees, workgroups, and stakeholder meetings. HHSC is committed to using stakeholder feedback to inform remediation and assessment strategies until the transition is complete and will refine remediation activities in response to public input where possible.

For any amendments made to the STP, HHSC notifies the tribal representatives in compliance with the 60-day federal and state requirements. The notification includes contact information to request copies of the amendment, provide comments, and/or request information from HHSC via email, mail, or telephone.

The Public Notice of Intent (PNI) is published in the [Texas Register](#), allowing a 30-day comment period in compliance with federal and state requirements. The PNI includes contact information to request copies of the amendment, provide comments, and/or request information from HHSC via email, mail, or telephone. The Texas Register is published weekly and is the journal of state agency rulemaking for Texas. The publication is available online and in hard copy at the Texas State Library and Archives Commission, the State Law Library, the

Legislative Reference Library located in the State Capitol building, and the University of North Texas libraries. All sites are in Austin, except for the University of North Texas, which is in Denton. Printed copies of the Texas Register are also available through paid subscription; subscribers include cities, counties, and public libraries throughout the state.

The [STP](#) is also posted in its entirety for public comment on the HHSC website. The website includes mailing addresses and an electronic mailbox for comments and questions. HHSC also sends a request to the HHSC Office of Social Services to distribute notice of the amendment of the STP to 290 local eligibility offices with instructions to post the notice in public areas.

During past public comment periods, HHSC received written comments from professional associations, advocacy groups, MCOs, and other involved stakeholders. Comments outside the scope of the settings requirements imposed under 42 CFR §441.301 were not addressed. A summary of the comments received during the public notice period, reasons why comments were not adopted, and any modifications to the STP based upon those comments are included in Appendix V.

Anyone may obtain a free copy of the STP amendments, ask questions, request additional information, or submit comments regarding this initiative by contacting Desiree Martinez-Sanchez by mail at Texas Health and Human Services Commission, PO Box 13247, Mail Code W-521H-600, Austin, Texas 78711-3247; by fax at (512) 438-5532; or by email at Medicaid_HCBS_Rule@hhsc.state.tx.us. In accordance with 42 CFR §441.301, HHSC is required to consider and modify the STP, as HHSC deems appropriate, to account for public comment.

As described above, HHSC has multiple mechanisms by which it obtains public input on its policies. Some are routine, others are ad hoc. The table below describes these mechanisms and includes significant dates.

Table 1. Mechanisms for Public Input

Activity	Description	Dates
Stakeholder education webinars	Legacy Department of Aging and Disability Services (DADS) initially conducted webinars to provide all stakeholders an opportunity to learn about the new regulations. Later webinars were also held to share updates about the state’s activities related to the regulation and to provide information on the STP. HHSC continues to conduct webinars and trainings as we progress towards compliance.	Ongoing
Stakeholder meetings	HHSC hosts stakeholder meetings specifically focused on HCBS compliance and the STP.	Ongoing 11/28/2017 12/1/2017 12/11/2017 3/6/2018
Electronic notices	HHSC posted the STP on agency websites and in the Texas Register. The legacy DADS and Department of State Health Services (DSHS) systemic internal assessments were also posted on agency websites. The transition plans for several of the waivers were posted in the Texas Register and on the agency websites. Each STP amendment was posted on the HHSC, DADS, and DSHS websites and remain posted on the HHSC website.	Ongoing
Electronic feedback mechanisms	Dedicated electronic mailboxes and websites are available to provide information about the new rules and accept feedback. The websites and the option to make comments will remain active throughout the transition and HHSC will take any comments received into consideration until HHSC completes the transition.	Ongoing
Presentations to Advisory Committees	The Promoting Independence Advisory Committee is comprised of individuals receiving services, advocacy organizations, and providers across target populations. ²	10/15/2015 1/21/2016 7/21/2016 10/20/2016

² On 09/01/2017, the Promoting Independence Advisory Committee’s statutory authority expired. However, they have transitioned to a workgroup. As a result, the IDD SRAC is now the primary external stakeholder group for the HCBS compliance effort.

Activity	Description	Dates
	The Intellectual and Developmental Disabilities System Redesign Advisory Committee (IDD SRAC) and subcommittees.	Quarterly/Ongoing 7/27/2017 12/13/2017 1/25/2018 8/8/2018 10/25/2018 12/11/2018 4/24/2019 5/14/2019 6/11/2019
	The Employment First Task Force was comprised of advocates and providers interested in employment issues.	2/29/2016
	The Texas Council on Autism and Pervasive Developmental Disorders is comprised of parents of individuals with autism and professionals.	3/11/2016
	The Intellectual and Development Disability (IDD) Directors Consortium is comprised of IDD directors and attended by state agency staff.	9/11/2015 1/14/2016
	The Consumer Directed Workgroup is comprised of state agency staff, providers, advocates, and individuals utilizing consumer directed services.	10/23/2015
STAR+PLUS stakeholder meetings	Attendees include MCO representatives, individuals receiving services, advocacy organization representatives, and providers.	
Tribal stakeholder conference call meetings	Comprised of designees of federally recognized tribes. HHSC holds regularly scheduled conference calls with the tribes which provides additional opportunities for stakeholder input.	1/27/2015 10/14/2015 11/17/2015 12/16/2015
Presentations at agency workgroups	HHSC and legacy HHS agencies have multiple agency-established workgroups comprised of advocates and providers whose purpose is to examine ongoing rule and policy issues. State agency staff will continue to provide updates on HCBS transition activities and provide workgroup members the opportunity to provide comments.	Ongoing
Presentations at conferences	Provider associations and other groups hold meetings and conferences. State agency staff have been invited to speak at these conferences. This provides access to many providers for purposes of education, coordination, and input regarding changes being made to rules and policy.	11/12/2015 11/16/2017 4/10/2019 5/01/2019
Provider self-assessment surveys and participant surveys	Fee-for-service provider self-assessment and participant surveys for stakeholders were posted on the appropriate agency websites. A 30-day public comment period allowed for stakeholder feedback on the survey tools.	11/2015

Activity	Description	Dates
Remediation Workgroups	HHSC recognizes the importance of obtaining stakeholder feedback on the remediation strategy and it is also an important part of the sub-regulatory guidance issued by CMS for this initiative. Two workgroups were formed to provide input on the IDD strategy, one focused on non-residential services and one on residential services. These groups included representation from advocacy organizations, provider associations, individuals receiving services, and state subject matter experts.	10/22/2017 11/06/2017 11/10/2017 11/14/2017 11/28/2017 12/01/2017 12/11/2017 12/14/2017

Texas Home and Community-Based Services Programs

HHSC administers the following HCBS programs:

Community Living Assistance and Support Services (CLASS) waiver

provides HCBS to individuals with related conditions as a cost-effective alternative to an ICF/IID. The CLASS program is intended to enhance the individual's integration into the community, maintain or improve the individual's independent functioning, and prevent the individual's admission into an institution. The waiver serves individuals with related conditions living in their own home or their family's home. In addition, the waiver allows individuals to receive services in a licensed foster home; however, no individuals are currently receiving services in a foster home setting. A comprehensive list of settings in which CLASS services are provided follows:

- Residential
 - ▶ recipient's own home or family's home
 - ▶ residence of the Support Family Services provider or Continued Family Services provider, which are foster homes verified by a Department of Family and Protective Services (DFPS) licensed Child Placing Agency or licensed directly through DFPS (no individuals are currently receiving either service)
- Non-residential
 - ▶ community settings open to the public including shopping areas, places of employment, parks, and public recreation facilities
 - ▶ day habilitation settings where prevocational services may be provided
- Respite
 - ▶ residence of an individual, another person receiving waiver services, or the respite care provider
 - ▶ day or overnight camp open to the public and accredited by the American Camping Association
 - ▶ adult foster care home licensed by HHSC
 - ▶ licensed NF
 - ▶ assisted living facility (ALF)
 - ▶ ICF/IID

Deafblind with Multiple Disabilities (DBMD) provides HCBS to individuals with deafblindness and another disability as a cost-effective alternative to an ICF/IID. The DBMD program focuses on increasing opportunities for individuals to communicate and interact with their environment. Recipients may live in their own home, their family's home, or in a small (4-6 person) ALF. A comprehensive list of settings in which DBMD services are provided follows:

- Residential
 - ▶ recipient's own home or family's home
 - ▶ one to three-person home defined as a licensed home health assisted living. The licensed home health assisted living is a service provided by a program provider licensed per Texas law and in a residence for no more than three individuals, of which at least one of whom owns or leases the residence
 - ▶ small (4-6 bed) assisted living facility
- Non-residential
 - ▶ community settings open to the public including shopping areas, places of employment, parks, and public recreation facilities
 - ▶ day habilitation setting
- Respite
 - ▶ residence of an individual, another person receiving waiver services, or the respite care provider
 - ▶ day or overnight camp open to the public and accredited by the American Camping Association
 - ▶ ALF with a licensed capacity of six or less
 - ▶ ICF/IID

Home and Community-based Services (HCS) provides HCBS to individuals with an intellectual disability (ID) as an alternative to living in an ICF/IID. The HCS program supports Texans with an ID or a related condition so that they can live in the community. Recipients can live in their own homes, their families' homes, in host home/companion care settings, or in residences with no more than three others who receive similar services. HCS rules require providers to justify any restriction of rights and support the principles set forth in the new HCBS regulations. A comprehensive list of settings in which HCS services are provided follows:

- Residential
 - ▶ recipient's own home or family's home

- ▶ provider owned or operated residences (host home/companion care setting or 3-person or 4-person residences in which residential support services and supervised living are provided)
- Non-residential
 - ▶ community settings open to the public including shopping areas, places of employment, parks, and public recreation facilities
 - ▶ day habilitation settings
- Respite
 - ▶ residence of an individual or the respite care provider
 - ▶ day or overnight camp open to the public and accredited by the American Camping Association
 - ▶ residences in which host home/companion care, supervised living, or residential support are provided group respite facility operated by an HCS provider

Texas Home Living (TxHmL) provides essential services and supports for people with ID as an alternative to living in an ICF/IID. Recipients must live in their own home or their family's home. A comprehensive list of settings in which TxHmL services are provided follows:

- Residential
 - ▶ recipient's own home or family's home
- Non-residential
 - ▶ community settings open to the public including shopping areas, places of employment, parks, and public recreation facilities
 - ▶ day habilitation settings
- Respite
 - ▶ residence of an individual or the respite care provider
 - ▶ day or overnight camp open to the public and accredited by the American Camping Association
 - ▶ residences in which host home/companion care, supervised living, or residential support are provided
 - ▶ group respite facility operated by an HCS provider

Youth Empowerment Services (YES) waiver provides HCBS to children and youth age three through age 18 with serious emotional disturbance who reside in a non-institutional setting with the individual's legally authorized representative or in the youth's own home, if legally emancipated. A comprehensive list of settings in which YES services are provided follows:

- Residential

- ▶ recipient's own home or family's home
- Non-residential
 - ▶ community settings open to the public including shopping areas, places of employment, parks, and public recreation facilities
- Respite
 - ▶ residence of an individual or the respite care provider
 - ▶ foster home
 - ▶ day or overnight camps open to the public and accredited by the American Camping Association or licensed by DFPS
 - ▶ licensed General Residential Operation
 - ▶ licensed child care center

The Texas Healthcare Transformation Quality Improvement Program 1115 Demonstration waiver ("the Demonstration waiver") provides HCBS under the State of Texas Access Reform PLUS Home and Community Based Services program (STAR+PLUS HCBS) as an alternative to institutional care in Medicaid-certified nursing facilities. A comprehensive list of settings in which STAR+PLUS HCBS services are provided follows:

- Residential
 - ▶ recipient's own home or family's home
 - ▶ ALF
 - ▶ adult foster care (AFC) home
- Non-residential
 - ▶ community settings open to the public including shopping areas, places of employment, parks, and public recreation facilities
- Respite
 - ▶ residence of an individual
 - ▶ nursing facility
 - ▶ ALF
 - ▶ AFC home

The Medically Dependent Children Program (MDCP) provides HCBS to support families caring for children who are medically dependent as an alternative to institutional care in Medicaid-certified nursing facilities. Recipients must live in their own home, their family's home, or a foster care home. On November 1, 2016, Texas implemented the State of Texas Access Reform Kids (STAR Kids) program, a managed care program for children with disabilities. MDCP is now part of STAR Kids and is operated under the authority of an 1115/1915(c) combo waiver. A comprehensive list of settings in which MDCP services are provided follows:

- Residential
 - ▶ recipient's own home or family's home, which includes residing in a CPS agency foster home
- Non-residential
 - ▶ community settings open to the public including shopping areas, child care facilities, places of employment, parks, and public recreation facilities
- Respite
 - ▶ agency foster home setting
 - ▶ hospital or specialty care facility
 - ▶ day or overnight camps open to the public and accredited by the American Camping Association
 - ▶ NF
 - ▶ child day care facility

Community Based Alternatives (CBA) provided services to individuals who met medical necessity level of care for nursing facilities. Effective September 1, 2014, all individuals in the CBA program began receiving services through the STAR+PLUS HCBS component of the Demonstration waiver. HCBS setting requirements will be addressed in the Demonstration waiver.

Home and Community-Based Services—Adult Mental Health Program (HCBS-AMH) 1915(i) provides specialized supports through the provision of home and community-based services (HCBS) to adults with a diagnosis of serious mental illness and extended tenure in psychiatric hospitals, as well as those persons with frequent arrests or Emergency Department visits. The HCBS-AMH program provides an array of services appropriate to each individual's needs, to enable these individuals to live and experience successful tenure in their community. HHSC submitted the 1915(i) State Plan Amendment (SPA) serving participants in the long-term psychiatric population on July 22, 2014, after the March 17, 2014 effective date of the new HCBS settings requirements under 42 CFR §441.301. Accordingly, the submission of a transition plan does not apply to this program. CMS approved this SPA on October 13, 2015, and noted in its approval letter that the state's description of the settings and the state's process for assuring that HCBS requirements would be met "were satisfactory." As such, HCBS-AMH is not part of this transition plan.

Community First Choice—On June 1, 2015, Texas began offering Community First Choice (CFC) services to eligible individuals statewide. Because the services were implemented after the effective date of the settings requirements,

compliance was required beginning day one and remediation is not necessary.
As such, CFC is not part of this transition plan.

Assessment

The state's assessment process included a systemic internal review of the state's regulations, standards, policies, licensing requirements, and other provider requirements and an external assessment including provider self-assessments and individual surveys. In developing the survey instruments, the state ensured all aspects of the HCBS settings rule were included. Certain 1915(c) waivers, such as CLASS, TxHmL, and MDCP, serve individuals who reside in their own homes or family homes so external assessments for these waivers were not performed. However, internal assessments of rules and policies were performed across all waivers. It is also important to note that the non-residential remediation strategy will impact TxHmL.

Systemic Internal Assessment

HHSC completed an internal review of the extent to which its rules, regulations, standards, policies, licensing requirements, and other provider requirements ensure settings comport with the HCBS federal regulations. Specific information regarding the outcome of the internal review is outlined in Appendix I. The systemic internal review of rules, policies, and oversight processes governing the 1915(c) waivers to determine areas of compliance, non-compliance, or silence was completed in September 2014. The systemic internal review of the Demonstration waiver was completed one year later in September 2015. The delay was a result of updated guidance from CMS that 1115 waivers through which HCBS is delivered are subject to the regulation.

Internal Assessment Assumptions

Texas presumes the provision of HCBS settings in the individual's own home, family home, or a non-disability specific location open to the public (such as libraries, shopping malls, and non-disability specific camps) comply with the settings requirements. In addition, CMS has indicated its intent to permit states to use institutional settings for the provision of respite services on a short-term basis. States are not required to assess settings that are exclusively used for respite services for compliance with HCBS settings requirements. Thus, HHSC did not assess NFs, ICF/IIDs, General Residential Operations or child-care centers in which out-of-home respite care is provided on a short-term basis.

Systemic Internal Assessment for the YES Waiver

HHSC conducted a systemic internal assessment of YES settings, which included a review of the settings requirements language in the waiver itself and a crosswalk of state rules; program rules; internal policies; provider policies; and forms, documents, and publications. HHSC determined existing state standards meet the federal settings requirement; the state's oversight process is adequate to ensure compliance; and, therefore, any settings currently approved under the state's standards meet the federal settings requirement.

Based on the systemic internal assessment and because the YES Waiver is a HCBS waiver in which the settings for services are either the participant's own home, a foster home, or a public place, HHSC determined that an external assessment is not warranted.

One YES Waiver service is provided in a home other than that of the waiver participant: Supportive Family-Based Alternatives. The Supportive Family-Based Alternatives service provides a model for appropriate behaviors for a waiver participant's family, with an objective of the waiver participant returning to live with his or her own family and community. The participant temporarily (for less than 90 days) leaves the participant's own home to live in a foster home verified by a DFPS licensed child placing agency. The service must be pre-authorized by HHSC prior to the provision of the service and can be authorized only for a maximum of 90 consecutive or cumulative days, per year. The settings requirements in the waiver specify that the foster home must be a typical residence in the community and that it must provide an environment that assures the community integration of the waiver participant. The waiver also requires that the service include facilitation of inclusion in community activities, participation in leisure activities, and development of socially valued behaviors. As of November 2015, no waiver participant has ever utilized Supportive Family-Based Alternatives, thus HHSC has neither providers nor participants to assess as part of an external assessment. If this service is utilized in the future, HHSC will require that pre-authorization requests for Supportive Family-Based Alternatives include an affirmative statement that the setting meets all federal HCBS, waiver, and program setting requirements. In addition, as part of the audit process for the waiver, HHSC will monitor compliance by reviewing documentation of the provision of the service. The provision of service documentation requirements include service name and description; service location; individual's response to the service; individual's progress; and a summary of activities, meals, and behaviors during the service.

External Assessment

The systemic internal assessment of the HCS, DBMD, and STAR+PLUS HCBS programs indicated a need for an external assessment. As a result, HHSC conducted external assessment activities for the 1915(c) waivers and the STAR+PLUS HCBS services delivered under the 1115 Demonstration waiver. For purposes of this proposal, references to residential provider include HCS three-person and four-person homes; HCS host home/companion care; DBMD ALFs and one to three-person homes; and STAR+PLUS HCBS ALFs and AFC. Results of the external assessments can be found in Appendix II.

Provider Self-Assessment Surveys

Fee-for-Service Programs

To validate the results of the systemic internal assessment, HHSC released a provider self-assessment to a representative sample of residential and non-residential providers in the HCS, TxHmL, and DBMD programs. Participation in the assessment was mandatory and not anonymous. The sampling methodology for the 1915(c) waivers is in Appendix II of the STP.

The provider self-assessment was based on the exploratory questions provided by CMS with input from external stakeholders and was developed in conjunction with providers, provider associations, and advocacy organizations to ensure a comprehensive approach. The provider assessment was ongoing through mid-July 2016. 237 non-residential providers and 1,005 residential providers responded. To ensure the assessment results accurately represented the small DBMD program, a follow-up self-assessment was released in November 2017.

Managed Long Term Services and Supports (MLTSS) Programs

To validate the results of the systemic internal assessment of the STAR+PLUS HCBS services delivered under the 1115 Demonstration waiver, HHSC released a provider self-assessment survey based on CMS exploratory questions. Non-responsive providers were considered noncompliant and will be subject to remediation. HHSC developed a self-assessment for ALF and AFC providers. The provider self-assessment was designed for direct support professionals who work directly with individuals. Participation in the assessment was mandatory and not anonymous. HHSC received about 150 responses.

Participant Surveys

Fee-for-Service Programs

To validate the provider self-assessment surveys, legacy DADS conducted a participant survey of individuals receiving services. The survey was based on the questions asked in the provider self-assessment. Unlike providers, program participants were able to refuse to participate in the survey.

HCS

DADS contracted with Texas A&M University to survey individuals in the HCS waiver. 1,685 surveys were completed. Residential assessment focused on three-person and four-person homes and host home/companion home settings in the HCS waiver. Non-residential assessment focused on day habilitation and employment services if the day habilitation provider also provided those services.

DBMD

DBMD is a much smaller program with an even smaller number of individuals living or receiving services in a provider owned or controlled setting. This population also has very specific communication challenges. To best capture individual feedback, a state employee with experience with this population conducted the individual interviews. Fifty individuals receiving services in residential settings in DBMD participated in HCBS surveys between December 2017 – March 2018. Individuals were observed in their home environments and were present and participated as much as possible.

MLTSS Programs

To validate the provider self-assessment for the STAR+PLUS HCBS services, HHSC contracted with the Texas External Quality Review Organization (EQRO) to survey a representative sample of individuals receiving relevant services. Between July 2016 and September 2016, face-to-face interviews were conducted with individuals enrolled in STAR+PLUS HCBS and receiving assisted living or AFC services. The survey was based on the questions asked in the provider self-assessment and was administered in face-to-face interviews similar to the process used to conduct the National Core Indicators (NCI) and Participant Experience Surveys (PES).

Service Coordinator/Case Manager Survey

Providers of residential and other services often have little formal or official responsibilities regarding the individual's opportunities to choose providers or services. The most influence in that area is exercised by the service coordinators employed by the local intellectual and developmental disability authorities (LIDDAs) or MCOs, and case managers employed by the DBMD provider agencies and CLASS case management agencies.

Providers are responsible for ensuring personal preferences are met in the provision of services, but it is primarily the responsibility of the service coordinator or case manager to ensure an individual has choice among providers. Because the service coordinator is responsible for convening the service planning team to develop the person-centered plan and make any changes as needed, it was important to obtain the service coordinators perspective on individual choice and the person-centered planning process.

Fee-for-Service Programs

A survey was developed based on the exploratory questions provided by CMS. HHSC included all service coordinators and case managers currently working with program participants. Legacy DADS received 444 completed surveys from service coordinators and case managers across programs.

MLTSS Programs

HHSC released a self-assessment tool based on the exploratory questions provided by CMS for MCO service coordinators. The self-assessment was required for all STAR+PLUS service coordinators.

External Assessment Results

HHSC used a threshold of 86% to demonstrate compliance with components of the setting rule. This threshold was chosen because it is the CMS threshold for HCBS performance measurement. HHSC also flagged results with greater than ten percent difference between individual and provider responses to same or similar questions. Because the DBMD survey of individuals was completed by one person and involved a more qualitative approach, results were considered differently. Results were generally consistent across programs, including between managed care and fee-for-service programs.

General Findings

Community Access

- Transportation appears to be a potential barrier to accessing the community regularly.

Individual Choice

- Based on assessment results, there is a need to ensure that individuals understand they may visit and are supported to visit different residential settings and different homes within setting types prior to making a final decision on where to live.
- Stakeholder discussion also highlighted the need to improve resources available to help individuals make more informed choices about where they would like to live.
- HHSC must ensure rules, policies, and training resources support individuals in the person-centered service planning process.
- Individuals with IDD are interested in obtaining employment.

Rights and Dignity

- HHSC must ensure individuals and legal guardians understand individuals have a right to privacy and must educate providers on what this looks like in practice.
- In DBMD, it was noted that most staff working directly with individuals in DBMD are not able to communicate in the individual's preferred mode.

- Individuals can have visitors when they want to and, generally speaking, their visitors have access to the entire home, but most providers require visitors to somehow sign-in or otherwise notify staff when they arrive.

Individual Autonomy

- A challenge in any communal environment is avoiding regimented daily activities. Providers should increase opportunities for autonomy in how individuals schedule their days.
- An area for improvement is increasing individual control of resources.
- The number of individuals in STAR+PLUS HCBS who are asked if they would like a job should increase.

Remediation

Federal Requirements for Remediation Activity

The remediation strategy describes the actions HHSC proposes to ensure initial and on-going compliance with the HCBS settings requirements, including timelines, milestones, and monitoring processes. Remedial actions may include new requirements promulgated in statute, rules, licensing standards, or provider qualifications; revised service definitions and standards; revised training requirements or programs; or plans to relocate individuals to settings that are compliant with the regulations.

HHSC has included the following in its STP: (1) remedial action(s) to come into compliance, such as proposing new state regulations or revising existing ones, revising provider requirements, conducting statewide provider training on the new state standards; and (2) a timeframe for completing these actions. As a part of HHSC remediation activities, HHSC will also develop (as necessary) or revise compliance monitoring processes and tools.

Remediation Overview

- **Rule and policy revisions under 1915(c) waivers:** Multiple programs will require rule revisions. State rule revisions require extensive input from stakeholders including providers, advocates, individuals receiving services, legally authorized representatives, and other interested parties. Stakeholders are given the following opportunities to review draft rule language and provide comments prior to rules becoming effective: (1) through public comment on rule drafts that are made available on agency websites; (2) through public testimony before the Medical Care Advisory Committee, which meets four times a year; (3) through public testimony before the HHSC Council, which meets four times a year; and (4) during the formal 30-day public comment process outlined in statute. Policy manual revisions are also shared externally, and stakeholders are asked to provide comments on drafts of the policy before it becomes effective.
- **Contract changes:** STAR+PLUS HCBS managed care contract revisions may be necessary. The contract change process takes approximately one year to complete and includes CMS review. Managed care contracts are typically updated once a year. Once the contract is final, it is posted to HHSC's website.

- **Revisions to provider oversight processes:** Various monitoring tools and processes will be revised to reflect changes in rule and policy to ensure ongoing provider compliance with HCBS regulations. This includes updates to MCO provider manuals and provider contracts.
- **Individual rights:** Written guidance concerning individual rights and responsibilities in fee-for-service and MLTSS will be revised as necessary to ensure individuals receiving services understand their rights and know how to file a complaint with HHSC or the MCOs if there are restrictions being imposed on rights without adequate discussion and documentation through the person-centered planning process.
- **MCO education:** HHSC will educate MCOs on contract and policy changes. HHSC will have regular conference calls and in-person meetings with MCOs.
- **Provider education:** Providers will have multiple opportunities to learn about the new regulations and understand rule and policy changes. HHSC will offer webinars as a main source for provider education in addition to revising new provider orientation curriculum. Public forums will also be held to educate stakeholders and provide opportunities for public input.

Additional training and resources will be developed and readily available for residential staff working with individuals in DBMD. More than one staff person expressed a loss when a seasoned DBMD provider staff person retired or left for another opportunity. This circumstance should not have a significant impact on day-to-day operations.

Service-Specific Remediation

Day Habilitation (Fee-for-Service)

Federal Rule	Proposed Remediation Activity
<p>42 CFR 441.301(c)(4)(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<ul style="list-style-type: none"> • Contingent on approval pursuant to HHSC Rider 21 in the 2020-21 General Appropriations Act (HB 1, 86th Legislature, Regular Session, 2019), HHSC will replace the current day program service (day habilitation) with more integrated services that maximize participation and integration in the community. • Assessment results indicate strong interest among individuals regarding employment opportunities. The following will be pursued: <ul style="list-style-type: none"> ▶ Oversight of person-centered planning process will ensure current employment first policies are followed. ▶ Increase training of service coordinators and case managers. ▶ HHSC will continue efforts to bridge gaps between vocational rehabilitation services and HCBS employment services. ▶ HHSC will explicitly require residential providers to support individuals who work or would like to work.
<p>42 CFR 441.301(c)(4)(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<ul style="list-style-type: none"> • The setting options are identified and documented in the person-centered service plan and are based on the individual's needs and preferences. • Remediated day habilitation services will focus on the outcomes identified in person-centered plans more than in the current day habilitation service. • An individual's choice to receive day program services will be documented in the person-centered service plan based on the individual's needs and preferences.
<p>42 CFR 441.301(c)(4)(iii) Home and community-based settings must... ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<ul style="list-style-type: none"> • Existing rules and policies for individual rights provide a solid framework for HCBS compliance. • Where improvement is necessary, provider education on existing rules and policies is expected to improve performance.
<p>42 CFR 441.301(c)(4)(iv) 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.</p>	<ul style="list-style-type: none"> • Contingent on approval pursuant to HHSC Rider 21 in the 2020-21 General Appropriations Act (HB 1, 86th Legislature, Regular Session, 2019), HHSC will replace the current day program service (day habilitation) with more integrated services that maximize participation and integration in the community.
<p>42 CFR 441.301(c)(4)(v) Facilitates individual choice regarding services and supports, and who provides them.</p>	<ul style="list-style-type: none"> • An individual's choice to receive day program services will be documented in the person-centered service plan based on the individual's needs and preferences.

Residential (Fee-for-Service)

Federal Rule	Proposed Remediation Activity
<p>42 CFR 441.301(c)(4)(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<ul style="list-style-type: none"> • While HHSC cannot create public transportation if it is not available, HHSC will explore available options to address transportation needs and allow individuals further integration into the community as required by the HCBS setting regulation (42 CFR 441.301(c)(4)(i)).
<p>42 CFR 441.301(c)(4)(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<ul style="list-style-type: none"> • HHSC will ensure rules and policy fully support individuals' knowing their rights regarding choice of comprehensive waiver providers, specific service providers to the degree these are available, and the residential settings from which the individual can choose. • HHSC will modify rules to explicitly set these standards, and monitoring processes as necessary to ensure compliance and the role of the service coordinator in providing education and support to change providers or settings. • HHSC will improve the accessibility of information and tools it provides for individuals and professionals.
<p>42 CFR 441.301(c)(4)(iii) Home and community-based settings must...ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<ul style="list-style-type: none"> • Existing rules and policies for individual rights provide a solid framework for HCBS compliance. Where improvement is necessary, provider education on existing rules and policies is expected to improve performance. • Individuals must have the ability to ensure privacy by locking bedroom and bathroom doors and by having privacy when receiving assistance with all hygiene activities unless restrictions are indicated in the service plan as described above. • Individuals must have access to a telephone at the individual's discretion unless otherwise indicated as a restriction in an individual service plan, including having the ability to make and receive phone calls in private. • Rules will be modified to explicitly set these standards, and monitoring processes will be modified as necessary to ensure compliance with the rule.

Federal Rule	Proposed Remediation Activity
<p>42 CFR 441.301(c)(4)(iv) 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.</p>	<ul style="list-style-type: none"> • Rather than staff or provider-imposed schedules and rules, individuals living in a residential setting should work out together, with the help of staff and other trusted allies selected by the individual as needed, preferred schedules and house rules that allow all residents to meet their needs, preferences, and personal outcomes. This includes decisions related to daily routines, meals, visitors, and other regular household activities. • Providers will understand that any restrictions placed on an individual, such as a curfew, limiting access to individual financial resources, or limiting access to food, must be based on that individual’s assessed need and must be imposed only on that individual. • Any restrictions must be included in an individual’s service plan and must be documented in accordance with 42 CFR 441.301(c)(4)(vi)(F). HHSC will modify rules to explicitly set these standards, and monitoring processes as necessary to ensure compliance with 42 CFR 441.301(c)(4)(iv).
<p>42 CFR 441.301(c)(4)(v) Facilitates individual choice regarding services and supports, and who provides them.</p>	<ul style="list-style-type: none"> • Existing provider staff and service coordinators will support individuals living in a provider-owned or controlled residential setting to identify what they perceive as important in a direct care worker and help the individuals interact with the applicant to determine how he or she meets those qualifications. HHSC will modify rules to explicitly set these standards, and monitoring processes as necessary to ensure compliance with 42 CFR 441.301(c)(4)(v).
<p>42 CFR 441.301(c)(4)(vi)(A) In a provider-owned or controlled residential setting...The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, HHSC must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</p>	<ul style="list-style-type: none"> • HHSC is developing a document that will serve the purpose of a lease and that can be used uniformly by all residential providers. Individuals will be supported to make the best decision for themselves based on the information available in the lease and their personal goals and preferences. • HHSC will modify rules to explicitly reference lease requirements, and monitoring processes as necessary to ensure compliance with 42 CFR 441.301(c)(4)(vi)(A).

Federal Rule	Proposed Remediation Activity
<p>42 CFR 441.301(c)(4)(vi)(B)(1) In a provider-owned or controlled residential setting...Each individual has privacy in their sleeping or living unit [and] units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<ul style="list-style-type: none"> Existing rules and policies for individual rights provide a solid framework for HCBS compliance. Where improvement is necessary, provider education on existing rules and policies is expected to improve performance.
<p>42 CFR 441.301(c)(4)(vi)(B)(2) In a provider-owned or controlled residential setting...Individuals sharing units have a choice of roommates in that setting.</p>	<ul style="list-style-type: none"> Existing rules and policies for individual rights provide a solid framework for HCBS compliance. Where improvement is necessary, provider education on existing rules and policies is expected to improve performance.
<p>42 CFR 441.301(c)(4)(vi)(B)(3) In a provider-owned or controlled residential setting...Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<ul style="list-style-type: none"> Existing rules and policies for individual rights provide a solid framework for HCBS compliance. Where improvement is necessary, provider education on existing rules and policies is expected to improve performance.
<p>42 CFR 441.301(c)(4)(vi)(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.</p>	<ul style="list-style-type: none"> Any restrictions must be included in an individual’s service plan and must be documented in accordance with 42 CFR 441.301(c)(4)(vi)(F). Providers will understand that any restrictions placed on an individual, such as a curfew, limiting access to individual financial resources, or limiting access to food, must be based on that individual’s assessed need and must be imposed only on that individual. HHSC will modify rules to explicitly set these standards, and monitoring processes as necessary to ensure compliance with 42 CFR 441.301(c)(4)(iv).
<p>42 CFR 441.301(c)(4)(vi)(D) Individuals are able to have visitors of their choosing at any time.</p>	<ul style="list-style-type: none"> Any restrictions must be included in an individual’s service plan and must be documented in accordance with 42 CFR 441.301(c)(4)(vi)(F). Providers will understand that any restrictions placed on an individual, such as a curfew, limiting access to individual financial resources, or limiting access to food, must be based on that individual’s assessed need and must be imposed only on that individual. HHSC will modify rules to explicitly set these standards, and monitoring processes as necessary to ensure compliance with 42 CFR 441.301(c)(4)(iv).
<p>42 CFR 441.301(c)(4)(vi)(E) The setting is physically accessible to the individual.</p>	<ul style="list-style-type: none"> All settings will meet state and federal accessibility standards.

Federal Rule	Proposed Remediation Activity
<p>42 CFR 441.301(c)(4)(vi)(F) Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:</p> <ul style="list-style-type: none"> • Identify a specific and individualized assessed need. • Document the positive interventions and supports used prior to any modifications to the person-centered service plan. • Document less intrusive methods of meeting the need that have been tried but did not work. • Include a clear description of the condition that is directly proportionate to the specific assessed need. • Include regular collection and review of data to measure the ongoing effectiveness of the modification. • Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. • Include the informed consent of the individual. • Include an assurance that interventions and supports will cause no harm to the individual. 	<ul style="list-style-type: none"> • Providers will understand that any restrictions placed on an individual, such as a curfew, limiting access to individual financial resources, or limiting access to food, must be based on that individual’s assessed need and must be imposed only on that individual. • Any restrictions must be included in an individual’s service plan and must be documented in accordance with 42 CFR 441.301(c)(4)(vi)(F). • HHSC will modify rules to explicitly set these standards, and monitoring processes as necessary to ensure compliance with 42 CFR 441.301(c)(4)(iv).

Residential (MLTSS)

Federal Rule	Proposed Remediation Activity
<p>42 CFR 441.301(c)(4)(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<ul style="list-style-type: none"> • While HHSC cannot create public transportation if it is not available, HHSC can explore available options to address transportation needs as required by the HCBS setting regulation.

Federal Rule	Proposed Remediation Activity
<p>42 CFR 441.301(c)(4)(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<ul style="list-style-type: none"> ● HHSC will ensure rules and policy fully support individuals' knowing their rights regarding choice of MCOs, providers, and residential settings from which the individual can choose. ● HHSC will modify rules to explicitly set these standards, and monitoring processes as necessary to ensure compliance and the role of the service coordinator in providing education and support to change providers or settings. ● HHSC will improve the accessibility of information and tools it provides for individuals and professionals to use when choosing a home.
<p>42 CFR 441.301(c)(4)(iii) Home and community-based settings must...ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<ul style="list-style-type: none"> ● Existing rules and policies for individual rights provide a solid framework for HCBS compliance. Where improvement is necessary, provider education on existing rules and policies is expected to improve performance.
<p>42 CFR 441.301(c)(4)(iv) 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.</p>	<ul style="list-style-type: none"> ● Any restrictions must be included in an individual's service plan and must be documented in accordance with 42 CFR 441.301(c)(4)(vi)(F). Providers will understand that any restrictions placed on an individual, such as a curfew, limiting access to individual financial resources, or limiting access to food, must be based on that individual's assessed need and must be imposed only on that individual. ● HHSC will modify rules to explicitly set these standards, and monitoring processes as necessary to ensure compliance with 42 CFR 441.301(c)(4)(iv).
<p>42 CFR 441.301(c)(4)(v) Facilitates individual choice regarding services and supports, and who provides them.</p>	<ul style="list-style-type: none"> ● Any restrictions must be included in an individual's service plan and must be documented in accordance with 42 CFR 441.301(c)(4)(vi)(F). Providers will understand that any restrictions placed on an individual, such as a curfew, limiting access to individual financial resources, or limiting access to food, must be based on that individual's assessed need and must be imposed only on that individual. ● HHSC will modify rules, MCO contracts, and MCO handbooks, as appropriate, to explicitly set these standards, and monitoring processes as necessary to routinely evaluate the effectiveness of the rules and to ensure compliance.

Federal Rule	Proposed Remediation Activity
<p>42 CFR 441.301(c)(4)(vi)(A) In a provider-owned or controlled residential setting...The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, HHSC must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</p>	<ul style="list-style-type: none"> ● HHSC is developing a document that will serve the purpose of a lease and that can be used uniformly by all residential providers. ● Individuals will be supported to make the best decision for themselves based on the information available in the lease and their personal goals and preferences. ● HHSC will modify rules to explicitly reference lease requirements, and monitoring processes as necessary to ensure compliance with 42 CFR 441.301(c)(4)(vi)(A).
<p>42 CFR 441.301(c)(4)(vi)(B)(1) In a provider-owned or controlled residential setting...Each individual has privacy in their sleeping or living unit [and] units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<ul style="list-style-type: none"> ● Existing rules and policies for individual rights provide a solid framework for HCBS compliance. Where improvement is necessary, provider education on existing rules and policies is expected to improve performance.
<p>42 CFR 441.301(c)(4)(vi)(B)(2) In a provider-owned or controlled residential setting...Individuals sharing units have a choice of roommates in that setting.</p>	<ul style="list-style-type: none"> ● Existing rules and policies for individual rights provide a solid framework for HCBS compliance. Where improvement is necessary, provider education on existing rules and policies is expected to improve performance.
<p>42 CFR 441.301(c)(4)(vi)(B)(3) In a provider-owned or controlled residential setting... Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<ul style="list-style-type: none"> ● Existing rules and policies for individual rights provide a solid framework for HCBS compliance. Where improvement is necessary, provider education on existing rules and policies is expected to improve performance.

Federal Rule	Proposed Remediation Activity
<p>42 CFR 441.301(c)(4)(vi)(C) Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.</p>	<ul style="list-style-type: none"> ● Any restrictions must be included in an individual’s service plan and must be documented in accordance with 42 CFR 441.301(c)(4)(vi)(F). Providers will understand that any restrictions placed on an individual, such as a curfew, limiting access to individual financial resources, or limiting access to food, must be based on that individual’s assessed need and must be imposed only on that individual. ● HHSC will modify rules, MCO contracts, and MCO handbooks, as appropriate, to explicitly set these standards, and monitoring processes as necessary to routinely evaluate the effectiveness of the rules and to ensure compliance.
<p>42 CFR 441.301(c)(4)(vi)(D) Individuals are able to have visitors of their choosing at any time.</p>	<ul style="list-style-type: none"> ● Any restrictions must be included in an individual’s service plan and must be documented in accordance with 42 CFR 441.301(c)(4)(vi)(F). Providers will understand that any restrictions placed on an individual, such as a curfew, limiting access to individual financial resources, or limiting access to food, must be based on that individual’s assessed need and must be imposed only on that individual. ● HHSC will modify rules, MCO contracts, and MCO handbooks, as appropriate, to explicitly set these standards, and monitoring processes as necessary to routinely evaluate the effectiveness of the rules and to ensure compliance.
<p>42 CFR 441.301(c)(4)(vi)(E) The setting is physically accessible to the individual.</p>	<ul style="list-style-type: none"> ● All settings will meet state and federal accessibility standards.

Federal Rule	Proposed Remediation Activity
<p>42 CFR 441.301(c)(4)(vi)(F) Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:</p> <ul style="list-style-type: none"> • Identify a specific and individualized assessed need. • Document the positive interventions and supports used prior to any modifications to the person-centered service plan. • Document less intrusive methods of meeting the need that have been tried but did not work. • Include a clear description of the condition that is directly proportionate to the specific assessed need. • Include regular collection and review of data to measure the ongoing effectiveness of the modification. • Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. • Include the informed consent of the individual. • Include an assurance that interventions and supports will cause no harm to the individual. 	<ul style="list-style-type: none"> • Any restrictions must be included in an individual’s service plan and must be documented in accordance with 42 CFR 441.301(c)(4)(vi)(F). Providers will understand that any restrictions placed on an individual, such as a curfew, limiting access to individual financial resources, or limiting access to food, must be based on that individual’s assessed need and must be imposed only on that individual. • HHSC will modify rules, MCO contracts, and MCO handbooks, as appropriate, will be modified to explicitly set these standards, and monitoring processes will be modified as necessary to routinely evaluate the effectiveness of the rules and to ensure compliance.

Monitoring

HHSC will conduct site-specific evaluations through existing processes such as licensing reviews, provider qualifications reviews, or service coordination visit reports. Evaluations may also be conducted by entities such as state personnel, service coordinators, licensing entities, or MCOs.

Fee-for-service Programs

CLASS: Contract staff conduct on-site contract monitoring to determine whether a contractor is in compliance with the terms of the contract, which requires compliance with applicable federal and state laws, rules, and regulations; provider manuals and handbooks; billing guidelines; service documentation requirements; and communications promulgated by HHSC such as information letters and program requirements. HHSC is responsible for developing and maintaining a monitoring schedule that ensures monitoring activities are conducted in accordance with the required monitoring frequency. HHSC may also conduct reviews on receipt of a complaint, death, report of abuse, neglect, or exploitation (ANE), or for monitoring visits to any location in that contract. Please refer to the [CLASS waiver application](#) for complete details of program monitoring.

DBMD: Contract staff conduct on-site contract monitoring to determine whether a contractor is in compliance with the terms of the contract, which requires compliance with applicable federal and state laws, rules, and regulations; provider manuals and handbooks; billing guidelines; service documentation requirements; and communications promulgated by HHSC such as information letters and program requirements. HHSC is responsible for developing and maintaining a monitoring schedule that ensures monitoring activities are conducted in accordance with the required monitoring frequency. HHSC may also conduct reviews on receipt of a complaint, death, report ANE, or for monitoring visits to any location in that contract. Please refer to the [DBMD waiver application](#) for complete details of program monitoring.

HCS, TxHmL: HHSC Regulatory staff (Waiver Survey and Certification) is responsible for conducting on-site certification reviews of each HCS and TxHmL program provider, at least annually, to evaluate evidence of the program provider's compliance with the certification principles. HHSC may also conduct reviews on

receipt of a complaint, death, report of ANE, or for monitoring visits to any location in that contract. HHSC completes onsite surveys for each residence in the HCS program providing Supervised Living, Residential Support Services, and Host Home/Companion Care, at least annually, to ensure the health, safety and welfare of the individuals. Please refer to the [HCS waiver application](#) or the [TxHmL waiver application](#) for complete details of program monitoring.

YES: HHSC staff is responsible for conducting on-site reviews of each comprehensive waiver provider, at least annually, to evaluate evidence of the program provider's compliance with YES program requirements. HHSC may also conduct reviews on receipt of a complaint, death, report of ANE, or for monitoring visits to any location in that contract. Please refer to the [YES waiver application](#) for complete details of program monitoring.

MLTSS Programs

MCOs are responsible for ongoing monitoring of providers settings to ensure compliance with the regulations. HHSC monitors the MCOs when new regulations, services, or programs come under the contractual obligation of the MCO and conducts ongoing monitoring of the MCOs' compliance with the contract. Upon implementation of a new regulation, service, or program, the State: meets with the MCOs regularly to educate, answer questions, and ensure a common understanding of what is expected; requires deliverables and assurances that the MCOs will be in compliance with the contractual obligation by the implementation date; conducts reviews of any MCO materials that may change as a result of implementation (e.g., provider manuals, member handbooks); and conducts onsite reviews of the MCOs (as needed). Ongoing monitoring of the MCOs includes frequent communication via conference calls, emails, meetings; quarterly reporting; onsite reviews (as needed); and assessment of corrective action plans or liquidated damages. HHSC will develop a monitoring tool that the MCOs may use to ensure their contracted providers are compliant with HCBS rules.

Utilization management review is conducted through onsite reviews of the MCO records related to STAR+PLUS HCBS and STAR Kids MDCP assessments, service coordination planning, and timeliness. HHSC also documents living arrangements, looks at service provision, and refers non-compliance issues to the appropriate entity.

Beginning in September 2017, HHSC implemented an operational review process that monitors MCO contract compliance through on-site visits and desk reviews.

The utilization review (UR) portion of the operational review provides oversight to ensure MCOs are using prior authorization and UR processes appropriately to reduce authorizations of unnecessary services and inappropriate use of services. In addition, the monitoring activities ensure MCO adherence to federal and state laws and rules, applicable HHSC contracts, and the MCO's internal policies. The UR department also conducts readiness and targeted reviews, as well as clinical reviews of individual cases in response to complaints or special requests. Beginning in September 2018, HHSC began expanding the scope of these reviews as well as the agency departments involved in the process.

NCI

Texas relies on member surveys for various programs, which will be critical in ensuring ongoing monitoring. The surveys currently in use in Texas are described below. While the specific tools may change, HHSC will continue to use direct participant feedback when determining the quality of service delivery.

- NCI Adult Consumer survey is administered to adult IDD services and supports recipients. Section I can be answered only by the consumer in a face-to-face interview. Section II contains questions that can be answered by the consumer or, if needed, by someone who knows the person well, such as a family member, friend, guardian, or advocate.
- NCI Child Family survey evaluates Medicaid waiver programs serving children with disabilities. Since these individuals are younger than 21 years, a caregiver is asked to provide information regarding overall experiences with the services and supports received. These surveys are administered by mail.
- PES Elderly/Disabled evaluates the experiences and satisfaction of older adults and adults with physical disabilities. The PES captures participant experiences using face-to-face interviews.

National Core Indicators-Aging and Disabilities (NCI-AD) collects member feedback on how their MLTSS impact their quality of life and health outcomes. Face-to-face surveys are conducted biennially with a sample of individuals receiving services or a proxy.

Heightened Scrutiny

Settings in the current 1915(c) waivers or HCBS delivered under the 1115 Demonstration waiver are presumed to be community-based settings according to the regulations. Possible exceptions may include day habilitation sites for 1915(c) waivers and ALFs delivered under the Demonstration waiver and the DBMD waiver. Based on analysis of findings of the provider and participant surveys, HHSC will require the following:

- From state supported living centers (SSLCs), a description of any HCBS services provided by the facility.
- From certain other settings, such as farm-based settings, a description of any HCBS services provided by the facility.
- From NFs, a description of any ALFs that are on the grounds of or attached to the facility. Responses will be reviewed by state staff. HHSC will also conduct a geographic analysis of ALFs.

In the 2020-21 General Appropriations Act, the Texas legislature directed HHSC to develop a plan to replace current day habilitation services in waiver programs for individuals with IDD with more integrated services (HB 1, 86th Legislature, Regular Session, 2019). HHSC must submit a plan to by January 1, 2021 for approval. If a new service is implemented by March 2022, it may not require heightened scrutiny. Due to the high number of day habilitation sites (estimated 1,000), if heightened scrutiny were required for day habilitation, Texas would provide a sample of day habilitation providers agreeable with CMS for review.. Heightened scrutiny findings would then be applied to all day habilitation sites. Additionally, the legislature approved a rate increase for day habilitation which demonstrates an investment in improving the quality of the service being delivered.

Any settings subjected to heightened scrutiny will have to complete any necessary remediation activities and demonstrate in writing to HHSC how they do or will comply with the HCBS regulation. HHSC believes that any setting that can fully comply with the substance of the rule, regardless of the physical location of the setting, should be able to continue delivering HCBS.

Any setting meeting the first two prongs for heightened scrutiny will be submitted to CMS, including a description of the setting's proximity to and facilitation of interactions with the larger community, how staff are trained and monitored in the settings criteria, and how they have or will come into compliance with the HCBS

regulation. Texas will submit: 1) a list of settings, 2) evidence of how the qualities are integrated in and support full access to the community, 3) evidence the setting is not operationally interconnected with any other facility setting, 4) evidence validating the setting does not have the effect of isolating individuals from their broader community, including types and frequency of participation in typical community activities, which fosters relationships with other community members not associated with the provider, and 5) evidence of information received through public input process.

Prior to submitting to CMS, HHSC will post online the list of settings determined to require heightened scrutiny. This posting will include justification why a presumptively institutional setting is home and community-based and does not have institutional characteristics and provide sufficient detail for members of the public to support or rebut. HHSC will use one electronic and one non-electronic form of public notice at a minimum and will allow the public a full 30 days to review/comment. HHSC will review public comments and, if necessary, revise the list of settings. A summary of the stakeholder comments and HHSC responses will be summarized in the heightened scrutiny submission to CMS. HHSC will educate stakeholders on the HS review process prior to posting the list of identified settings online. HHSC will also inform any settings included on the list prior to posting.

Relocation of Beneficiaries

HHSC does not anticipate residential providers failing to comply with the HCBS regulations. If this were to happen, HHSC will provide reasonable notice to individuals, their legally authorized representatives, and others regarding the need for relocation and the retention of Medicaid waiver services. HHSC will ensure individuals are given the opportunity, information, and supports to make an informed choice of alternate settings that align, or will align with, the regulations and that critical services and supports are in place prior to the individual's transition. HHSC will provide to CMS a description of the timeline for the relocation process and the number of individuals impacted.

HHSC will handle this scenario on an individual basis until all individuals are accounted for and successfully relocated. This approach would also be used in the event an individual(s) needed to be relocated, but the provider was not being terminated.

Texas will provide information to individuals who choose to remain in non-compliant settings, informing them that any setting that is not compliant with HCBS settings rule after March 2022 will no longer be eligible to serve Medicaid recipients, and choosing to remain in a non-compliant setting after this date will impact their ability to receive Medicaid services in this setting.

Fee-for-service Programs

In the event a provider is terminated from a program and individuals need to be relocated to another facility or home, HHSC will identify all affected residents and create a work plan that outlines the provider's plan for relocating the residents, including: where residents are being relocated; any new or additional services being put into place; and any other steps taken to ensure the individual's health, safety, continuity of care, and choice of provider. If access to services or providers are affected by the termination of a provider, HHSC will work to address this issue.

1915(c) waiver providers will be required to submit a relocation work plan at least 90 days prior to the compliance effective date.

MLTSS Programs

In the event a managed care provider is terminated from a network and individuals need to be relocated to another facility or home, HHSC requires the MCOs to

identify all affected members and submit a work plan to HHSC that outlines the MCO's plan for relocating the members, including: where members are being relocated; any new or additional services being put into place; and any other steps taken to ensure the member's health, safety, continuity of care, and choice of provider. HHSC requires MCOs to maintain a provider network sufficient to provide all members with access to the full range of covered services. An MCO's network must include all provider types in sufficient numbers, and with enough capacity, to provide timely access to all covered services to all members. If network access and adequacy is affected by the termination of a provider, HHSC will work with the MCOs to address this issue.

MCOs will be required to submit a relocation work plan at least 90 days prior to the compliance effective date.

List of Acronyms

Full Name	
AFC	Adult Foster Care
ALF	Assisted Living Facility
ANE	Abuse, Neglect and Exploitation
CBA	Community Based Alternatives
CFC	Community First Choice Option
CLASS	Community Living Assistance and Support Services
CMS	Centers for Medicare & Medicaid
DADS	Department of Aging and Disability Services
DBMD	Deaf Blind with Multiple Disabilities
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services
EQRO	External Quality Review Organization
FFS	Fee-for-service
HCS	Home and Community-based Services
HCBS	Home and Community Based Services

HCBS-AMH	Home and Community Based Services – Adult Mental Health
HHSC	Health and Human Services Commission
ICF/IID	Intermediate Care Facility for an Individual with an Intellectual Disability
ID	Intellectual Disability
IDD	Intellectual and Developmental Disabilities
IDD SRAC	Intellectual and Developmental Disabilities System Redesign Advisory Committee
IMD	Institutions for Mental Disease
LIDDA	Local Intellectual and Developmental Disability Authority
LTSS	Long-Term Services and Supports
MCO	Managed Care Organization
MDCP	Medically Dependent Children Program
MLTSS	Managed Long Term Services and Supports
NCI	National Core Indicators
NCI-AD	National Core Indicators – Aging and Disability
NF	Nursing Facility
PES	Participant Experience Survey

PNI	Public Notice of Intent
SSLC	State Supported Living Center
STAR Kids	State of Texas Access Reform Kids
STAR+PLUS HCBS	State of Texas Access Reform PLUS Home and Community Based Services
TxHmL	Texas Home Living
UR	Utilization Review
YES	Youth Empowerment Services

Appendix I. Systemic Internal Assessment Crosswalks

Community Living Assistance and Support Services (CLASS) Waiver

All state rule citations for the CLASS systemic/internal assessment can be found at [40 TAC Chapter 45](#) & [26 TAC Chapter 749](#).

CLASS Policy Manual can be found at the [CLASS Provider Manual](#).

If rules or policy manuals are silent or partially compliant, HHSC intends to amend them during the remediation phase. HHSC indicates partially compliant for rule and policy manual for areas HHSC is found to be partially in compliance with the HCBS Final Rules. HHSC indicates NA for areas where HCBS final rule is not applicable within the specified waiver service.

Federal Rule	Support/Continued Family Services (Residential)	Pre-Vocational Services (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>In home services are not provided in institutional settings 42 CFR 441.301(c)(5)</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • 45.531, Subchapter E, Division 3, Support Family Services • DFPS Minimum Standards for Child Placing Agencies; Children's Rights 749.1003(b)(1) <ul style="list-style-type: none"> ▸ Subchapter G <p>Policy Manual: Compliant:</p> <ul style="list-style-type: none"> • Section 1300 CLASS Program Eligibility <ul style="list-style-type: none"> ▸ Section 1000 	<p>Rules: Silent Policy Manual: Silent</p>	<p>Rules: Compliant</p> <ul style="list-style-type: none"> • §45.103 (104), Subchapter A, Definitions <p>Policy Manual: Compliant</p> <ul style="list-style-type: none"> • 7241 Supported Employment <ul style="list-style-type: none"> ▸ Section 7000 	<p>Rules: Compliant</p> <ul style="list-style-type: none"> • §45.103(38), Subchapter A, Definitions <p>Policy Manual: Compliant</p> <ul style="list-style-type: none"> • 7243 Employment Assistance <ul style="list-style-type: none"> ▸ Section 7000
<p>Out-of-home respite is not allowed in institutional settings (i.e. NF, hospitals, and ICFs). 42 CFR 441.301(c)(5)</p>	<p>Rules: Non-compliant Policy Manual: Silent</p> <p>NA--In-home respite is not provided in this setting; however, the waiver and rules provide for out-of-home respite in institutional settings.</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>

Federal Rule	Support/Continued Family Services (Residential)	Pre-Vocational Services (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Day habilitation is not allowed to be provided in settings that have institutional qualities. (includes pre-vocational services in CLASS) 42 CFR 441.301(c)(5)</p>	NA	<p>Rules: Silent Policy Manual: Non-compliant</p> <ul style="list-style-type: none"> • 7242 Prevocational Services <ul style="list-style-type: none"> ▸ Section 7000 	NA	NA
<p>Texas HCBS settings have entrance doors lockable by the individual, with only appropriate staff keys. 42 CFR 441.301(c)(4)(vi)(B)(1)</p>	<p>Rules: Silent Policy Manual: Silent</p>	NA	NA	NA
<p>Individuals sharing units in Texas HCBS settings have a choice of roommates in that setting. 42 CFR 441.301(c)(4)(vi)(B)(2)</p>	<p>Rules: Silent Policy Manual: Silent</p>	NA	NA	NA
<p>Individuals in Texas HCBS settings have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. 42 CFR 441.301(c)(4)(vi)(B)(3)</p>	<p>Rules: Silent Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000 	NA	NA	NA
<p>Individuals in Texas HCBS settings have the freedom and support to control their own schedules and activities and have access to food at any time. 42 CFR 441.301(c)(4)(vi)(C)</p>	<p>Rules: Silent Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction and Case Management Agency (CMA) <ul style="list-style-type: none"> ▸ Section 1000 • Section 2100: Case Management <ul style="list-style-type: none"> ▸ Section 2000 	<p>Rules: Silent Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction and Case Management Agency (CMA) <ul style="list-style-type: none"> ▸ Section 1000 • Section 2100: Case Management <ul style="list-style-type: none"> ▸ Section 2000 	<p>Rules: Silent Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction and Case Management Agency (CMA) <ul style="list-style-type: none"> ▸ Section 1000 • Section 2100: Case Management <ul style="list-style-type: none"> ▸ Section 2000 	<p>Rules: Silent Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction and Case Management Agency (CMA) <ul style="list-style-type: none"> ▸ Section 1000 • Section 2100: Case Management <ul style="list-style-type: none"> ▸ Section 2000

Federal Rule	Support/Continued Family Services (Residential)	Pre-Vocational Services (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Individuals in Texas HCBS settings are able to have visitors of their choosing at any time. 42 CFR 441.301(c)(4)(vi)(D)</p>	<p>Rules: Partial Compliance: 45.533, Subchapter E, Division 3, Support Family Duties Policy Manual: Partial Compliance: <ul style="list-style-type: none"> • Section 1000: Introduction and Case Management Agency (CMA) <ul style="list-style-type: none"> ▶ Section 1000 • 2100 Case Management <ul style="list-style-type: none"> ▶ Section 2000 </p>	NA	NA	NA
<p>Texas HCBS settings are physically accessible to the individual. 42 CFR 441.301(c)(4)(vi)(E)</p>	<p>Rules: Silent Policy Manual: Partial Compliance: <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▶ Section 1000 </p>	<p>Rules: Silent Policy Manual: Partial Compliance: <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▶ Section 1000 </p>	<p>Rules: Silent Policy Manual: Partial Compliance: <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▶ Section 1000 </p>	<p>Rules: Silent Policy Manual: Partial Compliance: <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▶ Section 1000 </p>
<p>Any modifications to privacy in Texas HCBS settings is supported by a specific assessed need and justified in the person-centered service plan. 42 CFR 441.301(c)(4)(vi)(F)</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • DFPS Minimum Standards-Children's Rights-749.1003(b)(8), (16), (21) <ul style="list-style-type: none"> ▶ Subchapter G Policy Manual: Partial Compliance: <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▶ Section 1000 </p>	<p>Rules: Silent Policy Manual: Partial Compliance: <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▶ Section 1000 </p>	<p>Rules: Silent Policy Manual: Partial Compliance: <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▶ Section 1000 </p>	<p>Rules: Silent Policy Manual: Partial Compliance: <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▶ Section 1000 </p>
<p>In Texas, modifications to individual privacy document the positive interventions and supports used prior to any modifications to the person-centered plan. 42 CFR 441.301(c)(4)(vi)(F)(2)</p>	<p>Rules: Silent Policy Manual: Silent:</p>	<p>Rules: Silent Policy Manual: Silent:</p>	<p>Rules: Silent Policy Manual: Silent:</p>	<p>Rules: Silent Policy Manual: Silent:</p>

Federal Rule	Support/Continued Family Services (Residential)	Pre-Vocational Services (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>In Texas, modifications to individual privacy document less intrusive methods of meeting the need that have been tried but did not work. 42 CFR 441.301(c)(4)(vi)(F)(3)</p>	<p>Rules: Silent Policy Manual: Silent:</p>			
<p>In Texas, modifications to individual privacy include a clear description of the condition that is directly proportionate to the specific assessed need. 42 CFR 441.301(c)(4)(vi)(F)(4)</p>	<p>Rules: Silent Policy Manual: Silent:</p>			
<p>In Texas, modifications to individual privacy include regular collection and review of data to measure the ongoing. 42 CFR 441.301(c)(4)(vi)(F)(5)</p>	<p>Rules: Silent Policy Manual: Silent:</p>			
<p>In Texas, modifications to individual privacy establish time limits for periodic reviews to determine if the modification is still necessary or can be terminated. 42 CFR 441.301(c)(4)(vi)(F)(6)</p>	<p>Rules: Silent Policy Manual: Silent:</p>			

Federal Rule	Support/Continued Family Services (Residential)	Pre-Vocational Services (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>In Texas, modifications to individual privacy include informed consent of the individual. 42 CFR 441.301(c)(4)(vi)(F)(7)</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • 45.214(c)-Development of Enrollment IPC <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 • 45.223 Renewal and Revision of IPC <ul style="list-style-type: none"> ▶ Subchapter B, Division 3 • DFPS Minimum Standards-Children's Rights-749.1003(b)(26) <ul style="list-style-type: none"> ▶ Subchapter G <p>Policy Manual: Compliant:</p> <ul style="list-style-type: none"> • 2300 Service Planning <ul style="list-style-type: none"> ▶ Section 2000 	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • 45.214(c)-Development of Enrollment IPC <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 • 45.223 Renewal and Revision of IPC <ul style="list-style-type: none"> ▶ Subchapter B, Division 3 • DFPS Minimum Standards-Children's Rights-749.1003(b)(26) <ul style="list-style-type: none"> ▶ Subchapter G <p>Policy Manual: Compliant:</p> <ul style="list-style-type: none"> • 2300 Service Planning <ul style="list-style-type: none"> ▶ Section 2000 	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • 45.214(c)-Development of Enrollment IPC <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 • 45.223 Renewal and Revision of IPC <ul style="list-style-type: none"> ▶ Subchapter B, Division 3 • DFPS Minimum Standards-Children's Rights-749.1003(b)(26) <ul style="list-style-type: none"> ▶ Subchapter G <p>Policy Manual: Compliant:</p> <ul style="list-style-type: none"> • 2300 Service Planning <ul style="list-style-type: none"> ▶ Section 2000 	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • 45.214(c)-Development of Enrollment IPC <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 • 45.223 Renewal and Revision of IPC <ul style="list-style-type: none"> ▶ Subchapter B, Division 3 • DFPS Minimum Standards-Children's Rights-749.1003(b)(26) <ul style="list-style-type: none"> ▶ Subchapter G <p>Policy Manual: Compliant:</p> <ul style="list-style-type: none"> • 2300 Service Planning <ul style="list-style-type: none"> ▶ Section 2000
<p>In Texas, modifications to individual privacy include assurances that interventions and supports will cause no harm to the individual. 42 CFR 441.301(c)(4)(vi)(F)(8)</p>	<p>Rules: Silent Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▶ Section 1000 	<p>Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▶ Section 1000 	<p>Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▶ Section 1000 	<p>Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▶ Section 1000
<p>Individuals are offered choice of residential setting options (including non-disability specific settings) within Texas waivers that offer residential services and an option for a private unit in a residential setting. 42 CFR 441.301(c)(4)(ii)</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • 45.214(c) Development of Enrollment IPC <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 <p>Policy Manual: Silent</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>

Federal Rule	Support/Continued Family Services (Residential)	Pre-Vocational Services (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Texas HCBS settings are integrated and support full access to the greater community (including employment/work) to the same degree of access an individual not receiving HCBS services has. 42 CFR 441.301(c)(4)(i)</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • 45.531(c) and (d)-Support Families, <ul style="list-style-type: none"> ▸ Subchapter E, Division 3 • DFPS Minimum Standards 749.1003(b)(1), (3)(9)(11)(B)-Children's Rights, <ul style="list-style-type: none"> ▸ Subchapter G <p>Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000 	<p>Rules: Silent Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000 	<p>Rules: Silent Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000 	<p>Rules: Silent Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000
<p>Texas HCBS settings allow individuals to engage in community life to the same degree of access as an individual not receiving HCBS services. 42 CFR 441.301(c)(4)(i)</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • 45.531(c) and (d) Support Families and 45.533(a)(9) Support Family Duties <ul style="list-style-type: none"> ▸ Subchapter E, Division 3 • DFPS Minimum Standards- 749.1003(b)(1), (3), (9)(11)(B) Children's Rights, Subchapter G <p>Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000 	<p>Rules: Silent Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000 	<p>Rules: Silent Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000 	<p>Rules: Silent Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000
<p>Texas HCBS settings allow individuals to control their personal resources to the same degree of access as an individual not receiving HCBS services. 42 CFR 441.301(c)(4)(i)</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • DFPS Minimum Standards 749.1003(b)(19) Children's Rights <ul style="list-style-type: none"> ▸ Subchapter G <p>Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000 Introduction <ul style="list-style-type: none"> ▸ Section 1000 	<p>NA</p>	<p>NA</p>	<p>NA</p>

Federal Rule	Support/Continued Family Services (Residential)	Pre-Vocational Services (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Texas HCBS settings allow individual's the right to privacy, dignity, respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • DFPS Minimum Standards-Children's Rights 749.1003(b) (8), (16), (21) <ul style="list-style-type: none"> ▸ Subchapter G <p>Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000 	<p>Rules: Silent</p> <p>Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000 	<p>Rules: Silent</p> <p>Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000 	<p>Rules: Silent</p> <p>Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000
<p>Texas HCBS settings optimize individual initiative, autonomy, and independence in making life choices, (i.e. daily activities, environment and who they interact with). 42 CFR 441.301(c)(4)(iv)</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • DFPS Minimum Standards-Children's Rights-749.1003(b) <ul style="list-style-type: none"> ▸ Subchapter G <p>Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000 	<p>Rules: Silent</p> <p>Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000 	<p>Rules: Silent</p> <p>Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000 	<p>Rules: Silent</p> <p>Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000
<p>Texas HCBS settings facilitate individual choice regarding services and supports. 42 CFR 441.301 (c)(4)(v)</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • 45.214(c) Development of Enrollment IPC <ul style="list-style-type: none"> ▸ Subchapter B, Division 2 <p>Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000 	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • 45.214(c) Development of Enrollment IPC <ul style="list-style-type: none"> ▸ Subchapter B, Division 2 <p>Policy Manual: Silent</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • 45.214(c) Development of Enrollment IPC <ul style="list-style-type: none"> ▸ Subchapter B, Division 2 <p>Policy Manual: Silent</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • 45.214(c) Development of Enrollment IPC <ul style="list-style-type: none"> ▸ Subchapter B, Division 2 <p>Policy Manual: Silent</p>

Federal Rule	Support/Continued Family Services (Residential)	Pre-Vocational Services (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Texas HCBS settings facilitate individual choice regarding who provides services. 42 CFR 441.301(c)(4)(v)</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • 45.214(c) Development of Enrollment IPC <ul style="list-style-type: none"> ▸ Subchapter B, Division 2 Policy Manual: Partial Compliance: <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000 </p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • 45.214(c) Development of Enrollment IPC <ul style="list-style-type: none"> ▸ Subchapter B, Division 2 Policy Manual: Partial Compliance: <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000 </p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • 45.214(c) Development of Enrollment IPC <ul style="list-style-type: none"> ▸ Subchapter B, Division 2 Policy Manual: Partial Compliance: <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000 </p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • 45.214(c) Development of Enrollment IPC <ul style="list-style-type: none"> ▸ Subchapter B, Division 2 Policy Manual: Partial Compliance: <ul style="list-style-type: none"> • Section 1000: Introduction <ul style="list-style-type: none"> ▸ Section 1000 </p>
<p>Texas provider owned or controlled residential settings allow individuals to own/rent or occupy the unit under a legally enforceable agreement by the individual receiving services. 42 CFR 441.301(c)(4)(vi)(A)</p>	<p>Rules: Silent Policy Manual: Silent</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>
<p>Individuals receiving services in Texas HCBS settings have the same responsibilities and protections against eviction. 42 CFR 441.301(c)(4)(vi)(A)</p>	<p>Rules: Silent Policy Manual: Silent</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>

Deaf Blind Multiple Disabilities (DBMD) Waiver

All state rule citations for the DBMD systemic/internal assessment can be found at [40 TAC Chapter 42.](#)

DBMD Policy Manual can be found at the [DBMD Program Manual.](#)

If rules or policy manuals are silent or partially compliant, HHSC intends to amend them during the remediation phase. HHSC indicates partially compliant for rule and policy manual for areas HHSC is found to be partially in compliance with the HCBS Final Rules. HHSC indicates NA for areas where HCBS final rule is not applicable within the specified waiver service.

Federal Rule	Assisted Living Facility (Residential)	1-3 Person Homes (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>In home services are not provided in institutional settings 42 CFR 441.301(c)(5)</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • 42.630(b)(1) and (c)(1) Residential Services ▶ Subchapter F, Division 3 Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • 42.630(b)(1) and (c)(1) Residential Services ▶ Subchapter F, Division 3 Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • 42.626(b) Habilitation ▶ Subchapter F, Division 3 Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • 42.625 Employment Services ▶ Subchapter F, Division 3 Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • 42.625 Employment Services ▶ Subchapter F, Division 3 Policy Manual: Silent</p>
<p>Out-of-home respite is not allowed in institutional settings (i.e. NF, hospitals and ICFs). 42 CFR 441.301(c)(5)</p>	<p>Rules: Non-compliant Policy Manual: Silent NA--Out-of-home respite is provided in this setting; however, the waiver and rules provide for out-of-home respite in institutional settings. §42.631 (a)(2) A program provider must not: (A) bill DADS for more than 30 calendar days or 720 hours of respite per IPC period (B) provide respite to an individual receiving licensed assisted living or licensed home health assisted living. ▶ Subchapter F, Division 3 ▶</p>	<p>Rules: Non-compliant Policy Manual: Silent NA--Out-of-home respite is provided in this setting; however, the waiver and rules provide for out-of-home respite in institutional settings. §42.631 (a)(2) A program provider must not: (A) bill DADS for more than 30 calendar days or 720 hours of respite per IPC period. ▶ Subchapter F, Division 3 ▶</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>

Federal Rule	Assisted Living Facility (Residential)	1-3 Person Homes (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Day habilitation is not allowed to be provided in settings that have institutional qualities. 42 CFR 441.301(c)(5)</p>	NA	NA	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • 42.626(b) Habilitation ▶ Subchapter F, Division 3 <p>Policy Manual: Silent</p>	NA	NA
<p>Texas HCBS settings have entrance doors lockable by the individual, with only appropriate staff keys. 42 CFR 441.301(c)(4)(vi)(B)(1)</p>	<p>Rules: Silent Policy Manual: Silent</p>	<p>Rules: Silent Policy Manual: Silent</p>	NA	NA	NA
<p>Individuals sharing units in Texas HCBS settings have a choice of roommates in that setting. 42 CFR 441.301(c)(4)(vi)(B)(2)</p>	<p>Rules: Silent Policy Manual: Silent</p>	<p>Rules: Silent Policy Manual: Silent</p>	NA	NA	NA
<p>Individuals in Texas HCBS settings have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. 42 CFR 441.301(c)(4)(vi)(B)(3)</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • 553.125(S) and (U) Resident’s Bill of Rights and Provider’s Bill of Rights <p>Subchapter G Policy Manual: Silent</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • 42.630(a)(13)(C) Residential Services ▶ Subchapter F, Division 3 <p>Policy Manual: Silent</p>	NA	NA	NA

Federal Rule	Assisted Living Facility (Residential)	1-3 Person Homes (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Individuals in Texas HCBS settings have the freedom and support to control their own schedules and activities and have access to food at any time. 42 CFR 441.301(c)(4)(vi)(C)</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> 42.404(g) Service Delivery Subchapter D ALF Licensure Standards, 26 TAC 553.125(a)(3)(E)(i), related to resident's bill of rights and provider bill of rights Subchapter G Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> 42.630(a)(13)(C) Residential Services Subchapter F, Division 3 Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> 42.626(4) Habilitation Subchapter F, Division 3 Policy Manual: Silent</p>	<p>Rules: Silent Policy Manual: Silent</p>	<p>Rules: Silent Policy Manual: Silent</p>
<p>Individuals in Texas HCBS settings are able to have visitors of their choosing at any time. 42 CFR 441.301(c)(4)(vi)(D)</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 553.125(J) Resident's Bill of Rights and Provider's Bill of Rights Subchapter G Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> 42.630 (a)(13)(C) Residential Services Subchapter F, Division 3 Policy Manual: Silent</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>
<p>Texas HCBS settings are physically accessible to the individual. 42 CFR 441.301(c)(4)(vi)(E)</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 553.61(b)(8) Introduction and Modification Subchapter D 42.630(c)(4)(a)- Residential Services Subchapter F, Division 3 Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 42.630 (c)(4)(A) Residential Services Subchapter F, Division 3 Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 42.626(b)(1)(A)(i) Habilitation Subchapter F, Division 3 Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 42.625(c)(1)(A)- Employment Services Subchapter F, Division 3 Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 42.625(e)(1)(A) Employment Services Subchapter F, Division 3 Policy Manual: Silent</p>

Federal Rule	Assisted Living Facility (Residential)	1-3 Person Homes (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Any modifications to privacy in Texas HCBS settings is supported by a specific assessed need and justified in the person-centered service plan. 42 CFR 441.301(c)(4)(vi)(F)</p>	<p>Rules: Silent Policy Manual: Silent</p>				
<p>In Texas, modifications to individual privacy document the positive interventions and supports used prior to any modifications to the person-centered plan. 42 CFR 441.301(c)(4)(vi)(F)(2)</p>	<p>Rules: Silent Policy Manual: Silent</p>				
<p>In Texas, modifications to individual privacy document less intrusive methods of meeting the need that have been tried but did not work. 42 CFR 441.301(c)(4)(vi)(F)(3)</p>	<p>Rules: Silent Policy Manual: Silent</p>				
<p>In Texas, modifications to individual privacy include a clear description of the condition that is directly proportionate to the specific assessed need. 42 CFR 441.301(c)(4)(vi)(F)(4)</p>	<p>Rules: Silent Policy Manual: Silent</p>				

Federal Rule	Assisted Living Facility (Residential)	1-3 Person Homes (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>In Texas, modifications to individual privacy include regular collection and review of data to measure the ongoing effectiveness. 42 CFR 441.301(c)(4)(vi)(F)(5)</p>	<p>Rules: Silent Policy Manual: Silent</p>				
<p>In Texas, modifications to individual privacy establish time limits for periodic reviews to determine if the modification is still necessary or can be terminated. 42 CFR 441.301(c)(4)(vi)(F)(6)</p>	<p>Rules: Silent Policy Manual: Silent</p>				
<p>In Texas, modifications to individual privacy include informed consent of the individual. 42 CFR 441.301(c)(4)(vi)(F)(7)</p>	<p>Rules: Silent Policy Manual: Silent</p>				
<p>In Texas, modifications to individual privacy include assurances that interventions and supports will cause no harm to the individual. 42 CFR 441.301(c)(4)(vi)(F)(8)</p>	<p>Rules: Silent Policy Manual: Silent</p>				

Federal Rule	Assisted Living Facility (Residential)	1-3 Person Homes (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Individuals are offered choice of residential setting options (including non-disability specific settings) within Texas waivers that offer residential services and an option for a private unit in a residential setting. 42 CFR 441.301(c)(4)(ii)</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> 42.215(3)(A): Development of Enrollment IPP <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> 42.215(3)(A): Development of Enrollment IPP <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 Policy Manual: Silent</p>	NA	NA	NA
<p>Texas HCBS settings are integrated and support full access to the greater community (including employment/ work) to the same degree of access an individual not receiving HCBS services has. 42 CFR 441.301(c)(4)(i)</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 42.404(g) Service Delivery Subchapter D553.125(a)(3)(B) and (K)-Resident's Bill of Rights and Provider Bill of Rights Subchapter GPolicy Manual: Silent </p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 42.404(g) Service Delivery Subchapter D42.630-(a)(13)(D) and (E)-Residential Services, <ul style="list-style-type: none"> ▶ Subchapter F, Division 3 Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 42.404(g) Service Delivery Subchapter DPolicy Manual: Silent </p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 42.404(g) Service Delivery Subchapter DPolicy Manual: Silent </p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 42.404(g) Service Delivery Subchapter DPolicy Manual: Silent </p>
<p>Texas HCBS settings allow individuals to engage in community life to the same degree of access as an individual not receiving HCBS services. 42 CFR 441.301(c)(4)(i)</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 42.404(g) Service Delivery Subchapter D553.125(a)(3)(B) and (K)-Resident's Bill of Rights and Provider Bill of Rights Subchapter GPolicy Manual: Silent </p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 42.404(g) Service Delivery Subchapter D42.630-(a)(13)(D) and (E)-Residential Services <ul style="list-style-type: none"> ▶ Subchapter F, Division 3 Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 42.404(g) Service Delivery Subchapter DPolicy Manual: Silent </p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 42.404(g) Service Delivery Subchapter DPolicy Manual: Silent </p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 42.404(g) Service Delivery Subchapter DPolicy Manual: Silent </p>

Federal Rule	Assisted Living Facility (Residential)	1-3 Person Homes (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Texas HCBS settings allow individuals to control their personal resources to the same degree of access as an individual not receiving HCBS services. 42 CFR 441.301(c)(4)(i)</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • 553.125(a)(3)(L) Resident's Bill of Rights and Provider Bill of Rights <p>Subchapter G Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • 42.630(a)(13)(C) Residential Services ▶ Subchapter F, Division 3 • 42.501 Request for Assistance with Personal Funds Management <p>Subchapter E Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • 42.215(3)(A) Development of Enrollment IPP ▶ Subchapter B, Division 2 • 42.501 Request for Assistance with Personal Funds Management <p>Subchapter E Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • 42.215(3)(A) Development of Enrollment IPP ▶ Subchapter B, Division 2 • 42.501 Request for Assistance with Personal Funds Management <p>Subchapter E Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • 42.215(3)(A) Development of Enrollment IPP ▶ Subchapter B, Division 2 • 42.501 Request for Assistance with Personal Funds Management <p>Subchapter E Policy Manual: Silent</p>
<p>Texas HCBS settings allow individual's the right to privacy, dignity, respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • 553.125 Resident's Bill of Rights and Provider's Bill of Rights • Subchapter G 42.406-Quality Assurance • 42.408(b) Protective Devices • 42.409(d)(1)-Restraints <p>Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • 42.215(3)(A): Development of Enrollment IPP ▶ Subchapter B, Division 2 • 42.406-Quality Assurance • 42.408(b) Protective Devices <p>Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • 42.215(3)(A): Development of Enrollment IPP ▶ Subchapter B, Division 2 • 42.406-Quality Assurance • 42.408(b) Protective Devices <p>Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • 42.215(3)(A): Development of Enrollment IPP ▶ Subchapter B, Division 2 • 42.406-Quality Assurance • 42.408(b) Protective Devices <p>Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • 42.215(3)(A): Development of Enrollment IPP ▶ Subchapter B, Division 2 • 42.406-Quality Assurance • 42.408(b) Protective Devices <p>Subchapter D Policy Manual: Silent</p>

Federal Rule	Assisted Living Facility (Residential)	1-3 Person Homes (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Texas HCBS settings optimize individual initiative, autonomy, and independence in making life choices, (i.e. daily activities, environment and who they interact with). 42 CFR 441.301(c)(4)(iv)</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • 553.125-Resident’s Bill of Rights and Provider’s Bill of Rights Subchapter G Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • 42.215(3)(A): Development of Enrollment IPP <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 • 42.630(a)(13)(C)- Residential Services <ul style="list-style-type: none"> ▶ Subchapter F, Division 3 Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • 42.215(3)(A): Development of Enrollment IPP <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • 42.215(3)(A): Development of Enrollment IPP <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • 42.215(3)(A): Development of Enrollment IPP <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 Policy Manual: Silent</p>
<p>Texas HCBS settings facilitate individual choice regarding services and supports. 42 CFR 441.301(c)(4)(v)</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • 553.125(E)- Resident’s Bill of Rights and Provider’s Bill of Rights • Subchapter G42.215(3)(A): Development of Enrollment IPP <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • 42.215(3)(A): Development of Enrollment IPP <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 • 42.630(a)(13)- Residential Services <ul style="list-style-type: none"> ▶ Subchapter F, Division 3 Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • 42.215(3)(A): Development of Enrollment IPP <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • 42.215(3)(A): Development of Enrollment IPP <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • 42.215(3)(A): Development of Enrollment IPP <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 Policy Manual: Silent</p>

Federal Rule	Assisted Living Facility (Residential)	1-3 Person Homes (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Texas HCBS settings facilitate individual choice regarding who provides services. 42 CFR 441.301(c)(4)(v)</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> ● 42.212(a) Process for Enrollment of an Individual <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 ● 42.215(3)(A)-Development of Enrollment IPP ● 42.223(b)(2)(B) (iii) and (iv)-Periodic Review and Update of IPC and IPP <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 <p>Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> ● 42.212(a) Process for Enrollment of an Individual <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 ● 42.215(3)(A)-Development of Enrollment IPP ● 42.223(b)(2)(B) (iii) and (iv)-Periodic Review and Update of IPC and IPP <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 <p>Policy Manual: Silent</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> ● 42.212(a) Process for Enrollment of an Individual <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 ● 42.215(3)(A)-Development of Enrollment IPP ● 42.223(b)(2)(B) (iii) and (iv)-Periodic Review and Update of IPC and IPP <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 <p>Policy Manual: Silent</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> ● 42.212(a) Process for Enrollment of an Individual <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 ● 42.215(3)(A)-Development of Enrollment IPP ● 42.223(b)(2)(B) (iii) and (iv)-Periodic Review and Update of IPC and IPP <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 <p>Policy Manual: Silent</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> ● 42.212(a) Process for Enrollment of an Individual <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 ● 42.215(3)(A)-Development of Enrollment IPP ● 42.223(b)(2)(B) (iii) and (iv)-Periodic Review and Update of IPC and IPP <ul style="list-style-type: none"> ▶ Subchapter B, Division 2 <p>Policy Manual: Silent</p>
<p>Texas provider owned or controlled residential settings allow individuals to own/rent or occupy the unit under a legally enforceable agreement by the individual receiving services. 42 CFR 441.301(c)(4)(vi)(A)</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> ● 553.125(a)(3)(X) and (Y) Resident’s Bill of Rights and Provider’s Bill of Rights ● Subchapter G42.630(a)(9)-Residential Services <ul style="list-style-type: none"> ▶ Subchapter F, Division 3 <p>Policy Manual: Silent</p>	<p>NA-Service is provided in individuals own home.</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>

Federal Rule	Assisted Living Facility (Residential)	1-3 Person Homes (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
Individuals receiving services in Texas HCBS settings have the same responsibilities and protections against eviction. 42 CFR 441.301(c)(4)(vi)(A)	Rules: Partial Compliance: <ul style="list-style-type: none"> 92.125(Y)- Resident’s Bill of Rights and Provider’s Bill of Rights ▶ Subchapter G	NA-Service is provided in individuals own home.	NA	NA	NA

Home and Community-based Services (HCS) Waiver

All state rule citations for the HCS systemic/internal assessment can be found at [40 TAC Chapter 9, subchapter D](#).

HCS Policy Manual can be found at [HCS Handbook](#).

If rules or policy manuals are silent or partially compliant, HHSC intends to amend them during the remediation phase. HHSC indicates partially compliant for rule and policy manual for areas HHSC is found to be partially in compliance with the HCBS Final Rules. HHSC indicates NA for areas where HCBS final rule is not applicable within the specified waiver service.

Federal Rule	3-Person Home/ 4-Person Home (Residential)	Host Home/ Companion Care (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
In home services are not provided in institutional settings 42 CFR 441.301(c)(5)	Rules: Compliant <ul style="list-style-type: none"> §9.155(a)(5) (related to the Eligibility Criteria) §9.174(a)(23) Certification Principles: Service Delivery ▶ Subchapter D Policy Manual: Silent	Rules: Compliant <ul style="list-style-type: none"> §9.155(a)(5) (related to the Eligibility Criteria) §9.174(a)(23) Certification Principles: Service Delivery ▶ Subchapter D Policy Manual: Silent	Rules: Silent Policy Manual: Silent	Rules: Compliant: <ul style="list-style-type: none"> 9.174(a)(45) Certification Principles: Service Delivery ▶ Subchapter D Policy Manual: Silent	Rules: Compliant: <ul style="list-style-type: none"> 9.174(a)(44) Certification Principles: Service Delivery ▶ Subchapter D Policy Manual: Silent

Federal Rule	3-Person Home/ 4-Person Home (Residential)	Host Home/ Companion Care (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Out-of-home respite is not allowed in institutional settings (i.e. NF, hospitals and ICFs). 42 CFR 441.301(c)(5)</p>	<p>Rules: Compliant</p> <ul style="list-style-type: none"> • 9.174 Certification Principles: Service Delivery • 9.174(a)(42) • 9.174(a)(43) <p>▶ Subchapter D</p> <p>Policy Manual: Silent</p>	<p>Rules: Compliant</p> <ul style="list-style-type: none"> • 9.174 Certification Principles: Service Delivery • 9.174(a)(42) • 9.174(a)(43) <p>▶ Subchapter D</p> <p>Policy Manual: Silent</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>
<p>Day habilitation is not allowed to be provided in settings that have institutional qualities. 42 CFR 441.301(c)(5)</p>	<p>NA</p>	<p>NA</p>	<p>Rules: Silent Policy Manual: silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • 9.174(a)(45) Certification Principles: Service Delivery supports delivery of service in competitive employment for persons without disabilities. <p>▶ Subchapter D</p> <p>Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • 9.174(a)(44) Certification Principles: Service Delivery supports assisting individuals to locate competitive employment in the community. <p>▶ Subchapter D</p> <p>Policy Manual: Silent</p>
<p>Texas HCBS settings have entrance doors lockable by the individual, with only appropriate staff keys. 42 CFR 441.301(c)(4)(vi)(B)(1)</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • 9.173(a)(1) and 9.173(b)(44) Certification Principles: Rights of Individuals • §9.174(a)(23) Certification Principles: Service Delivery. <p>▶ Subchapter D</p> <p>Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • 9.173(a)(1) and 9.173(b)(44) Certification Principles: Rights of Individuals • §9.174(a)(23) Certification Principles: Service Delivery. <p>▶ Subchapter D</p> <p>Policy Manual: Silent</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>

Federal Rule	3-Person Home/ 4-Person Home (Residential)	Host Home/ Companion Care (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Individuals sharing units in Texas HCBS settings have a choice of roommates in that setting. 42 CFR 441.301(c)(4)(vi)(B)(2)</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 9.173(a)(1) and 9.173(b)(27) Certification Principles: Rights of Individuals ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 9.173(a)(1) and 9.173(b)(27) Certification Principles: Rights of Individuals ▶ Subchapter D Policy Manual: Silent</p>	NA	NA	NA
<p>Individuals in Texas HCBS settings have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. 42 CFR 441.301(c)(4)(vi)(B)(3)</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 9.173(a)(1) and 9.173(b)(16) and (27) Certification Principles: Rights of Individuals ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 9.173(a)(1) and 9.173(b)(16) and (27) Certification Principles: Rights of Individuals ▶ Subchapter D Policy Manual: Silent</p>	NA	NA	NA
<p>Individuals in Texas HCBS settings have the freedom and support to control their own schedules and activities and have access to food at any time. 42 CFR 441.301(c)(4)(vi)(C)</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 9.173(a) and (b) Certification Principles: Rights of Individuals 9.178(b) Certification Principles: Quality Assurance ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 9.173(a) and (b) Certification Principles: Rights of Individuals ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> References in 9.173(a) and (b) Certification Principles: Rights of Individuals support this in all HCS services. ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> References in 9.173(a) and (b) Certification Principles: Rights of Individuals support this in all HCS services. ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> References in 9.173(a) and (b) Certification Principles: Rights of Individuals support this in all HCS services. ▶ Subchapter D Policy Manual: Silent</p>

Federal Rule	3-Person Home/ 4-Person Home (Residential)	Host Home/ Companion Care (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Individuals in Texas HCBS settings are able to have visitors of their choosing at any time. 42 CFR 441.301(c)(4)(vi)(D)</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 9.173(a) and (b) Certification Principles: Rights of Individuals ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 9.173(a) and (b) Certification Principles: Rights of Individuals ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> References in 9.173(a) and (b) Certification Principles: Rights of Individuals support this in all HCS services. ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> References in 9.173(a) and (b) Certification Principles: Rights of Individuals support this in all HCS services. ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> References in 9.173(a) and (b) Certification Principles: Rights of Individuals support this in all HCS services. ▶ Subchapter D Policy Manual: Silent</p>
<p>Texas HCBS settings are physically accessible to the individual. 42 CFR 441.301(c)(4)(vi)(E)</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 9.173(b)(2) Certification Principles: Rights of Individuals 9.178(c) Certification Principles: Quality Assurance ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 9.173(b)(2) Certification Principles: Rights of Individuals 9.178(c) Certification Principles: Quality Assurance ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 9.173(b)(2) Certification Principles: Rights of Individuals 9.178(c) Certification Principles: Quality Assurance ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 9.173(b)(2) Certification Principles: Rights of Individuals ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> 9.173(b)(2) Certification Principles: Rights of Individuals ▶ Subchapter D Policy Manual: Silent</p>
<p>Any modifications to privacy in Texas HCBS settings is supported by a specific assessed need and justified in the person-centered service plan. 42 CFR 441.301(c)(4)(vi)(F)</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> 9.173(b)(4), (5) and (6) Certification Principles: Rights of Individuals ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> 9.173(b)(4), (5) and (6) Certification Principles: Rights of Individuals ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> 9.173(b)(4), (5) and (6) Certification Principles: Rights of Individuals ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> 9.173(b)(4), (5) and (6) Certification Principles: Rights of Individuals ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> 9.173(b)(4), (5) and (6) Certification Principles: Rights of Individuals ▶ Subchapter D Policy Manual: Silent</p>

Federal Rule	3-Person Home/ 4-Person Home (Residential)	Host Home/ Companion Care (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>In Texas, modifications to individual privacy document the positive interventions and supports used prior to any modifications to the person-centered plan. 42 CFR 441.301(c)(4)(vi)(F)(2)</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>
<p>In Texas, modifications to individual privacy document less intrusive methods of meeting the need that have been tried but did not work. 42 CFR 441.301(c)(4)(vi)(F)(3)</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>

Federal Rule	3-Person Home/ 4-Person Home (Residential)	Host Home/ Companion Care (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>In Texas, modifications to individual privacy include a clear description of the condition that is directly proportionate to the specific assessed need. 42 CFR 441.301(c)(4)(vi)(F)(4)</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>
<p>In Texas, modifications to individual privacy include regular collection and review of data to measure the ongoing. 42 CFR 441.301(c)(4)(vi)(F)(5)</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> ● 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ● 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>

Federal Rule	3-Person Home/ 4-Person Home (Residential)	Host Home/ Companion Care (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>In Texas, modifications to individual privacy establish time limits for periodic reviews to determine if the modification is still necessary or can be terminated. 42 CFR 441.301(c)(4)(vi)(F)(6)</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> • 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> • 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> • Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> • 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> • 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Partial Compliance: <ul style="list-style-type: none"> • 9.173(b)(4), (5), (6), and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> • 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>
<p>In Texas, modifications to individual privacy include informed consent of the individual. 42 CFR 441.301(c)(4)(vi)(F)(7)</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • 9.173(b)(4), (5), (6) and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> • 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • 9.173(b)(4), (5), (6) and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> • 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • 9.173(b)(4), (5), (6) and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> • 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • 9.173(b)(4), (5), (6) and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> • 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • 9.173(b)(4), (5), (6) and (7) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> • 9.174(13) Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>
<p>In Texas, modifications to individual privacy include assurances that interventions and supports will cause no harm to the individual. 42 CFR 441.301(c)(4)(vi)(F)(8)</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • 9.173(26) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • 9.173(26) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • 9.173(26) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • 9.173(26) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • 9.173(26) Certification Principles: Rights of Individuals <ul style="list-style-type: none"> ▶ Subchapter D Policy Manual: Silent</p>

Federal Rule	3-Person Home/ 4-Person Home (Residential)	Host Home/ Companion Care (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Individuals are offered choice of residential setting options (including non-disability specific settings) within Texas waivers that offer residential services and an option for a private unit in a residential setting. 42 CFR 441.301(c)(4)(ii)</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(b)(16)(22) • 9.174 Certification Principles Service Delivery 9.174(a)(4) <p>▶ Subchapter D</p> <p>Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(b)(16)(22) • 9.174 Certification Principles Service Delivery 9.174(a)(4) <p>▶ Subchapter D</p> <p>Policy Manual: Silent</p>	NA	NA	NA
<p>Texas HCBS settings are integrated and support full access to the greater community (including employment/work) to the same degree of access an individual not receiving HCBS services has. 42 CFR 441.301(c)(4)(i)</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a)(1) and (b)(22) <p>▶ Subchapter D</p> <p>Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a)(1) and (b)(22) <p>▶ Subchapter D</p> <p>Policy Manual: Silent</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a)(1) and (b)(22) <p>▶ Subchapter D</p> <p>Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a)(1) and (b)(22) <p>▶ Subchapter D</p> <p>Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a)(1) and (b)(22) <p>▶ Subchapter D</p> <p>Policy Manual: Silent</p>

Federal Rule	3-Person Home/ 4-Person Home (Residential)	Host Home/ Companion Care (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Texas HCBS settings allow individuals to engage in community life to the same degree of access as an individual not receiving HCBS services. 42 CFR 441.301(c)(4)(i)</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a)(1) and (b)(22) ▶ Subchapter D <p>Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a)(1) and (b)(22) ▶ Subchapter D <p>Policy Manual: Silent</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a)(1) and (b)(22) ▶ Subchapter D <p>Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a)(1) and (b)(22) ▶ Subchapter D <p>Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a)(1) and (b)(22) ▶ Subchapter D <p>Policy Manual: Silent</p>
<p>Texas HCBS settings allow individuals to control their personal resources to the same degree of access as an individual not receiving HCBS services. 42 CFR 441.301(c)(4)(i)</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(b)(1), (31), and (32) ▶ Subchapter D <p>Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(b)(1), (31), and (32) ▶ Subchapter D <p>Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(b)(1), (31), and (32) ▶ Subchapter D <p>Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(b)(1), (31), and (32) ▶ Subchapter D <p>Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(b)(1), (31), and (32) ▶ Subchapter D <p>Policy Manual: Silent</p>
<p>Texas HCBS settings allow individual’s the right to privacy, dignity, respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a) and (b) ▶ Subchapter D • Certification principles mission, development, and philosophy 9.172 ▶ Subchapter D <p>Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a) and (b) ▶ Subchapter D • Certification principles mission, development, and philosophy 9.172 ▶ Subchapter D <p>Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a) and (b) ▶ Subchapter D • Certification principles mission, development, and philosophy 9.172 ▶ Subchapter D <p>Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a) and (b) ▶ Subchapter D • Certification principles mission, development, and philosophy 9.172 ▶ Subchapter D <p>Policy Manual: Silent</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a) and (b) ▶ Subchapter D • Certification principles mission, development, and philosophy 9.172 ▶ Subchapter D <p>Policy Manual: Silent</p>

Federal Rule	3-Person Home/ 4-Person Home (Residential)	Host Home/ Companion Care (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Texas HCBS settings optimize individual initiative, autonomy, and independence in making life choices, (i.e. daily activities, environment and who they interact with). 42 CFR 441.301(c)(4)(iv)</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a) and (b) ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a) and (b) ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a) and (b) ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a) and (b) ▶ Subchapter D Policy Manual: Silent</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> • Certification principles rights of individuals 9.173(a) and (b) ▶ Subchapter D Policy Manual: Silent</p>
<p>Texas HCBS settings facilitate individual choice regarding services and supports. 42 CFR 441.301(c)(4)(v)</p>	<p>Waiver: Silent Rules: Compliant: <ul style="list-style-type: none"> • Certification principles: rights of individuals • 9.173(b)(6) • 9.173(b)(20) ▶ Subchapter D Policy Manual: Silent</p>	<p>Waiver: Silent Rules: Compliant: <ul style="list-style-type: none"> • Certification principles: rights of individuals • 9.173(b)(6) • 9.173(b)(20) ▶ Subchapter D Policy Manual: Silent</p>	<p>Waiver: Silent Rules: Compliant: <ul style="list-style-type: none"> • Certification principles: rights of individuals • 9.173(b)(6) • 9.173(b)(20) ▶ Subchapter D Policy Manual: Silent</p>	<p>Waiver: Silent Rules: Compliant: <ul style="list-style-type: none"> • Certification principles: rights of individuals • 9.173(b)(6) • 9.173(b)(20) ▶ Subchapter D Policy Manual: Silent</p>	<p>Waiver: Silent Rules: Compliant: <ul style="list-style-type: none"> • Certification principles: rights of individuals • 9.173(b)(6) • 9.173(b)(20) ▶ Subchapter D Policy Manual: Silent</p>

Federal Rule	3-Person Home/ 4-Person Home (Residential)	Host Home/ Companion Care (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Texas HCBS settings facilitate individual choice regarding who provides services. 42 CFR 441.301(c)(4)(v)</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification Principles: Staff Member and Service Provider Requirements 9.177(b)(1) <p>▶ Subchapter D</p> <p>Policy Manual: Compliant:</p> <ul style="list-style-type: none"> • Section 4000 Person Directed Plan states the plan identifies the individual's preferences for service delivery options <p>▶ Section 4000</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification Principles: Staff Member and Service Provider Requirements 9.177(b)(1) <p>▶ Subchapter D</p> <p>Policy Manual: Compliant:</p> <ul style="list-style-type: none"> • Section 4000 Person Directed Plan states the plan identifies the individual's preferences for service delivery options <p>▶ Section 4000</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification Principles: Staff Member and Service Provider Requirements 9.177(b)(1) <p>▶ Subchapter D</p> <p>Policy Manual: Compliant:</p> <ul style="list-style-type: none"> • Section 4000 Person Directed Plan states the plan identifies the individual's preferences for service delivery options <p>▶ Section 4000</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification Principles: Staff Member and Service Provider Requirements 9.177(b)(1) <p>▶ Subchapter D</p> <p>Policy Manual: Compliant:</p> <ul style="list-style-type: none"> • Section 4000 Person Directed Plan states the plan identifies the individual's preferences for service delivery options <p>▶ Section 4000</p>	<p>Rules: Compliant:</p> <ul style="list-style-type: none"> • Certification Principles: Staff Member and Service Provider Requirements 9.177(b)(1) <p>▶ Subchapter D</p> <p>Policy Manual: Compliant:</p> <ul style="list-style-type: none"> • Section 4000 Person Directed Plan states the plan identifies the individual's preferences for service delivery options <p>▶ Section 4000</p>
<p>Texas provider owned or controlled residential settings allow individuals to own/rent or occupy the unit under a legally enforceable agreement by the individual receiving services. 42 CFR 441.301(c)(4)(vi)(A)</p>	<p>Rules: Partial compliance</p> <ul style="list-style-type: none"> • Certification Principles-Quality Assurance- 9.178(r)(1), (2) and (3) <p>▶ Subchapter D</p> <p>Policy Manual: Silent</p>	<p>Rules: Partial compliance</p> <ul style="list-style-type: none"> • Certification Principles-Quality Assurance- 9.178(r)(1), (2) and (3) <p>▶ Subchapter D</p> <p>Policy Manual: Silent</p>	NA	NA	NA

Federal Rule	3-Person Home/ 4-Person Home (Residential)	Host Home/ Companion Care (Residential)	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
Individuals receiving services in Texas HCBS settings have the same responsibilities and protections against eviction. 42 CFR 441.301(c)(4)(vi)(A)	Rules: Partial compliance <ul style="list-style-type: none"> • Certification Principles-Quality Assurance-9.178(r)(1), (2) and (3) ▶ Subchapter D Policy Manual: Silent	Rules: Partial compliance <ul style="list-style-type: none"> • Certification Principles-Quality Assurance-9.178(r)(1), (2) and (3) ▶ Subchapter D Policy Manual: Silent	NA	NA	NA

Medically Dependent Children Program (MDCP) Waiver-Systemic/Internal Assessment

All state rule citations for the MDCP systemic/internal assessment can be found at [TAC Rule §353.1155 Medically Dependent Children Program](#).

MDCP Policy Manual can be found in: [STAR Kids Handbook](#), [STAR Kids Program Support Unit Operational Procedures Handbook](#), [STAR Kids Managed Care Contract](#), [STAR Health Managed Care Contract](#), [Uniform Managed Care Manual](#), and [Uniform Managed Care Manual Chapter 16.2 STAR Health MDCP Policy](#).

If rules or policy manuals are silent or partially compliant, HHSC intends to amend them during the remediation phase. HHSC indicates partially compliant for rule and policy manual for areas HHSC is found to be partially in compliance with the HCBS Final Rules. HHSC indicates NA for areas where HCBS final rule is not applicable within the specified waiver service.

[1TAC Chapter 353 SubChapter M §353.1155 MDCP](#)

Federal Rule	Host Families/Home	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>In home services are not provided in institutional settings 42 CFR 441.301(c)(5)</p>	<p>Rules: N/A Policy Manual: N/A</p>	<p>Rules: Compliant Policy Manual:</p> <ul style="list-style-type: none"> • Supported Employment <ul style="list-style-type: none"> ▸ SK Handbook Sections 4000-4922 	<p>Rules: Compliant Policy Manual:</p> <ul style="list-style-type: none"> • Employment Assistance <ul style="list-style-type: none"> ▸ SK Handbook Sections 4000-4922
<p>Out-of-home respite is not allowed in institutional settings (i.e. NF, hospitals and ICFs). 42 CFR 441.301(c)(5)</p>	<p>Rules: N/A Policy Manual: MDCP allows out-of-home respite in several settings. SK Handbook Section 4720</p> <ul style="list-style-type: none"> • § 	NA	NA
<p>Day habilitation is not allowed to be provided in settings that have institutional qualities. 42 CFR 441.301(c)(5)</p>	NA	NA	NA
<p>Texas HCBS settings have entrance doors lockable by the individual, with only appropriate staff keys. 42 CFR 441.301(c)(4)(vi)(B)(1)</p>	N/A	NA	NA
<p>Individuals sharing units in Texas HCBS settings have a choice of roommates in that setting. 42 CFR 441.301(c)(4)(vi)(B)(2)</p>	N/A	NA	NA
<p>Individuals in Texas HCBS settings have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. 42 CFR 441.301(c)(4)(vi)(B)(3)</p>	N/A	NA	NA

Federal Rule	Host Families/Home	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Individuals in Texas HCBS settings have the freedom and support to control their own schedules and activities and have access to food at any time. 42 CFR 441.301(c)(4)(vi)(C)</p>	N/A	<p>Rules: Silent Policy Manual: SK Handbook Sections 4000-4922</p>	<p>Rules: Silent Policy Manual: SK Handbook Sections 4000-4922</p>
<p>Individuals in Texas HCBS settings are able to have visitors of their choosing at any time. 42 CFR 441.301(c)(4)(vi)(D)</p>	Rules: N/A	<p>Rules: Silent Policy Manual: SK Handbook Sections 4000-4922</p>	<p>Rules: Silent Policy Manual: SK Handbook Sections 4000-4922</p>
<p>Texas HCBS settings are physically accessible to the individual. 42 CFR 441.301(c)(4)(vi)(E)</p>	N/A	<p>Rules: Silent Policy Manual: SK Handbook Sections 4000-4922</p>	<p>Rules: Silent Policy Manual: SK Handbook Sections 4000-4922</p>
<p>Any modifications to privacy in Texas HCBS settings is supported by a specific assessed need and justified in the person-centered service plan. 42 CFR 441.301(c)(4)(vi)(F)</p>	N/A	<p>Rules: Silent Policy Manual: SK Handbook Sections 4000-4922</p>	<p>Rules: Silent Policy Manual: SK Handbook Sections 4000-4922</p>
<p>In Texas, modifications to individual privacy document the positive interventions and supports used prior to any modifications to the person-centered plan. 42 CFR 441.301(c)(4)(vi)(F)(2)</p>	N/A	<p>Rules: Silent Policy Manual: Silent</p>	<p>Rules: Silent Policy Manual: Silent</p>
<p>In Texas, modifications to individual privacy document less intrusive methods of meeting the need that have been tried but did not work. 42 CFR 441.301(c)(4)(vi)(F)(3)</p>	N/A	<p>Rules: Silent Policy Manual: Silent</p>	<p>Rules: Silent Policy Manual: Silent</p>

Federal Rule	Host Families/Home	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>In Texas, modifications to individual privacy include a clear description of the condition that is directly proportionate to the specific assessed need. 42 CFR 441.301(c)(4)(vi)(F)(4)</p>	N/A	<p>Rules: Silent Policy Manual: Silent</p>	<p>Rules: Silent Policy Manual: Silent</p>
<p>In Texas, modifications to individual privacy include regular collection and review of data to measure the ongoing effectiveness. 42 CFR 441.301(c)(4)(vi)(F)(5)</p>	N/A	<p>Rules: Silent Policy Manual: Silent</p>	<p>Rules: Silent Policy Manual: Silent</p>
<p>In Texas, modifications to individual privacy establish time limits for periodic reviews to determine if the modification is still necessary or can be terminated. 42 CFR 441.301(c)(4)(vi)(F)(6)</p>	N/A	<p>Rules: Silent Policy Manual: Silent</p>	<p>Rules: Silent Policy Manual: Silent</p>
<p>In Texas, modifications to individual privacy include informed consent of the individual. 42 CFR 441.301(c)(4)(vi)(F)(7)</p>	N/A	<p>Rules: Silent Policy Manual: Silent</p>	<p>Rules: Silent Policy Manual: Silent</p>
<p>In Texas, modifications to individual privacy include assurances that interventions and supports will cause no harm to the individual. 42 CFR 441.301(c)(4)(vi)(F)(8)</p>	N/A	<p>Rules: Silent Policy Manual: Silent</p>	<p>Rules: Silent Policy Manual: Silent</p>

Federal Rule	Host Families/Home	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Individuals are offered choice of residential setting options (including non-disability specific settings) within Texas waivers that offer residential services and an option for a private unit in a residential setting. 42 CFR 441.301(c)(4)(ii)</p>	N/A	NA	NA
<p>Texas HCBS settings are integrated and support full access to the greater community (including employment/work) to the same degree of access an individual not receiving HCBS services has. 42 CFR 441.301(c)(4)(i)</p>	N/A	<p>Rules: Silent Policy Manual: compliant SK Handbook Section 3300 Service Planning</p> <p>MCO SK Contract: 8.1SK Contract 8.1.36</p>	<p>Rules: Silent Policy Manual: compliant SK Handbook Section 3300 Service Planning</p> <p>MCO SK Contract: 8.1SK Contract 8.1.36</p>
<p>Texas HCBS settings allow individuals to engage in community life to the same degree of access as an individual not receiving HCBS services. 42 CFR 441.301(c)(4)(i)</p>	N/A	<p>Rules: Silent Policy Manual: Compliant SK Handbook Section 3300 Service Planning</p> <p>MCO Contract: SK Contract 8.1SK Contract 8.1.36</p>	<p>Rules: Silent Policy Manual: Compliant SK Handbook Section 3300 Service Planning</p> <p>MCO Contract: SK Contract 8.1SK Contract 8.1.36</p>
<p>Texas HCBS settings allow individuals to control their personal resources to the same degree of access as an individual not receiving HCBS services. 42 CFR 441.301(c)(4)(i)</p>	N/A	<p>Rules: Silent Provider Manual: Compliant SK Handbook Section 3300 Service Planning</p> <p>MCO Contract: compliant SK Contract 8.1SK Contract 8.1.36</p>	<p>Rules: Silent Provider Manual: Compliant SK Handbook Section 3300 Service Planning</p> <p>MCO Contract: compliant SK Contract 8.1SK Contract 8.1.36</p>

Federal Rule	Host Families/Home	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Texas HCBS settings allow individual's the right to privacy, dignity, respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)</p>	N/A	<p>Rules: Silent Policy Manual: compliant SK Handbook Section 3300 Service Planning MCO Contract: SK Contract 8.1SK Contract 8.1.36</p>	<p>Rules: Silent Policy Manual: compliant SK Handbook Section 3300 Service Planning MCO Contract: SK Contract 8.1SK Contract 8.1.36</p>
<p>Texas HCBS settings optimize individual initiative, autonomy, and independence in making life choices, (i.e. daily activities, environment and who they interact with). 42 CFR 441.301(c)(4)(iv)</p>	N/A	<p>Rules: Silent Policy Manual: Compliant SK Handbook Section 3300 Service Planning MCO Contract: SK Contract 8.1SK Contract 8.1.36</p>	<p>Rules: Silent Policy Manual: compliant SK Handbook Section 3300 Service Planning MCO Contract: SK Contract 8.1SK Contract 8.1.36</p>
<p>Texas HCBS settings facilitate individual choice regarding services and supports. 42 CFR 441.301(c)(4)(v)</p>	N/A	<p>Rules: Silent Policy Manual: Compliant SK Handbook Section 3300 Service Planning MCO Contract: SK Contract 8.1SK Contract 8.1.36</p>	<p>Rules: Silent Policy Manual: Compliant SK Handbook Section 3300 Service Planning MCO Contract: SK Contract 8.1SK Contract 8.1.36</p>
<p>Texas HCBS settings facilitate individual choice regarding who provides services. 42 CFR 441.301(c)(4)(v)</p>	N/A	<p>Rules: Silent Policy Manual: compliant SK Handbook Section 3300 Service Planning MCO Contract: SK Contract 8.1SK Contract 8.1.36</p>	<p>Rules: Silent Policy Manual: compliant SK Handbook Section 3300 Service Planning MCO Contract: SK Contract 8.1SK Contract 8.1.36</p>

Federal Rule	Host Families/Home	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
Texas provider owned or controlled residential settings allow individuals to own/rent or occupy the unit under a legally enforceable agreement by the individual receiving services. 42 CFR 441.301(c)(4)(vi)(A)	N/A	NA	NA
Individuals receiving services in Texas HCBS settings have the same responsibilities and protections against eviction. 42 CFR 441.301(c)(4)(vi)(A)	N/A	NA	NA

There is no host home/foster care residential service in MDCP. CPS agency foster homes are an allowed residence for waiver eligibility purposes. CPS agency foster homes are now licensed by HHSC Regulatory. The eligible setting for an individual under the age of 18 is listed in §353.1155(b)(G)(ii).

Texas Home Living (TxHmL) Waiver-Systemic/Internal Assessment

All state rule citations for the HCS systemic/internal assessment can be found at [40 TAC Chapter 9, subchapter N](#).

There is no separate policy manual for TxHmL. TxHmL policy can be found at [HCS Handbook](#).

If rules or policy manuals are silent or partially compliant, HHSC intends to amend them during the remediation phase. HHSC indicates partially compliant for rule and policy manual for areas HHSC is found to be partially in compliance with the HCBS Final Rules. HHSC indicates NA for areas where HCBS final rule is not applicable within the specified waiver service.

Federal Rule	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
In home services are not provided in institutional settings 42 CFR 441.301(c)(5)	Rules: Compliant <ul style="list-style-type: none"> §9.554(a) Description of TxHmL Program ▶ Subchapter N 	Rules: Compliant <ul style="list-style-type: none"> §9.554(a) Description of TxHmL Program ▶ Subchapter N 	Rules: Compliant <ul style="list-style-type: none"> §9.554(a) Description of TxHmL Program ▶ Subchapter N

Federal Rule	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
Out-of-home respite is not allowed in institutional settings (i.e. NF, hospitals and ICFs). 42 CFR 441.301(c)(5)	NA	NA	NA
Day habilitation is not allowed to be provided in settings that have institutional qualities. 42 CFR 441.301(c)(5)	Rules: Partial Compliance • §9.555(b) Description of TxHmL Program Services ▶ Subchapter N	Rules: Compliant • 9.555(e) Description of TxHmL Program Services ▶ Subchapter N	Rules: Compliant • 9.555(d) Description of TxHmL Program Services ▶ Subchapter N
Texas HCBS settings have entrance doors lockable by the individual, with only appropriate staff keys. 42 CFR 441.301(c)(4)(vi)(B)(1)	NA	NA	NA
Individuals sharing units in Texas HCBS settings have a choice of roommates in that setting. 42 CFR 441.301(c)(4)(vi)(B)(2)	NA	NA	NA
Individuals in Texas HCBS settings have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. 42 CFR 441.301(c)(4)(vi)(B)(3)	NA	NA	NA
Individuals in Texas HCBS settings have the freedom and support to control their own schedules and activities and have access to food at any time. 42 CFR 441.301(c)(4)(vi)(C)	Rules: Partial Compliance: • §9.580(a) Certification Principles: Quality Assurance ▶ Subchapter N	Rules: Partial Compliance: • §9.580(a) Certification Principles: Quality Assurance ▶ Subchapter N	Rules: Partial Compliance: • §9.580(a) Certification Principles: Quality Assurance ▶ Subchapter N
Individuals in Texas HCBS settings are able to have visitors of their choosing at any time. 42 CFR 441.301(c)(4)(vi)(D)	Rules: Partial Compliance • §9.580(a) Certification Principles: Quality Assurance ▶ Subchapter N	Rules: Partial Compliance • §9.580(a) Certification Principles: Quality Assurance ▶ Subchapter N	Rules: Partial Compliance • §9.580(a) Certification Principles: Quality Assurance ▶ Subchapter N

Federal Rule	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Texas HCBS settings are physically accessible to the individual. 42 CFR 441.301(c)(4)(vi)(E)</p>	<p>Rules: Partial Compliance</p> <ul style="list-style-type: none"> §9.555(h) Description of TxHmL Program Services <p>▶ Subchapter N</p>	<p>Rules: Partial Compliance</p> <ul style="list-style-type: none"> §9.555(e)(2)(A) Description of TxHmL Program Services <p>▶ Subchapter N</p>	<p>Rules: Partial Compliance</p> <ul style="list-style-type: none"> §9.555(h) Description of TxHmL Program Services <p>▶ Subchapter N</p>
<p>Any modifications to privacy in Texas HCBS settings is supported by a specific assessed need and justified in the person-centered service plan. 42 CFR 441.301(c)(4)(vi)(F)</p>	<p>Rules: Partial Compliance-</p> <ul style="list-style-type: none"> §9.555(b) Description of TxHmL Program Services §9.567(k) Process for Enrollment §9.568(a), (a)(1) Revisions and Renewals of Individual IPC, LOC, LON for Enrolled Individuals §9.580(a)(16) Certification Principles: Quality Assurance <p>▶ Subchapter N</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> §9.567(k) Process for Enrollment §9.568(a), (a)(1) Revisions and Renewals of Individual IPC, LOC, LON for Enrolled Individuals §9.580(a)(16) Certification Principles: Quality Assurance <p>▶ Subchapter N</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> §9.567(k) Process for Enrollment §9.568(a), (a)(1) Revisions and Renewals of Individual IPC, LOC, LON for Enrolled Individuals §9.580(a)(16) Certification Principles: Quality Assurance <p>▶ Subchapter N</p>
<p>In Texas, modifications to individual privacy document the positive interventions and supports used prior to any modifications to the person-centered plan. 42 CFR441.301(c)(4)(vi)(F)(2)</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> §9.568(a), (a)(1) Revisions and Renewals of Individual IPC, LOC, LON for Enrolled Individuals, <p>▶ Subchapter N</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> §9.568(a), (a)(1) Revisions and Renewals of Individual IPC, LOC, LON for Enrolled Individuals <p>▶ Subchapter N</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> §9.568(a), (a)(1) Revisions and Renewals of Individual IPC, LOC, LON for Enrolled Individuals <p>▶ Subchapter N</p>
<p>In Texas, modifications to individual privacy document less intrusive methods of meeting the need that have been tried but did not work. 42 CFR 441.301(c)(4)(vi)(F)(3)</p>	<p>Rules: Compliant</p> <ul style="list-style-type: none"> §9.568(a), (a)(1) Revisions and Renewals of Individual IPC, LOC, LON for Enrolled Individuals, §9.580(p)(1-11) Certification Principles: Quality Assurance <p>▶ Subchapter N</p>	<p>Rules: Compliant</p> <ul style="list-style-type: none"> §9.568(a), (a)(1) Revisions and Renewals of Individual IPC, LOC, LON for Enrolled Individuals §9.580(p)(1-11) Certification Principles: Quality Assurance <p>▶ Subchapter N</p>	<p>Rules: Compliant</p> <ul style="list-style-type: none"> §9.568(a), (a)(1) Revisions and Renewals of Individual IPC, LOC, LON for Enrolled Individuals §9.580(p)(1-11) Certification Principles: Quality Assurance <p>▶ Subchapter N</p>
<p>In Texas, modifications to individual privacy include a clear description of the condition that is directly proportionate to the specific assessed need. 42 CFR 441.301(c)(4)(vi)(F)(4)</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> §9.568(a), (a)(1), (c)(1)(B) Revisions and Renewals of Individual IPC, LOC, LON for Enrolled Individuals <p>▶ Subchapter N</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> §9.568(a), (a)(1), (c)(1)(B) Revisions and Renewals of Individual IPC, LOC, LON for Enrolled Individuals <p>▶ Subchapter N</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> §9.568(a), (a)(1), (c)(1)(B) Revisions and Renewals of Individual IPC, LOC, LON for Enrolled Individuals <p>▶ Subchapter N</p>

Federal Rule	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>In Texas, modifications to individual privacy include regular collection and review of data to measure the ongoing effectiveness. 42 CFR 441.301(c)(4)(vi)(F)(5)</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.582(a), (b) Compliance with TxHmL Program Principles for LIDDAs • §9.583(e), (h), (j) TxHmL Program Principles for LIDDAS <p>▶ Subchapter N</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.582(a), (b) Compliance with TxHmL Program Principles for LIDDAs • §9.583(e), (h), (j) TxHmL Program Principles for LIDDAS <p>▶ Subchapter N</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.582(a), (b) Compliance with TxHmL Program Principles for LIDDAs • §9.583(e), (h), (j) TxHmL Program Principles for LIDDAS <p>▶ Subchapter N</p>
<p>In Texas, modifications to individual privacy establish time limits for periodic reviews to determine if the modification is still necessary or can be terminated. 42 CFR 441.301(c)(4)(vi)(F)(6)</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.576(b) DADS Review of a program provider <p>▶ Subchapter N</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.576(b) DADS Review of a program provider <p>▶ Subchapter N</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.576(b) DADS Review of a program provider <p>▶ Subchapter N</p>
<p>In Texas, modifications to individual privacy include informed consent of the individual. 42 CFR 441.301(c)(4)(vi)(F)(7)</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.580(a)(5) Certification Principles Quality Assurance <p>◇ Subchapter N</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.580(a)(5) Certification Principles Quality Assurance <p>▶ Subchapter N</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.580(a)(5) Certification Principles Quality Assurance <p>▶ Subchapter N</p>
<p>In Texas, modifications to individual privacy include assurances that interventions and supports will cause no harm to the individual. 42 CFR 441.301(c)(4)(vi)(F)(8)</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.580(a)(14) Certification Principles: Quality Assurance • §9.579(f) Certification Principles: Qualified Personnel <p>▶ Subchapter N</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.580(a)(14) Certification Principles: Quality Assurance • §9.579(f) Certification Principles: Qualified Personnel <p>▶ Subchapter N</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.580(a)(14) Certification Principles: Quality Assurance • §9.579(f) Certification Principles: Qualified Personnel <p>▶ Subchapter N</p>
<p>Individuals are offered choice of residential setting options (including non-disability specific settings) within Texas waivers that offer residential services and an option for a private unit in a residential setting. 42 CFR 441.301(c)(4)(ii)</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>

Federal Rule	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
<p>Texas HCBS settings are integrated and support full access to the greater community (including employment/work) to the same degree of access an individual not receiving HCBS services has. 42 CFR 441.301(c)(4)(i)</p>	<p>Rules: Compliant</p> <ul style="list-style-type: none"> • §9.555(b) Description of TxHmL Program Services • §9.578(k), (l), (m) Program Provider Certification • Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter N 	<p>Rules: Compliant</p> <ul style="list-style-type: none"> • §9.555(e) Description of TxHmL Program Services • §9.578(k), (l), (m) Program Provider Certification • Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter N 	<p>Rules: Compliant</p> <ul style="list-style-type: none"> • §9.555(d) Description of TxHmL Program Services • §9.578(k), (l), (m) Program Provider Certification • Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter N
<p>Texas HCBS settings allow individuals to engage in community life to the same degree of access as an individual not receiving HCBS services. 42 CFR 441.301(c)(4)(i)</p>	<p>Rules: Compliant</p> <ul style="list-style-type: none"> • §9.555(b) Description of TxHmL Program Services, • §9.578(k), (l), (m) Program Provider Certification • Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter N 	<p>Rules: Compliant</p> <ul style="list-style-type: none"> • §9.555(e) Description of TxHmL Program Services • §9.578(k), (l), (m) Program Provider Certification • Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter N 	<p>Rules: Compliant</p> <ul style="list-style-type: none"> • §9.555(d) Description of TxHmL Program Services • 9.578(k), (l), (m) Program Provider Certification • Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter N
<p>Texas HCBS settings allow individuals to control their personal resources to the same degree of access as an individual not receiving HCBS services. 42 CFR 441.301(c)(4)(i)</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.580(a)(4), (a)(8) Certification Principles: Quality Assurance <ul style="list-style-type: none"> ▶ Subchapter N 	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.580(a)(4), (a)(8) Certification Principles: Quality Assurance <ul style="list-style-type: none"> ▶ Subchapter N 	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.580(a)(4), (a)(8) Certification Principles: Quality Assurance <ul style="list-style-type: none"> ▶ Subchapter N
<p>Texas HCBS settings allow individual's the right to privacy, dignity, respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.580(a)(3), (11), (14), (15), (16) • Certification Principles: Quality Assurance <ul style="list-style-type: none"> ▶ Subchapter N 	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.580(a)(3), (11), (14), (15), (16) Certification Principles: Quality Assurance <ul style="list-style-type: none"> ▶ Subchapter N 	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.580(a)(3), (11), (14), (15), (16) Certification Principles: Quality Assurance <ul style="list-style-type: none"> ▶ Subchapter N
<p>Texas HCBS settings optimize individual initiative, autonomy, and independence in making life choices, (i.e. daily activities, environment and who they interact with). 42 CFR 441.301(c)(4)(iv)</p>	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.555(b) Description of TxHmL Program Services • §9.580(a)(3), (11), (14), (15), (16) Certification Principles: Quality Assurance • §9.578(k), (l), (m) Program Provider Certification • Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter N 	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.555(e) Description of TxHmL Program Services • §9.580(a)(3), (11), (14), (15), (16) Certification Principles: Quality Assurance • §9.578(k), (l), (m) Program Provider Certification • Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter N 	<p>Rules: Partial Compliance:</p> <ul style="list-style-type: none"> • §9.555(d) Description of TxHmL Program Services • §9.580(a)(3), (11), (14), (15), (16) Certification Principles: Quality Assurance • §9.578(k), (l), (m) Program Provider Certification • Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter N

Federal Rule	Day Habilitation (Non-Residential)	Supported Employment (Non-Residential)	Employment Assistance (Non-Residential)
Texas HCBS settings facilitate individual choice regarding services and supports. 42 CFR 441.301(c)(4)(v)	Rules: Partial Compliance: <ul style="list-style-type: none"> • §9.567(n) Process for Enrollment, • §9.578(k), (l), (m) Program Provider Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter N 	Rules: Partial Compliance: <ul style="list-style-type: none"> • §9.567(n) Process for Enrollment • §9.578(k), (l), (m) Program Provider Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter N 	Rules: Partial Compliance: <ul style="list-style-type: none"> • §9.567(n) Process for Enrollment • §9.578(k), (l), (m) Program Provider Certification Principles: Service Delivery <ul style="list-style-type: none"> ▶ Subchapter N
Texas HCBS settings facilitate individual choice regarding who provides services. 42 CFR 441.301(c)(4)(v)	Rules: Partial Compliance: <ul style="list-style-type: none"> • §9.567(n) Process for Enrollment <ul style="list-style-type: none"> ▶ Subchapter N 	Rules: Partial Compliance: <ul style="list-style-type: none"> • §9.567(n) Process for Enrollment <ul style="list-style-type: none"> ▶ Subchapter N 	Rules: Partial Compliance: <ul style="list-style-type: none"> • §9.567(n) Process for Enrollment <ul style="list-style-type: none"> ▶ Subchapter N
Texas provider owned or controlled residential settings allow individuals to own/rent or occupy the unit under a legally enforceable agreement by the individual receiving services. 42 CFR 441.301(c)(4)(vi)(A)	NA	NA	NA
Individuals receiving services in Texas HCBS settings have the same responsibilities and protections against eviction. 42 CFR 441.301(c)(4)(vi)(A)	NA	NA	NA

Youth Empowerment Services (YES) Waiver

The Youth Empowerment Services (YES) Waiver provides home and community-based services to children ages 3 through 18 with serious emotional disturbance who reside in a non-institutional setting with the individual's legally authorized representative (LAR), or in the child's own home, if legally emancipated. Oversight of the YES Waiver and determination of provider rates are the responsibility of HHSC. Local Mental Health Authorities (LMHA) and Local Behavioral Health Authorities (LBHA) provide Wraparound for Waiver participants. LMHA/LBHAs also serve as YES Waiver Comprehensive Waiver Providers, which means it performs Wraparound functions and provides the services offered in the Waiver service array. Private entities contract directly with HHSC to be Comprehensive Waiver Providers, but do not perform Wraparound functions – the private entity provides the waiver services while care is delivered through the LMHA/LBHAs. A Comprehensive Waiver Provider may either provide all Waiver services or provide some Waiver services and subcontract for the provision of other Waiver services. It is the responsibility of Comprehensive Waiver Providers to ensure that subcontracted Waiver providers follow all federal and state statutes, rules, and regulations, including the HCBS settings federal regulations. It is HHSC's responsibility to provide oversight of the Comprehensive Waiver Providers' ability and plan to ensure compliance. HHSC accomplishes this by outlining contractual requirements in its contract with the Comprehensive Waiver Providers and corresponding contractually required YES Waiver Policy and Procedure Manual. HHSC reviewed these documents, in addition to the 1915(c) Waiver approved by the Centers for Medicare and Medicaid Services (CMS), various forms, and administrative rules, to conduct the internal assessment of its policies and procedures to determine compliance with the HCBS settings federal regulations. The following is an overview of each of the documents reviewed:

The original approved 1915(c) waiver and subsequent amendments can be found at the [YES webpage](#).

Texas Administrative Code (TAC): State agency rules are adopted in [Title 25, Part 1, Chapter 419, Subchapter A Youth Empowerment Services \(YES\)](#). Rules for licensed child placing agencies and foster homes verified by child placing agencies can be found at: [TAC, Part 1, Chapter 749](#)

YES Waiver Policy Manual: The YES Waiver Policy and Procedure Manual outlines operational guidance, requirements, and specific procedures Local Mental Health

Authorities and Comprehensive Waiver Providers must follow to operate under the YES Waiver, and can be found at the [YES webpage](#): Section 2200, Local Mental Health Authorities Responsibilities.

HHSC has determined that all YES Waiver services are compliant with the HCBS settings regulations as they are only offered in a Waiver participant's private home or in public places. To confirm even further, staff reviewed all the services and the settings they are provided in, referring to all rules, policies, and other forms of documentation and found those settings to be compliant. One YES Waiver service is provided in a home other than that of the Waiver participant: Supportive Family-Based Alternatives. Supportive Family-Based Alternatives service is designed to provide therapeutic support to the Waiver participant and to model appropriate behaviors for the Waiver participant's family, with an objective of the Waiver participant returning to live with their own family and community. The participant temporarily (less than 90 days) leaves their own home to live in a foster home. The setting for the service is a foster home verified by a DFPS licensed child placing agency. The service must be pre-authorized by HHSC prior to the provision of the service and can be authorized for a maximum of only 90 consecutive or cumulative days, per year. The settings requirements in the Waiver specify that the foster home must be in a typical residence in the community and the environment must assure the community integration, health, safety, and welfare of the Waiver participant. The Waiver also requires that the service include facilitation of inclusion in community activities, participation in leisure activities, and development of socially valued behaviors. The following is the result of the internal assessment of compliance with the HCBS settings federal regulations for the YES Waiver, specific to the service and setting referenced above.

If rules or policy manuals are silent or partially compliant, HHSC intends to amend them during the remediation phase. Please see pages 24-33 of the STP for remediation activities.

Federal Rule	Supportive Family-Based Alternatives (Home and Community-Based Service provided in a YES contracted foster care home)
<p>Setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCB. 42 CFR 441.301(c)(4)(i)</p>	<p>Rules: Compliant</p> <ul style="list-style-type: none"> • 26(TAC), Part 1, Chapter 749, Subchapters A and O: §749.3; §749.3021-§749.3041 <ul style="list-style-type: none"> ▶ Subchapter A ▶ Subchapter O • 26 (TAC), Part 1, Chapter 750, Subchapter A: §750.3 <ul style="list-style-type: none"> ▶ Subchapter A ▶ Policy Manual: Compliant <p>Reflects settings requirements of the Waiver; Section 2400, beginning on page 91. The YES Waiver Policy and Procedure Manual is a PDF electronic version. Following is the link to the webpage where the PDF version is posted: https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers</p> <p>In left navigation, click on Yes Provider Resources; then click on YES Policy Manual December 2017.</p>
<p>Setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. 42 CFR 441.301(c)(4)(ii)</p>	<p>Rules: Compliant</p> <ul style="list-style-type: none"> • 26 (TAC), Part 1, Chapter 749, Subchapters A and O: §749.3; §749.3021-§749.3041 <ul style="list-style-type: none"> ▶ Subchapter A ▶ Subchapter O • 26 (TAC), Part 1, Chapter 750, Subchapter A: §750.3 <ul style="list-style-type: none"> ▶ Subchapter A • Policy Manual: Compliant <p>Reflects settings requirements of the Waiver; need for service determined by Wraparound team, which includes Waiver participant; Wraparound team determines best setting option for participant.</p> <p>Section 2400-General Considerations, page 91; 2300.3 Comprehensive Waiver Provider General Responsibilities, page 81; 2200.4-Local Mental Health Authority Responsibilities – Service Authorization Requests, page 50; 2200.3-Local Mental Health Authority Intensive Case Management, Wraparound – page 46.</p> <p>The YES Waiver Policy and Procedure Manual is a PDF electronic version. Following is the link to the webpage where the PDF version is posted: https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers In left navigation, click on Yes Provider Resources; then click on YES Policy Manual December 2017.</p>

Federal Rule	Supportive Family-Based Alternatives (Home and Community-Based Service provided in a YES contracted foster care home)
<p>Setting ensures an individual’s rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)</p>	<p>Rules: Compliant</p> <ul style="list-style-type: none"> • 26 (TAC), Part 1, Chapter 749, Subchapters A and O: §749.3; §749.3021-§749.3041 <ul style="list-style-type: none"> ▶ Subchapter A ▶ Subchapter O • 26 (TAC), Part 1, Chapter 750, Subchapter A: §750.3 <ul style="list-style-type: none"> ▶ Subchapter A <p>Policy Manual: Compliant</p> <p>Reflects settings requirements of the Waiver; need for service determined by Wraparound team, which includes Waiver participant; Wraparound team determines best setting option for participant.</p> <p>Section 2400-General Considerations, page 91; 2300.3 Comprehensive Waiver Provider General Responsibilities, page 81; 2200.4-Local Mental Health Authority Responsibilities – Service Authorization Requests, page 50; 2200.3-Local Mental Health Authority Intensive Case Management, Wraparound – page 46.</p> <p>The YES Waiver Policy and Procedure Manual is a PDF electronic version. Following is the link to the webpage where the PDF version is posted: https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers In left navigation, click on Yes Provider Resources; then click YES on Policy Manual December 2017.</p>

Federal Rule	Supportive Family-Based Alternatives (Home and Community-Based Service provided in a YES contracted foster care home)
<p>Setting 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. 42 CFR 441.301(c)(4)(iv)</p>	<p>Rules: Compliant</p> <ul style="list-style-type: none"> • 26 (TAC), Part 1, Chapter 749, Subchapters A and O: §749.3; §749.3021-§749.3041 <ul style="list-style-type: none"> ▶ Subchapter A ▶ Subchapter O • 26 (TAC), Part 1, Chapter 750, Subchapter A: §750.3 <ul style="list-style-type: none"> ▶ Subchapter A <p>Policy Manual: Compliant</p> <p>Reflects settings requirements of the Waiver; need for service determined by Wraparound team, which includes Waiver participant; Wraparound team determines best setting option for participant.</p> <p>Section 2400-General Considerations, page 91; 2300.3 Comprehensive Waiver Provider General Responsibilities, page 81; 2200.4-Local Mental Health Authority Responsibilities – Service Authorization Requests, page 50; 2200.3-Local Mental Health Authority Intensive Case Management, Wraparound – page 46.</p> <p>The YES Waiver Policy and Procedure Manual is a PDF electronic version. Following is the link to the webpage where the PDF version is posted: https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers</p> <p>In left navigation, click on Yes Provider Resources; then click on Yes Policy Manual December 2017.</p>
<p>Setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)</p>	<p>Rules: Compliant</p> <ul style="list-style-type: none"> • 26 (TAC), Part 1, Chapter 749, Subchapters A and O: §749.3; §749.3021-§749.3041 <ul style="list-style-type: none"> ▶ Subchapter A ▶ Subchapter O • 26 (TAC), Part 1, Chapter 750, Subchapter A: §750.3 <ul style="list-style-type: none"> ▶ Subchapter A <p>Policy Manual: Compliant</p> <p>Child and Family Team meeting monthly to discuss effectiveness of Waiver services, participant response, and to determine whether a change in services and/or provider is needed.</p> <p>Section 2200.3-Local Mental Health Authority Intensive Case Management, Wraparound – page 46. The YES Waiver Policy and Procedure Manual is a PDF electronic version. Following is the link to the webpage where the PDF version is posted: https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers</p> <p>In left navigation, click on Yes Provider Resources; then click on YES Policy Manual December 2017.</p>

STAR+PLUS Home and Community-Based Services

The Home and Community-Based Services (HCBS) STAR+PLUS Waiver program operates under a managed care service delivery model under the authority of the Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver. In this model, HHSC contracts with managed care organizations (MCOs) to provide the full array of Medicaid and STAR+PLUS HCBS program services and service coordination to elderly and disabled adults who meet a nursing facility level of care. MCOs negotiate rates and contract directly with providers to be part of their network of providers. Providers bill and are paid by the MCOs for the provision of services. It is the responsibility of the MCOs to ensure network providers follow all state and federal statutes, rules, and regulations, including the HCBS settings federal regulations. It is the State's responsibility to provide oversight of the MCO's ability and plan to ensure compliance. Texas does this by outlining contractual requirements in its contract with the MCOs and corresponding contractually required handbook and manual. Texas reviewed these documents in addition to related administrative rules to conduct its internal assessment of the State's policies and procedures to determine compliance with the HCBS Settings federal regulations. The following is an overview of each of the documents reviewed:

The originally approved 1115 waiver can be found here at [CMS approval](#).

Several amendments have been made to the 1115 waiver since it was originally approved in December 2011.

Texas Administrative Code (TAC). State agency rules are adopted in the TAC. Medicaid managed care TAC rules can be found in [1 TAC Chapter 353](#).

State licensure rules for assisted living facilities can be found here in [40 TAC Chapter 92](#).

Texas utilizes a uniform contract that includes standard language across contracts with all MCOs and service delivery areas. Contract language for each managed care program is consistent across contracts. For purposes of the internal assessment, staff reviewed the [Uniform Managed Care Contract \(UMCC\)](#). **STAR+PLUS Handbook.** Texas outlines operational guidance, requirements and specific processes MCOs and HHSC staff will follow to operate the STAR+PLUS Waiver program in the [STAR+PLUS Handbook](#). The handbook details guidance specific to the HCBS services offered in STAR+PLUS. HHSC requires by contract and administrative rule that MCOs comply with requirements outlined in this handbook.

Uniform Managed Care Manual (UMCM). Texas outlines operational guidance, requirements, and specific processes MCOs across all managed care programs must follow to operate Medicaid or CHIP managed care. For example, the [UMCM](#) includes direction for what MCOs must have in their member handbooks and provider manuals; templates that must be used to report certain information to HHSC; and provider billing and encounter submission processes. HHSC requires by contract that MCOs comply with requirements outlined in the UMCM.

Texas has determined that the following services are exempt from the regulations as they are offered only in a member's private residence, family's own home, in the community, or exempt due to other CMS guidance: personal assistance services, nursing services, physical therapy, occupational therapy, speech pathology services, adaptive aids, medical supplies, dental services, minor home modifications, emergency response systems, home delivered meals, transition assistance services, financial management services, cognitive rehabilitation therapy, supported employment, employment assistance and respite.

The following are the results of Texas's internal assessment of compliance with the HCBS settings federal regulations for the STAR+PLUS HCBS program that operates under the 1115 waiver. If an item is noted as "silent" or "partial compliance," it means HHSC will need to update its policies to reflect the new requirement as part of remediation to come into compliance with the federal regulations. New requirements will primarily be added to the contractually required STAR+PLUS Handbook or UMCM related to MCO's requirements for contracting with or credentialing providers or ensuring member rights, as applicable.

If rules or policy manuals are silent or partially compliant, HHSC intends to amend them during the remediation phase. HHSC indicates partially compliant for rule and policy manual for areas HHSC is found to be partially in compliance with the HCBS Final Rules. HHSC indicates NA for areas where HCBS final rule is not applicable within the specified waiver service. Please see the remediation section of the STP for detailed remediation activities.

Federal Rule	Assisted Living Facilities (Residential)	Adult Foster Care (Residential)
<p>In home services are not provided in institutional settings 42 CFR 441.301 (c)(5)</p>	<p>Policy Manual: Compliant: <ul style="list-style-type: none"> ● STAR+PLUS handbook-Section 6111, Service Introduction <ul style="list-style-type: none"> ▶ Section 6000 </p>	<p>Policy Manual: Compliant: <ul style="list-style-type: none"> ● STAR+PLUS handbook-Section 6111, Service Introduction <ul style="list-style-type: none"> ▶ Section 6000 </p>
<p>Out-of-home respite is not allowed in institutional settings. 42 CFR 441.301 (c)(5)</p>	<p>Policy Manual: Compliant <ul style="list-style-type: none"> ● STAR+PLUS Handbook-Section 7310 ("Service Coordination Duties Related to Respite Care") ● 7330 "Out-of-Home Respite Services" ● 7333 "Description of Services" for out-of-home respite <ul style="list-style-type: none"> ▶ Section 7000 </p>	<p>Policy Manual: Compliant <ul style="list-style-type: none"> ● STAR+PLUS Handbook-Section 7310 ("Service Coordination Duties Related to Respite Care") ● 7330 "Out-of-Home Respite Services" ● 7333 "Description of Services" for out-of-home respite <ul style="list-style-type: none"> ▶ Section 7000 </p>
<p>Day habilitation is not allowed to be provided in settings that have institutional qualities. 42 CFR 441.301 (c)(5)</p>	<p>N/A: Day habilitation is not a service of STAR+PLUS HCBS.</p>	<p>N/A: Day habilitation is not a service of STAR+PLUS HCBS.</p>
<p>Texas HCBS settings have entrance doors lockable by the individual, with only appropriate staff keys. 42 CFR 441.301 (c)(4)(vi)(B)(1)</p>	<p>Silent</p>	<p>Silent</p>
<p>Individuals sharing units in Texas HCBS settings have a choice of roommates in that setting. 42 CFR 441.301(c) (4)(vi)(B)(2)</p>	<p>Silent</p>	<p>Silent</p>
<p>Individuals in Texas HCBS settings have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. 42 FR 441.301 (c)(4)(vi)(B)(3)</p>	<p>Rules: Compliant: <ul style="list-style-type: none"> ● 553.125(S) and (U) Resident's Bill of Rights and Provider's Bill of Rights <ul style="list-style-type: none"> ▶ Subchapter G </p>	<p>Silent</p>

Federal Rule	Assisted Living Facilities (Residential)	Adult Foster Care (Residential)
<p>Individuals in Texas HCBS settings have the freedom and support to control their own schedules and activities and have access to food at any time. 42 CFR 441.301(c) (4)(vi)(C)</p>	<p>Rules: Partial compliance:</p> <ul style="list-style-type: none"> • In compliance for activities: ALF Licensure Standards, 26 TAC 553.125(a)(3)(E)(i), related to resident's bill of rights and provider bill of rights ▶ Subchapter G • Not in compliance for schedules or access to food at any time. 	<p>Silent</p>
<p>Individuals in Texas HCBS settings are able to have visitors of their choosing at any time. 42 CFR 441.301 (c) (4)(vi)(D)</p>	<p>Rules: Partial compliance:</p> <ul style="list-style-type: none"> • ALF Licensure Standards 26 TAC 553.125(a)(3)(J), Subchapter G, related to resident's bill of rights and provider bill of rights states member can have visitors, but only "at any reasonable hour." ▶ Subchapter G 	<p>Silent</p>
<p>Texas HCBS settings are physically accessible to the individual. 42 CFR 441.301(c) (4)(vi)(E)</p>	<p>Rules: Compliant</p> <ul style="list-style-type: none"> • ALF Licensing Standards 26 TAC 553.61 (b)(8), Subchapter D, related to assisted living facility construction ▶ Subchapter D 	<p>Policy Manual: Partial Compliance:</p> <ul style="list-style-type: none"> • STAR+PLUS Waiver Handbook, Appendix XXIV, "Minimum Standards for STAR+PLUS AFC Home and Home Providers" ▶ Appendix XXIV • AFC home and AFC home providers must comply with all applicable fire, health, and safety laws, ordinances and regulations along with necessary fire and safety health inspections. <p>Rules:</p> <ul style="list-style-type: none"> • 40 TAC Part 1, Chapter 48, Subchapter K, Minimum Standards for Adult Foster Care. ▶ Subchapter K
<p>Any modifications to privacy in Texas HCBS settings is supported by a specific assessed need and justified in the person-centered service plan. 42 CFR 441.301 (c)(4)(vi)(F)</p>	<p>Silent</p>	<p>Silent</p>

Federal Rule	Assisted Living Facilities (Residential)	Adult Foster Care (Residential)
<p>In Texas, modifications to individual privacy are identified in the person-centered plan and specify the individualized need. 42 CFR 441.301(c) (4)(vi)(F)(1)</p>	Silent	Silent
<p>In Texas, modifications to individual privacy document the positive interventions and supports used prior to any modifications to the person-centered plan. 42 CFR 441.301 (c)(4)(vi)(F)(2)</p>	Silent	Silent
<p>In Texas, modifications to individual privacy document less intrusive methods of meeting the need that have been tried but did not work. 42 CFR 441.301 (c)(4)(vi)(F)(3)</p>	Silent	Silent
<p>In Texas, modifications to individual privacy include a clear description of the condition that is directly proportionate to the specific assessed need. 42 CFR 441.301 (c)(4)(vi)(F)(4)</p>	Silent	Silent
<p>In Texas, modifications to individual privacy include regular collection and review of data to measure the ongoing effectiveness of the modification. 42 CFR 441.301(c) (4)(vi)(F)(5)</p>	Silent	Silent
<p>In Texas, modifications to individual privacy establish time limits for periodic reviews to determine if the modification is still necessary or can be terminated. 42 CFR 441.301(c) (4)(vi)(F)(6)</p>	Silent	Silent

Federal Rule	Assisted Living Facilities (Residential)	Adult Foster Care (Residential)
<p>In Texas, modifications to individual privacy include informed consent of the individual. 42 CFR 441.301 (c)(4)(vi)(F)(7)</p>	<p>Silent</p>	<p>Silent</p>
<p>In Texas, modifications to individual privacy include assurances that interventions and supports will cause no harm to the individual. 42 CFR 441.301 (c)(4)(vi)(F)(8)</p>	<p>Silent</p>	<p>Silent</p>
<p>Individuals are offered choice of residential setting options (including non-disability specific settings) within Texas waivers that offer residential services and an option for a private unit in a residential setting. 42 CFR 441.301(c) (4)(ii)</p>	<p>Contract: Compliant <ul style="list-style-type: none"> ● UMCC: 8.3.2.8 related to Texas' Section 811 rental assistance project <ul style="list-style-type: none"> ▶ UMCC Policy Manual: Compliant <ul style="list-style-type: none"> ● STAR+PLUS Handbook-Section 7250, "Standards for Operation" related to assisted living services <ul style="list-style-type: none"> ▶ Section 7000 </p>	<p>Contract: Compliant <ul style="list-style-type: none"> ● UMCC: 8.3.2.8 related to Texas' Section 811 rental assistance project <ul style="list-style-type: none"> ▶ UMCC Policy Manual: Compliant <ul style="list-style-type: none"> ● STAR+PLUS Handbook-Section 7123, MCO Responsibilities <ul style="list-style-type: none"> ▶ Section 7000 </p>
<p>Texas HCBS settings are integrated and support full access to the greater community (including employment/work) to the same degree of access an individual not receiving HCBS services has. 42 CFR 441.301 (c)(4)(i)</p>	<p>Contract: Compliant <ul style="list-style-type: none"> ● UMCC: 8.3.1.2, "HCBS STAR+PLUS Waiver Services Available to Qualified Members" ● UMCC 8.3.2.2 "Service Coordination Structure" <ul style="list-style-type: none"> ▶ UMCC </p>	<p>Contract: Compliant <ul style="list-style-type: none"> ● UMCC 8.3.2.2 "Service Coordination Structure" <ul style="list-style-type: none"> ▶ UMCC </p>
<p>Texas HCBS settings allow individuals to engage in community life to the same degree of access as an individual not receiving HCBS services. 42 CFR 441.301 (c)(4)(i)</p>	<p>Rules: Compliant <ul style="list-style-type: none"> ● ALF Licensure Standards: 26 TAC 553.125(a)(2), "Resident's Bill of Rights and Provider Bill of Rights" related to assisted living facilities <ul style="list-style-type: none"> ▶ Subchapter G </p>	<p>Contract: Compliant <ul style="list-style-type: none"> ● UMCC 8.3.2.2 "Service Coordination Structure" <ul style="list-style-type: none"> ▶ UMCC </p>
<p>Texas HCBS settings allow individuals to control their personal resources to the same degree of access as an individual not receiving HCBS services. 42 CFR 441.301(c) (4)(i)</p>	<p>Policy Manual: Compliant <ul style="list-style-type: none"> ● STAR+PLUS Handbook-Section 7250, "Assisted Living Services" <ul style="list-style-type: none"> ▶ Section 7000 </p>	<p>Policy Manual: Compliant <ul style="list-style-type: none"> ● STAR+PLUS Handbook-Appendix XXIV, "Minimum Standards for STAR+PLUS AFC Homes and Home Providers" <ul style="list-style-type: none"> ▶ Appendix XXIV </p>

Federal Rule	Assisted Living Facilities (Residential)	Adult Foster Care (Residential)
<p>Texas HCBS settings allow individual's the right to privacy, dignity, respect, and freedom from coercion and restraint. 42 CFR 441.301 (c)(4)(iii)</p>	<p>Rules: Compliant</p> <ul style="list-style-type: none"> ● ALF Licensure Standards: 26 TAC 553.125(a)(2), "Resident's Bill of Rights and Provider Bill of Rights", Subchapter G, related to assisted living facilities ● 26 TAC 553.125(a)(E)(3) states that the resident has the right to be treated with respect, consideration, and recognition of his or her dignity and individuality. <ul style="list-style-type: none"> ▶ Subchapter G <p>Policy Manual: Compliant:</p> <ul style="list-style-type: none"> ● STAR+PLUS Handbook Section 7210 "Introduction" related to assisted living services <ul style="list-style-type: none"> ▶ Section 7000 	<p>Policy Manual: Compliant</p> <ul style="list-style-type: none"> ● STAR+PLUS Handbook-Appendix XXIV, "Minimum Standards for STAR+PLUS AFC Homes and Home Providers" <ul style="list-style-type: none"> ▶ Appendix XXIV
<p>Texas HCBS settings optimize individual initiative, autonomy, and independence in making life choices, (i.e. daily activities, environment and who they interact with) 42 CFR 441.301(c) (4)(iv)</p>	<p>Policy Manual: Compliant</p> <ul style="list-style-type: none"> ● STAR+PLUS Handbook-Section 1120, "Values" related to operation of the STAR+PLUS program ● STAR+PLUS Handbook Section 7210, "Introduction" related to assisted living services <ul style="list-style-type: none"> ▶ Section 7000 	<p>Policy Manual: Compliant</p> <ul style="list-style-type: none"> ● STAR+PLUS Handbook-Section 7111, "Purpose" related to adult foster care <ul style="list-style-type: none"> ▶ Section 7000
<p>Texas HCBS settings facilitate individual choice regarding services and supports. 42 CFR 441.301 (c)(4)(v)</p>	<p>Rules: Compliant</p> <ul style="list-style-type: none"> ● ALF Licensure Standards: 26 TAC 553.125, "Resident's Bill of Rights and Provider Bill of Rights" related to assisted living facilities <ul style="list-style-type: none"> ▶ Subchapter G <p>Contract: Compliant</p> <ul style="list-style-type: none"> ● UMCC 8.3.2.2 "Service Coordination Structure" <ul style="list-style-type: none"> ▶ UMCC 	<p>Contract: Compliant</p> <ul style="list-style-type: none"> ● UMCC 8.3.2.2 "Service Coordination Structure" <ul style="list-style-type: none"> ▶ UMCC
<p>Texas HCBS settings facilitate individual choice regarding who provides services. 42 CFR 441.301(c) (4)(v)</p>	<p>Policy Manual: Compliant</p> <ul style="list-style-type: none"> ● STAR+PLUS Handbook-Section 7222, "Initial Responsibilities for Members Facilities" <ul style="list-style-type: none"> ▶ Section 7000 Residing in AL 	<p>Policy Manual: Compliant</p> <ul style="list-style-type: none"> ● STAR+PLUS Handbook-Section 7223, "MCO Responsibilities" <ul style="list-style-type: none"> ▶ Section 7000

Federal Rule	Assisted Living Facilities (Residential)	Adult Foster Care (Residential)
<p>Texas provider owned or controlled residential settings allow individuals to own/rent or occupy the unit under a legally enforceable agreement by the individual receiving services. 42 CFR 441.301(c) (4)(vi)(A)</p>	<p>Rules: Compliant</p> <ul style="list-style-type: none"> ● ALF Licensure Standards: 26 TAC 553.125, "Resident's Bill of Rights and Provider Bill of Rights" related to assisted living facilities <ul style="list-style-type: none"> ▶ Subchapter G <p>Policy Manual: Compliant</p> <ul style="list-style-type: none"> ● STAR+PLUS handbook-Section 7241 "Room and Board Requirements" <ul style="list-style-type: none"> ▶ Section 7000 	<p>Policy Manual: Compliant:</p> <ul style="list-style-type: none"> ● STAR+PLUS handbook-Section 7151 "Member and AFC Home Provider Agreement" <ul style="list-style-type: none"> ▶ Section 7000
<p>Individuals receiving services in Texas HCBS settings have the same responsibilities and protections against eviction. 42 CFR 441.301 (c)(4)(vi)(A)</p>	<p>Rules: Compliant</p> <ul style="list-style-type: none"> ● ALF Licensure Standards: 26 TAC 553.125, "Resident's Bill of Rights and Provider Bill of Rights" related to assisted living facilities <ul style="list-style-type: none"> ▶ Subchapter G ● STAR+PLUS Handbook-Section 7246, "Termination Due to Failure to Pay the Required Contribution to the Cost of Care" related to assisted living services <p>Policy Manual: Compliant</p> <ul style="list-style-type: none"> ● STAR+PLUS handbook-Section 7241, "Room and Board Requirements" <ul style="list-style-type: none"> ▶ Section 7000 	<p>Policy Manual: Compliant</p> <ul style="list-style-type: none"> ● STAR+PLUS handbook-Section 7151, "Member and AFC Home Provider Agreement" <ul style="list-style-type: none"> ▶ Section 7000

Assumptions

- Texas assumes that a service provided in an institution, if available to anyone in the community, follows the HCBS setting regulations. For example, physical therapy provided at a nursing facility in the STAR+PLUS HCBS program.
- CMS confirmed that if provisions exist in the waiver for use of respite out of the home, use of ICF, NF, or large ALF for respite follows the regulations.

Appendix II. External Assessment Results

Residential Findings

HCS Individual	HCS Provider	DBMD Individual	DBMD Provider	SP Individual	SP Provider
Fifty-seven percent of individuals indicated they do not have to be home at a specific time.	83% of providers indicated there is no curfew for residents unless otherwise indicated in the ISP. 76% of providers reported residents may come and go from the home at any time.	64% of individuals reported that, when they go out, they do not have to be home at a certain time.	82% of providers indicated there is no curfew for residents unless otherwise indicated in the ISP. 59% of providers reported residents may come and go from the home at any time.	37.4% of individuals must be home at a certain time.	62.60% of providers report that residents can come and go from the home at any time they choose, while 28.91% report that there is a curfew for all residents.
66% of respondents indicated they do not have to move from their home if they do not want to.	55% of providers report that individuals have a lease-like document. 85% of providers report that individuals are informed about their rights under a residency agreement.		73% of providers report that individuals have a lease-like document. 77% of providers report that individuals are informed about their rights under a residency agreement.	71.6% of individuals report they can move somewhere else. 38.5% believe they can be forced to move from their home against their will. 23.2% aren't sure if they can be.	81.90% of providers report that individuals have a lease-like document. 92.24% of providers report all individuals are informed about their rights under a residency agreement.
76% of individuals indicated their service plan always or most of the time has everything they would like it to include.				42.5% report their service plan includes everything they want. 31.3% report it includes most of what they want.	

HCS Individual	HCS Provider	DBMD Individual	DBMD Provider	SP Individual	SP Provider
67% of individuals chose their bedroom décor and supplies.	99% of responding providers indicated individuals can decorate their own rooms.		91% of responding providers indicated individuals can decorate their own rooms and display their own pictures, books, or other belongings.	48% of individuals chose all or most things in their room, such as sheets, bedspread, or towels.	98% of providers report individuals who receive STAR+PLUS waiver services can decorate their rooms and display their own pictures, books, or other belongings. 93% of providers report individuals who receive STAR+PLUS waiver services can choose the bedding, linens, or other household items used in their own rooms.
				62.7% reported people usually or always let them know before coming into their home.	
				81.3% reported having a place to be alone in their home.	
				70.1% reported all or most of their furniture is comfortable. 21.5% reported some of it is comfortable. 55.5% reported all the furniture in their room is in good condition, while 21.5 reported most of it is in good condition.	

HCS Individual	HCS Provider	DBMD Individual	DBMD Provider	SP Individual	SP Provider
			Only 54.55% reported surveillance cameras are not used in the home.	16.7% of individuals reported surveillance cameras are in use in their home. 13.7% were unsure.	40.52% of providers report using surveillance cameras in common areas of the home and 86% report using them in all clients' bedrooms.
				When staff members help you (bathe, shave, comb or fix your hair, or do your nails), do they do it the way you want? 75.3% report that staff respect individual's preferences when helping them bathe, shave, fix hair, or do nails. 17.6% report this is sometimes true for some things staff assist with.	96.67% of providers report always taking individual preferences (re. hairstyle, clothing, etc.) into account when individuals are assisted with grooming.

HCS Individual	HCS Provider	DBMD Individual	DBMD Provider	SP Individual	SP Provider
39% looked at multiple homes	<p>80% of service coordinators responded there are at least two homes for individuals to choose between. 90% of service coordinators reported individuals had a chance to visit more than one type of residential setting before making a choice. 94% of service coordinators reported individuals are offered opportunities to visit different types of homes. 79% of providers said individuals could visit their home before moving in.</p>		<p>39% of providers said individuals could visit overnight if space is available. 13% reported individuals could do so sometimes. 95.45% of providers reported that individuals could look at multiple homes before moving into their home, unless there is an emergency or other unusual problem.</p>	<p>26.9% of individuals looked at their current home and others before moving into home, and 18.7% looked at this home and chose it without looking at others. 73.2% of individuals reported having chosen current home. 38% of individuals report they would like to live in a different home.</p>	<p>88.8% of providers report visits from future residents are usually not overnight. 77.9% of providers usually offer individuals the opportunity to look at other homes and residential options before choosing a home. 79.56% of providers report that future residents usually visit in advance to decide if this home might meet their needs and preferences.</p>
	<p>66% of residential providers reported individuals have unique daily schedules. 62% of providers reported that individuals set their own schedules for sleeping, bathing, eating, and other routine daily activities;</p>		<p>68% of providers reported that individuals set their own schedules for sleeping, bathing, eating, and other routine daily activities.</p>		<p>55.28% of providers report that usually everyone who receives STAR+PLUS waiver services in the home follows the same daily schedule. 24.39% of providers report the default is for individuals in the home to set their own schedule for sleeping, waking, bathing, eating, exercising, and other daily activities.</p>

HCS Individual	HCS Provider	DBMD Individual	DBMD Provider	SP Individual	SP Provider
<p>88% of individuals have access to a phone in their home. Of individuals with access to a phone, 82% can be alone when using the phone. Of the individuals reporting they had access to a phone, 66% of individuals can use the phone at any time</p>	<p>95% of providers indicated residents can use the telephone at any time.</p>	<p>Only 16% of individuals reported having access to a phone. Of individuals with access to a phone, none can be alone when using the phone. Of individuals with access to a phone, none had unlimited access.</p>	<p>Of providers serving individuals with access to a phone, 96% reported individuals can have privacy while using the phone. 96% of providers indicated residents can use the telephone at any time.</p>	<p>43.4% have their own phone and 20.8% have a household phone they can use. 74.1% can always be alone when using the phone.</p>	<p>98% of providers report the house telephone is in a place where individuals can usually have privacy. 87.50% of providers allow individuals to use the phone at any time they choose, if it is available.</p>
<p>58% indicated their guests had full access to the house. Before an individual can receive a visitor in his or her home, the visitor must:</p> <ul style="list-style-type: none"> • be familiar to staff: 67%; • sign something: 19%; be introduced to staff: 45% 	<p>89% of providers do not restrict the public areas where an individual may have visitors. 77% of providers reported that guests must either call before visiting or identify themselves to staff when arriving at the home.</p>	<p>94% of individuals reported being able to access any part of the house with their visitors. All individuals reported being able to have visitors when they choose. 96% of individuals reported that staff must be familiar with their visitors before they visit, and the same number reported that visitors must sign in. All individuals reported that, if staff are not familiar with the visitor, they must speak with the visitor prior to the visit. Respondents could choose more than one answer.</p>	<p>86% of providers do not restrict the public areas where an individual may have visitors. 77% of providers reported there are not times when visitors are not permitted unless indicated by the individual's service plan. 73% of providers reported that guests must either call before visiting or identify themselves to staff when arriving at the home.</p>	<p>71.8% report all or most places in their home are open to visitors. 81.5% can always have visitors. 16.1% can usually or sometimes have visitors. 79.7% report guests must sign a book, form, or paper before visiting with the individual.</p>	<p>58.33% of reports permit visitors in all common areas of the home (e.g. laundry, dining room, kitchen, living room). 44.17% of providers report there are no restrictions on visitors and 38.33% restrict visitors only if indicated in individual service plans. 75.83% of providers require visitors to identify themselves to staff on arrival.</p>

HCS Individual	HCS Provider	DBMD Individual	DBMD Provider	SP Individual	SP Provider
69% of individuals reported no restrictions on where they can go in their home. Note that when those who reported having restrictions were asked the reason for the restrictions the most frequent response was that others were using the space or "other".	97% of responding providers indicated individuals had unrestricted access to the residence unless otherwise indicated in the ISP. 16% indicated they have locks or alarms preventing individuals from entering areas of the home.		64% of responding providers indicated individuals had unrestricted access to the residence unless otherwise indicated in the ISP. 32% indicated they have locks or alarms preventing individuals from entering areas of the home.	74.8% of individuals report there are no places in their home where they are not allowed to go. Of those reporting limitations, what keeps you from going to these places? Check all that apply: <ul style="list-style-type: none"> • 22.9% Others are using the space • 35.4% The doors are locked • 11.8% There is an alarm that goes off if I open the door • 59.7% Other • 7.6 Don't Know 	57.72% of providers report individuals who receive STAR+PLUS waiver services have full access to the home's kitchen, dining area, laundry, and living space unless otherwise indicated by individual service plans. 20.33% of providers reported that certain areas of the home have locked doors or alarms to prevent individuals who receive waiver services from entering or exiting because it is indicated in at least one resident's individual service plan, and 27.64% reported these restrictions are in place but it is not indicated in a resident's individual service plan.
82% said it was not hard to get around their homes.	93% of providers indicated residents were able to access all rooms in the home, without physical barriers.		82% of providers indicated residents were able to access all rooms in the home, without physical barriers.	84.4% of individuals report there are no hard to access areas in their home.	

HCS Individual	HCS Provider	DBMD Individual	DBMD Provider	SP Individual	SP Provider
<p>43% had a choice in who their roommate is. 63% can change roommates.</p>	<p>72% of providers responding indicated that, if individuals have roommates, they can choose who they are. 89% of providers reported individuals could change roommates if both parties agree.</p>		<p>78% of providers responding indicated that, if individuals have roommates, they can choose who they are. 100% of providers reported individuals could change roommates if both parties agree.</p>	<p>80% of individuals with a roommate did not have a choice of roommate when they first moved in to the home. 47% reported they are able to change their roommate.</p>	<p>84% of providers report individuals can choose who their roommates are if both parties agree and unless otherwise specified in one of their individual service plans. 92% of providers report individuals can change roommates if they request to do so, if both parties agree and unless otherwise specified in one of their individual service plans.</p>

HCS Individual	HCS Provider	DBMD Individual	DBMD Provider	SP Individual	SP Provider
<p>90% of individuals reported going places for activities. Specific activities include:</p> <ul style="list-style-type: none"> ● Church: 51% ● Non-Religious Meetings: 16% ● Shopping: 86% ● Library: 29% ● Going out to eat: 89% ● Hairdresser/ Barber: 57% ● Movies: 59% ● Sports Events: 46% ● Meeting friends and family: 77% 		<p>82% of individuals reported going places for activities.</p> <p>63% report going shopping.</p> <p>94% report going out to eat.</p> <p>77% go to the hairdresser/barber.</p> <p>71% meet with friends and family.</p> <p>Between 2 and 6% reported going to sporting events, church, the library, and movies.</p>		<p>Individuals reported usually or always having the ability to participate in the following community activities when they are interested in doing so:</p> <ul style="list-style-type: none"> ● Church or other religious meetings: 45.8% ● Other (non-religious) meetings: 33.2% ● Shopping for food when they wish.: 44% ● Shopping for clothes and other things: 41% ● Visit the library: 27% ● Go out to eat: 39% ● Go to the hairdresser or barbershop: 37% ● Go to plays or movies: 25% ● Go to ball games or other sports: 20% ● Meet friends or family out in the community: 43% 	

HCS Individual	HCS Provider	DBMD Individual	DBMD Provider	SP Individual	SP Provider
78% of individuals indicated someone asked them what they wanted to include in their service plan.	99% of service coordinators indicated they consult the individual when creating or updating the service plan. 82% of providers reported asking the individual for input in service plan; 86% speak with family, guardian, legally authorized representative, or other involved individuals; 86% consult with the service coordinator or case manager		91% of providers indicated they consult the individual when creating or updating the service plan. 95.45% of providers ask the individual for input on the service plan; 95.45% speak with family, LAR, or other involved individuals; and 63.64% consult with the individual's case manager.	53.4% report being asked what services you want in your service plan. 47.7% chose most or all the services included on their service plan. 27.1% chose none of the services.	
Of individuals who reported using local transportation, 76% reported receiving residential staff assistance.	70% of providers indicated public transportation is available in the setting's community; however, 63% responded "not applicable" when asked if individuals were provided support and training to use public transportation.	83% of those using local transportation responded that staff help them do so.	Of those serving individuals who use public transportation, 36% report individuals are provided individualized support and training to do so. 42% of providers reported at least one individual uses public transportation or paratransit on a weekly basis.	42.4% report staff members help them arrange and use local transportation. 14.7% report staff always accompany them when using local transportation. 74.9% report using local transportation alone.	59.38% of providers post or otherwise provide information about private transportation options like taxis to individuals in the home.

HCS Individual	HCS Provider	DBMD Individual	DBMD Provider	SP Individual	SP Provider
<p>72% of respondents reported being able to choose when to go to bed and when to get up in the morning. Almost half of responding individuals indicated everyone in their home gets up and goes to bed at the same time at least sometimes.</p>		<p>54% of individuals reported choosing when to get up or go to bed. 24% reported all residents get up and go to bed at the same time.</p>		<p>75% always choose when to get up in the morning. 81.5% always choose when to go to bed. 28.6% report everyone in the home always gets up at the same time, while 20.4% reported this never happens. 25.7% report everyone always goes to bed at the same time, while 23.9% report this never happens.</p>	
<p>96% of individuals who indicated their residence had a car or van to take them where they need to go.</p>	<p>84% of providers reported an accessible vehicle is available for individuals.</p>	<p>All respondents reported their home has a car or van. All respondents indicated they can get in the car or van, with or without staff assistance.</p>	<p>73% of providers reported an accessible vehicle is always available for individuals to use. 96% reported that the available vehicle accommodates the physical needs of all individuals receiving DBMD services in the household.</p>	<p>82.9% reported their home has a car, van, or bus to take them where they need to go. 95% of individuals report being able to get into the house car or van, either independently or with assistance.</p>	<p>60.94% of providers have at least one vehicle dedicated to the setting in question for residents of this site to use. 65.38% of providers have an organization-owned vehicle that accommodates the physical needs of all waiver participants in the household (for example, being wheelchair-accessible if needed).</p>

HCS Individual	HCS Provider	DBMD Individual	DBMD Provider	SP Individual	SP Provider
56% of individuals indicated they can use the provider transportation when they want to.		70% reported being able to use the van when they want to. 98% of individuals responded that they use the residential setting's van/car when they need transportation to access the community.		32.6% of individuals report the residence car or van is usually or always available for their use.	61.54% report the organization-owned vehicle is usually available for an outing for one resident.
	64% of providers reported that individuals can participate in the community without staff support unless otherwise specified in the individual's service plan.		82% of providers reported that individuals can participate in the community without staff support unless otherwise specified in the individual's service plan.		67.18% of providers report that residents are always allowed to participate in community activities without staff presence. Only 54.20% of providers reported that individuals living in the home require staff support in order to participate in community activities.
				When asked how they get places in the community, most individuals responded that either the home's transportation (62.0%) or friends/family members (58.8%).	

HCS Individual	HCS Provider	DBMD Individual	DBMD Provider	SP Individual	SP Provider
<p>43% of individuals reported a staff member takes them to activities one-on-one.</p> <p>70% of individuals indicated a staff member takes them on outings with housemates.</p>	<p>83% of providers indicated residents who need staff support can participate in the community one-on-one with staff.</p> <p>33% of providers indicated individuals can participate in unique activities on their own.</p>	<p>96% go alone with staff.</p> <p>94% participate in group outings with housemates.</p>	<p>59% of providers indicated residents who need staff support can participate in the community one-on-one with staff.</p>		<p>55.07% of providers report that individuals who require staff support to participate in community activities can receive this support for an individual outing at least once per month if requested.</p> <p>10.14% reported individuals can receive this support for an individual outing, but less often than once per month.</p>
		<p>64% participate in the community with friends or family who don't live in the home.</p>		<p>Regarding who they are typically with when they leave the home, the two most common responses were friends or family who don't live in the home (64.7%) and staff and housemates (53.8%).</p>	
			<p>82% of providers report staff never use a language or communication method not understood by an individual in their presence.</p>	<p>62.6% report staff always speak to them respectfully, and 20.3 % report staff usually do so. 60.5% report staff are always friendly and nice to them, and 21.6% report this is usually the case.</p>	<p>96.67% of providers report that staff are always expected to use adult-language in speaking to individuals, rather than addressing them with child-like terms such as mijo, my kids, etc.</p>

HCS Individual	HCS Provider	DBMD Individual	DBMD Provider	SP Individual	SP Provider
<p>82% of individuals reported private information is posted in an area of the home where others can see the information.</p> <p>91% reported being assisted by staff with activities of daily living in private.</p> <p>82% of responding individuals indicated staff assist them with hygiene activities individually (rather than as a group).</p>	<p>19% of residential providers reported posting in public areas of the home individual information such as therapy schedules, medications, or diets.</p> <p>99% of providers reported assisting individuals with ADLs in private.</p> <p>97% residential staff report assisting individuals with ADLs individually.</p>		<p>18% of residential providers reported at least sometimes posting in public areas of the home individual information such as therapy schedules, medications, or diets.</p> <p>100% of providers reported assisting individuals with ADLs in private.</p> <p>100% residential staff report assisting individuals with ADLs individually.</p>	<p>89.3% report staff do not post private information in public areas of the home.</p> <p>84.1% report staff always help with ADLs in a private location.</p> <p>85.1% report staff members help with ADLs alone.</p> <p>17.9% reported staff speak about their health to others, including other staff (68.2%), other residents (25.4%), providers (16.1%), and family members/friends (19.8%).</p>	<p>29.17% of providers report posting information like an individual's therapy schedules, medications used, or restricted diets in a shared area of the home.</p> <p>95.90% of providers report always helping individuals with personal care, such as bathing, toileting, or grooming, in private.</p> <p>95.90% of providers report always helping individuals with personal care, such as bathing, toileting, or grooming, in private.</p> <p>72.50% of providers report staff members never discuss residents' health issues and services when people other than the individual's family members, guardian, or legally authorized representative are present.</p>

<p>81% of respondents indicated no one comes in the bathroom without permission. 74% of respondents indicated staff do not enter their bedrooms. When asked if they can close and lock their bedroom door, 60% of individuals indicated yes.</p>	<p>90% of providers indicated residents can always close and lock their bathroom doors unless it is otherwise specified in the service plan or there is a safety concern. 93% of providers reported that staff knock and receive permission to enter prior to entering an individual's bedroom or bathroom unless it is otherwise specified in the service plan or if there is a safety concern. 22% of providers do not use a key to enter a resident's locked bedroom. 24% do with the individual's permission and 55% reported they would only in certain circumstances such as cleaning or for a safety reason.</p>		<p>86% of providers indicated residents can always close and lock their bathroom doors unless it is otherwise specified in the service plan or there is a safety concern. 96% of providers reported that staff knock and receive permission to enter prior to entering an individual's bedroom or bathroom unless it is otherwise specified in the service plan or if there is a safety concern. 82% reported individuals with private bedrooms can always close and lock their bedroom doors unless otherwise specified in the individual's service plan or there is a safety concern. 37% of providers do not use a key to enter a resident's locked bedroom. 32% do with the individual's permission and 27% reported they would only in certain circumstances such as cleaning or for a safety reason.</p>	<p>73.0% reported others never come in the bathroom without knocking and/or getting permission. 66.6% can close and lock the bedroom door. 22.6% reported staff members use their keys to get into their bedroom whenever they want. 13.4% reported staff members use their keys to get into their bedroom, but only with permission. 20.2% reported staff members use their keys to get into their bedroom, but only for safety or security reasons. 25.6% reported their door does not lock.</p>	<p>98.28% of providers report that staff always knock and receive permission prior to entering a bathroom with an individual inside. 81.03% of providers report individuals are always allowed to lock the bathroom door. 90.12% of providers report that individuals with private bedrooms are always allowed to close their bedroom doors, while 68.49% report individuals with private bedrooms are always allowed to lock their bedroom doors. 18.10% of providers report staff can use a key to enter an individual's bedroom under any circumstances, while 46.55% report staff can do so only with permission or under certain defined circumstances, such as cleaning, safety, laundry, etc.</p>
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HCS Individual	HCS Provider	DBMD Individual	DBMD Provider	SP Individual	SP Provider
<p>54% of respondents indicated they choose when to eat their meals. 62% indicated they can decide what to eat. 81% indicated they decide where to sit at mealtimes. 81% indicated they can eat alone if they prefer. 75% of individuals indicated they can get a snack at any time they choose</p>	<p>69% of providers responded that individuals can choose when and where they eat their meals. 82% of providers reported that residents can request and receive a different meal from what is served. 89% of providers reported individuals decide where to sit at mealtimes. 94% of providers indicated that residents can eat alone if they choose. 90% of providers indicated individuals can get a snack at any time they choose</p>	<p>46% of individuals sometimes choose when to eat. 24% reported being able to choose what to eat. 86% of individuals can choose where to sit when eating. 86% of individuals reported being able to eat alone if that was their choice. 64% of individuals reported they cannot get a snack when they wish.</p>	<p>64% of providers responded that individuals can choose when and where they eat their meals. 86% of providers reported that residents can request and receive a different meal from what is served. 82% of providers reported individuals decide where to sit at mealtimes. 96% of providers indicated that residents can eat alone if they choose. 91% of providers indicated individuals can get a snack at any time they choose</p>	<p>40.6% report always choosing when to eat breakfast, lunch, or dinner. 42.6% report they never choose. 40.3% report never choosing what to eat for breakfast, while 37.4% report always choosing. 48.7% report always deciding what to eat for dinner, while 31.4% report never deciding. 57.9% always decide where to sit when eating breakfast or dinner. 30.3% never decide. 55.4% report always having the option to eat alone. 32.2% can always get a snack when they wish.</p>	<p>48.28% of providers report that individuals are always able to choose when they eat their meals. 38.79% report individuals are sometimes able to choose. 72.41% of providers report an individual can always request and receive a different meal if he or she doesn't want to eat the meal that has been prepared. 49.1% report staff never ask them what they want for dinner, while 35.4% report staff always ask. 44.83% of providers report individuals are always allowed to choose where they eat their meals. 81.90% of providers allow individuals to choose where they sit at meals. 78.45% of providers always allow an individual to eat alone if he or she chooses. 78.45% of providers allow individuals to get their own snacks anytime they wish.</p>

HCS Individual	HCS Provider	DBMD Individual	DBMD Provider	SP Individual	SP Provider
<p>89% indicated they can spend their money as they choose.</p>	<p>77% of providers indicated that in all cases of individuals having less than full access to their funds, it is indicated in the ISP.</p>	<p>90% of individuals can choose how to spend their money at least sometimes. 98% of individuals reported having money they can spend themselves.</p>	<p>9% of providers reported that at least one individual has no personal funds because all SSI or earnings are paid directly to the provider for room and board. 46% of providers reported that at least one individual has all their funds in their possession to use as they wish. 46% of providers reported that at least one individual has funds held by the provider or another entity (guardian or trust manager, for example) and turned over to the individuals at the other entity's discretion. 67% of providers indicated that in all cases of individuals having less than full access to their funds, it is indicated in the ISP.</p>		

HCS Individual	HCS Provider	DBMD Individual	DBMD Provider	SP Individual	SP Provider
				75% report always choosing when to exercise. 83% can always watch television or listen to the radio when they wish.	
					All providers reported at least one individual attends a day habilitation program. 83% reported at least one individual does not attend any formal employment or program during the day.
					17% of providers report that a least one resident at this site does volunteer work at places like a hospital, library, pet shelter, food bank or similar organizations.
					89% of providers report that, among individuals who receive STAR+PLUS waiver services at this site, no residents have a job where they are paid minimum wage or more. 91% of providers report that, among individuals who receive STAR+PLUS waiver services at this site, none have a job where they are paid less than minimum wage.

HCS Individual	HCS Provider	DBMD Individual	DBMD Provider	SP Individual	SP Provider
				Of individuals who work, 68% would like to work more hours.	
					89% of providers report that, among individuals who receive STAR+PLUS waiver services at this site, none participate in prevocational, employment assistance, or other services with a goal of future employment.
				Of those who work, 68.0% work only with people who do not have disabilities.	90.5% of providers report that, among individuals who receive STAR+PLUS waiver services at this site, none have a job where most other workers do not have disabilities.
				32% of individuals reported someone else chose their job.	

Non-Residential Findings

HCS Individual	HCS Provider	DBMD Provider
	81% of providers reported individuals are supported in skill development in order to participate in an alternative to day habilitation	

HCS Individual	HCS Provider	DBMD Provider
<p>83% indicated they can ask to do something different at their day program.</p> <p>36% of individuals reported people engage in the same activities at the day habilitation site.</p> <p>58% of individuals indicated they had opportunities to leave their day habilitation site during the day.</p> <p>32% of individuals indicated they choose their activities at day hab.</p>	<p>15% of providers report that individuals either can't do a different activity or must be present for the activity even if they are not participating. 79% of providers reported individuals are supported in pursuing day activities at locations that are not disability specific, such as the YMCA. 95% of providers reported they provide both individual and group activities. 60% of providers reported they offer a variety of activities at their day habilitation sites.</p> <p>70% of providers reported their programs allow individuals to set their own schedules. 84% reported that individuals can come up with their own activities.</p>	
<p>46% of individuals choose their mealtime at their day program.</p> <p>56% can eat a snack at any time.</p>	<p>66% of providers reported that individuals can decide when and where they eat their meals.</p> <p>78% reported individuals can eat a snack at any time unless it is documented in the ISP.</p>	
<p>46% reported that staff help them arrange public transportation.</p> <p>77% of individuals indicated staff will help them go places they want to go.</p>	<p>74% of providers report that they provide support to individuals in accessing transportation off-site during the day.</p>	

HCS Individual	HCS Provider	DBMD Provider
<p>41% of respondents indicated they decided to attend their day program.</p> <p>80% of individuals reported they could do something different during the day.</p> <p>When asked if there were areas of the day habilitation site that the individual could not access because of an inability to climb stairs or fit a wheelchair, 84% said no.</p> <p>60% of individuals reported having access to all parts of the day habilitation site</p> <p>47% reported they did not receive hygiene assistance privately.</p>	<p>87% of providers reported that information on how to request a change in services is available to individuals.</p> <p>Approximately 87% of providers indicated individuals are informed of choice of day activity, provider, or site annually or more frequently than annually.</p> <p>Ninety-four percent of non-residential providers indicated individuals are informed of choice of day activity, provider, or site annually or more frequently than annually.</p> <p>81% reported individuals are supported in choosing other activities during day program hours (e.g. shopping, eating out, etc.)</p> <p>68% of providers reported individuals can move about anywhere without physical barriers or needing permission.</p> <p>89% of providers report that individuals have access to all parts of the day habilitation site.</p> <p>82% of providers reported that assistance with toileting or grooming is provided in private.</p>	
<p>82% reported having somewhere safe to store their belongings.</p>	<p>Eighty-two percent of providers reported that individuals have a secure place to store their belongings at the site.</p>	
<p>79% of individuals report that staff do not speak about them in front of other people.</p> <p>76% of individuals reported staff use familiar words.</p>		
	<p>34% of residential providers reported that individuals residing at the location perform volunteer work in a place where most people do not have disabilities.</p>	<p>9% of residential providers reporting individuals participate in volunteer or unpaid work reported that individuals residing at the location perform volunteer work in a place where most people do not have disabilities.</p>

HCS Individual	HCS Provider	DBMD Provider
		23.81% of providers reported that, when individuals in this home participate in volunteer or service activities, they can each participate in unique activities. 28.57% reported that it depended on the volunteer activity.
28% of individuals reported doing volunteer work of some kind.	34% of residential providers indicated individuals residing at the location participate in unpaid or volunteer activities. 78% reported that individuals have access to supported employment.	5% of residential providers indicated individuals residing at the location participate in unpaid or volunteer activities. 23% reported this sometimes happens.
42% of individuals indicated they were working. Twenty-one percent of individuals responding to the residential survey stated they have a paid job in the community.	18% of residential providers reported that at least one individual is employed and making at least minimum wage.	100% of residential providers reported that no individuals in the home are employed in a job where they work for at least minimum wage.
79% of individuals said they have services intended to help them get a job. 56% of respondents to the non-residential survey have tried to get services that will help them get a job. 50% of respondents to the non-residential survey were able to get services to help find employment.	15% of residential providers reported at least one individual in the home is receiving employment services with a goal of becoming employed. 53% of residential providers indicate they facilitate employment assistance and job training for individuals who do not currently work for pay but who would like to. 75% reported that individuals have access to employment assistance. 70% reported individuals are supported to find competitive employment.	91% of providers reported at least one individual participates in pre-vocational, employment assistance or other services with a goal of future employment. 13% of residential providers indicate they facilitate employment assistance and job training for individuals who do not currently work for pay but who would like to.
57% work with others who have disabilities	87% of residential providers reported that no individuals in the home are employed in a setting where most other individuals do not have a disability.	

Appendix III. Fee-for-Service External Assessment Methodology

Overall Goals

The purposes of the assessment are to:

- Determine the extent to which Texas HCBS programs are consistent with the new federal HCBS regulations
- Identify areas, if any, where Texas programs are not consistent with the new regulations
- Provide guidance for compliance with the new regulations

The Service Delivery Environment

The HHSC approach to self-assessment and validation for this initiative reflects the service delivery environment and the variety of organizations that control or influence the extent to which services comply with the new regulations. Generally, the approach is as follows:

- Conduct self-assessments of the organizations or businesses that provide services.
- Conduct surveys of individuals who receive services.
- Identify the extent to which services comply, and where heightened scrutiny or remedial action is needed.

For each FFS program, a representative sample of providers was identified to participate in the self-assessment. For this evaluation, providers are defined as legal entities that provide services within a service setting/location. In addition to provider self-assessments, participants will also be asked to complete a survey for validation purposes.

Residential Settings Provider Assessment

For the 1915(c) waivers, approximately 2000 providers were sent self-assessments in April 2016. The assessments were completed in June 2016. The initial review of these assessments and supporting documentation from providers and participants was completed December 2016. To ensure the assessment results accurately represented the small DBMD program, a follow-up self-assessment was released in November 2017.

Non-Residential Settings Provider Assessment

The non-residential settings were sent assessments in June of 2016 and were completed in August of 2016. Analysis of the results of these assessments was completed.

Service Coordination Assessment

Providers of residential and non-residential services have little influence or control over the individual's opportunities to choose providers or services. The most influence in that area is exercised by the service coordinators employed by the LIDDAs, and case managers employed by the DBMD provider agency or CLASS case management agency. Each of these entities serves a specific geographic area, providing among other services eligibility, program enrollment, and service planning (including updates and revisions to existing service plans). The service coordinators/case managers, who are in the best position to know the extent to which individuals have choices, completed a self-assessment. The results of these assessments are in the analysis phase and HHSC expects to complete analysis by December 2016.

Individual Assessment

Legacy DADS surveyed individual participants to validate the findings of the provider self-assessments. For 1915(c) waivers, interviews were conducted with individuals receiving at least one of the relevant services based on the multi-stage sampling methodology spelled out in the methodology section below.

The self-assessment instruments for providers and interview instruments for individuals were constructed in parallel. For each point of the new regulations and for each type of service legacy DADS was able to identify:

- Whether providers report they comply
- Whether individual experiences indicate compliance
- Where specific strengths or weaknesses should be addressed through heightened scrutiny or remedial action

Sampling and Methodology

Multi-Stage Sampling

A multistage random sample is constructed by taking a series of simple random samples in stages. This type of sampling is often more practical than simple random

sampling for studies requiring "on location" analysis, such as door-to-door surveys. In a multistage random sample, a large area, such as a country, is first divided into smaller regions (such as states), and a random sample of these regions is collected. In the second stage, a random sample of smaller areas (such as counties) is taken from within each of the regions chosen in the first stage. Then, in the third stage, a random sample of even smaller areas (such as neighborhoods) is taken from within each of the areas chosen in the second stage.

Due to the geographic size of Texas, the state was divided into smaller geographic regions (urban and rural). In the first stage, the service area of the provider setting was grouped into urban and rural areas based on the US Department of Agriculture Rural-Urban Continuum Codes (RUCC)³. Next, a sample of the type of service (3-bed, 4-bed, or host/companion home [HCS]) was selected from each region. In the third stage, a random sample of individuals was selected, represented by level of need and from each type of service. The face-to-face survey was administered to these individuals. Given the small number of providers for FFS assisted living, legacy DADS surveyed all of them.

Data Weighting

For the residential individual assessments, data was weighted for each location type – urban and rural based on the number of individuals being served in that location by facility type. The data was further weighted by the type of residences in the geographical location. For the non-residential individual assessments, the data was weighted by program type in that geographical location. This will ensure that the data closely represents all individuals in all facilities in the selected location. For provider assessments, the provider type will be weighted by location. This will ensure that the surveyed providers closely represent all providers of the facility type at that location.

Endnotes

For RUCC designation, see: [RUCC details](#)

The 2013 RUCC describes the following types of counties as metropolitan or non-metropolitan.

³ <http://www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx>

Metropolitan Counties*

Code	Description
1	Counties in metro areas of 1 million population or more
2	Counties in metro areas of 250,000 to 1 million population
3	Counties in metro areas of fewer than 250,000 population

Nonmetropolitan Counties

Code	Description
4	Urban population of 20,000 or more, adjacent to a metro area
5	Urban population of 20,000 or more, not adjacent to a metro area
6	Urban population of 2,500 to 19,999, adjacent to a metro area
7	Urban population of 2,500 to 19,999, not adjacent to a metro area
8	Completely rural or less than 2,500 urban population, adjacent to a metro area
9	Completely rural or less than 2,500 urban population, not adjacent to a metro area

Counties 1 through 3 are combined as "urban" and 4 through 9 are combined as "rural".

Appendix IV. STAR+PLUS Member Assessment Methodology

Purpose

To assist the Texas HHSC (HHSC) in meeting new requirements for home- and community-based services (HCBS) set forth by the Centers for Medicare & Medicaid Services (CMS), the Institute for Child Health Policy (ICHP) conducted a survey of STAR+PLUS members who reside in assisted living facilities (ALF) and adult foster care (AFC) homes through the STAR+PLUS HCBS Waiver program. Member survey responses were used to validate responses to a separate survey of ALF and AFC providers conducted by HHSC.

Study design

Surveys were conducted with STAR+PLUS members living in ALFs and AFCs in an in-person interview format, administered by trained interviewers from NORC at the University of Chicago – one of ICHP’s preferred survey vendors for the Texas external quality review organization (EQRO) contract. Participants for the survey were selected from among members in STAR+PLUS or a Medicare-Medicaid Plan (MMP) who receive 24-hour residential services in an ALF or AFC. To be considered for inclusion, a member must have been continuously enrolled in STAR+PLUS or an MMP (regardless of health plan) from July 1, 2015, through December 1, 2015,⁴ and either: (1) received assisted living services (service code T2031) in the same facility during each month of the enrollment period; or (2) received adult foster care services (service code S5140) in the same facility during each month of the enrollment period. A member was confirmed to be living in the facility of record at the time of recruitment. The total number of target completed interviews for this study is 350, stratified into four quotas by type of service (ALF or AFC) and geographical region (Table 1).

⁴ Both enrollment and claims/encounter data are necessary to identify eligible members for this study. The enrollment period of July to December 2015 allows for use of complete claims/encounter data, accounting for an expected claims lag of up to three months.

Table 1. Survey Quotas, Target Completes, and Expected Margins of Error⁵

Setting	Urban Quota			Rural Quota			Total		
	Population Size	Target Completes	Margin of Error	Population Size	Target Completes	Margin of Error	Population Size	Target Completes	Margin of Error
ALF	2,370	181	±7.0%	413	125	±7.3%	2,783	306	±5.3%
AFC	94	38	±12.3%	6	6	±0.0%	100	44	±11.1%
Total	2,464	219	±6.3%	419	131	±7.1%	2,883	350	±4.9%

⁵ Margins of error are calculated for a population estimate of 50 percent with a 95 percent confidence interval.

Advance letters were sent to all members in the study population at least three days before interviewers begin making recruitment calls. The advance letters explained the purpose of the study and notified members that they would receive a telephone call from researchers working with Texas HHSC; the letters included a statement that participation in the study is voluntary.

Data collection and management

The survey tool, which was developed by HHSC with assistance from ICHP, assessed the experiences of members (or their proxies) with residential services using a structured interview format. The interview was divided into six sets of related questions – Choice of Home; Employment; Service Plans and Options; Respect, Dignity, and Privacy; Community Integration; and Choice, Control, and Rights. The tool included a total of 100 closed-ended questions and 2 open-ended questions; several closed-ended questions have an “other” response category that includes the option for respondents to specify their answers in an open-ended format. The tool concluded with an interviewer feedback section to collect information on interview context (e.g., location, persons present, number of interviewers, mode of administration), interview duration, problems with survey items, and any factors that may affect the validity of responses (e.g., prior knowledge of respondent, hostility of respondent, potential coercion of respondent by others).

Web tool and pilot testing

The English-language tool was programmed for web-based data collection using the REDCap application^{6,7} and pilot-tested by ICHP researchers with up to ten members prior to the official start of data collection. Texas HHSC developed a Spanish-language version of the tool, which was pilot-tested by NORC interviewers with up to 10 Spanish-speaking members. In both cases, pilot testing occurred in a single community appropriate to the English-speaking population (Austin, Texas) and Spanish-speaking population (San Antonio, Texas). Interviewers conducted pilot tests in assisted living facilities only, reserving the small sampling frame of adult foster care homes for the official study.

The pilot interviews focused on the performance of survey items from the participant’s perspective (including clarity, cultural sensitivity, and perceived

⁶ <https://www.ctsi.ufl.edu/research/research-support/redcap/>

⁷ Project-specific URL: <https://redcap.ctsi.ufl.edu/redcap/surveys/?s=8WPNWWTTRX/>

relevance of survey items; perceived comprehensiveness of response options; and comprehension of item and response wording) and ease of use from the interviewer's perspective (including clarity of interviewer notes, performance of skip patterns, and overall duration of interview).

Interviewers

Texas HHSC and ICHP held a half-day training for NORC interviewers in Austin during the week prior to the start of data collection. The training included: (1) a description of the purpose of the study and characteristics of the study population; (2) discussion of protocols for participant recruitment, obtaining consent, and scheduling interviews; (3) a review of the interview tool content, including protocols for asking questions, coding responses, and using interviewer notes; (4) discussion of protocols for data security and transfer; (5) discussion of protocols for reporting suspected abuse or neglect of ALF/AFC residents; and (6) a review of the REDCap application.

Five NORC interviewers – one English-speaking only (in Houston) and four bilingual in English and Spanish (in Houston, Dallas, Fort Worth, and San Antonio) – and one NORC field manager were assigned to this project. The NORC field manager received the member sample file from ICHP via a secure FTP site and distributed the sample to interviewers according to location. NORC interviewers recruited participants for the study by telephone using the sample file provided to them and other tools developed by ICHP and NORC (including a recruitment script and background information form).

Interview types

The recruitment script allowed for scheduling three types of interviews: (1) resident interviews (to be conducted with the sampled member); (2) resident/interpreter interviews (to be conducted with the sampled member and with the assistance of an interpreter); and (3) proxy interviews (to be conducted with a proxy respondent).⁸ An interview was classified as needing an interpreter if the following conditions were met:

⁸ A **proxy respondent** is identified as "the person who is most knowledgeable about the resident's health and living situation." Acceptable proxies include family members or friends of the resident (excluding those who are paid to serve as ALF/AFC providers for the resident or who are other residents in the same facility) and staff who are not employed by the ALF, AFC, or the MCO serving the resident. It is not acceptable for the resident's case manager, service coordinator, or any other paid staff of the resident's ALF, AFC, or MCO to serve as a proxy. The proxy may or may not be the resident's legal guardian; the respondent's status as legal guardian is recorded during the in-person consent process.

The resident is not physically or mentally able to speak on the phone (and therefore cannot provide direct verbal consent for interviewers to meet him or her in person).

The resident can communicate non-verbally or by other means in person (and therefore could participate in an in-person interview with the assistance of an interpreter).

An interpreter is available to verbally communicate the resident's consent on the phone for interviewers to meet with him or her AND is available to be present to provide interpretation during the in-person interview.

Interpreters and interview language

For interviews classified as resident/interpreter, at the time of recruitment the interviewer collected more specific information on the resident's communication needs. This study allowed for resident/interpreter interviews in cases where the resident communicates using American Sign Language, home signs (non-standard sign language), or a communication board. The study did not allow for resident/interpreter interviews in languages other than English or Spanish; without an official translation of the interview tool into other spoken languages, unscripted interpretation would have introduced threats to the validity and reliability of responses.

For respondents whose primary language was either English or Spanish, an interviewer fluent in the specified language conducted the interview. For respondents whose primary language was a language other than English or Spanish, the interviewer collected information regarding the respondent's level of English and Spanish. Respondents who were fluent or conversational in either language were considered eligible and were scheduled for either an English-language or Spanish-language interview (depending on the language in which the respondent has greater mastery). Respondents whose level of English and Spanish was basic or lower were not eligible to participate.

Background information

Interviewers collected background information at the time of recruitment, using information from the sample file (e.g., resident's name and contact information) and information collected from study participants on the phone (e.g., names of proxies or interpreters, respondent's language and special communication needs). NORC developed a database for the purpose of storing and accessing background information, which was shared with interviewers. The background information form contained fields for the study (respondent) ID and interviewer

ID, as well as several fields for personally identifiable information. \ On a regular basis (e.g., once per week), the interviewer securely shared the background information database with the field manager, who in turn shared the database with ICHP using a secure FTP site..

Interview setting and format

Interviews were conducted at the resident's home (i.e., the ALF or AFC) or at another location requested by the participant. If possible, the interview was conducted in private. For resident interviews, other people were present if the resident requested (or if another person was needed for interpretation purposes). Provider staff members were not allowed to be present. If others provided assistance during a resident interview, interviewers elicited final responses from the resident.

For proxy interviews, the resident had the option to be present, although his or her presence was not mandatory. In cases where both the resident and proxy were present during a proxy interview, the resident may have provided input when answering the questions. This may have occurred in the form of communication between the resident and the proxy, or between the resident and the interviewer. In this event, interviewers allowed the resident and proxy time to discuss the appropriate response, and then elicited the final response from the proxy. If the resident and proxy could agree to an answer (e.g., if the resident objected to the proxy's final response), then interviewers marked the response to the question as "No Response/Refusal".

Interviewers used a Wi-Fi-enabled device (either a laptop or a tablet) for data collection, as well as a mobile Wi-Fi hotspot device (e.g., "Mi-Fi") to establish a wireless connection in places where there otherwise were no wireless connection options. In most cases, interviewers obtained consent, collected survey responses, and completed the interviewer feedback form in real time using the REDCap tool. Interviewers also brought blank hard copies of the interview consent forms, interview tool, and interviewer feedback form to use if Wi-Fi was not available at the interview site and the Wi-Fi hotspot device did not function.

For Spanish-language interviews, the consent, interview tool, and interviewer feedback were all be completed on paper (using Spanish-language tools developed for this purpose). At the end of a Spanish-language interview, or after returning from the interview, the interviewer entered all information collected on paper into the equivalent English fields of the REDCap tool. Interviewers securely stored completed paper tools for two weeks after the data have been

transcribed into REDCap, at which point the completed paper tools should be destroyed.

Consent

The participant's consent to be visited by interviewers for the study was obtained on the telephone at the time of recruitment. The participant's consent to participate in the interview was obtained in-person immediately prior to the interview. This consent language – provided separately for resident and proxy interviews – was read directly from the hard copy consent form.

The participant's consent to be interviewed was recorded in the REDCap tool.

Interview data collection

When asking most questions, interviewers used an open-ended style and then checked the answer that best represented the resident's response. Probing or examples were used as needed to clarify or better specify responses. In cases where the respondent's answer did not match the response option verbatim, interviewers read the elected response option back to the respondent aloud to confirm. Certain types of questions had response sets that were read to the respondent. These included questions that assessed frequency (e.g., "never" ... "always") and amounts (e.g., "a lot" ... "none").

Interviewers helped respondents with any words that were not understood and repeated questions to improve understanding.

All closed-ended questions had "Don't Know" and "No Response/Refused" response options. The "Don't Know" response option was used to indicate that the respondent did not have information on the subject. The "No Response/Refused" option was used if the respondent did not have an opinion, did not want to talk about the question, or gave an unclear response despite efforts by the interviewer to seek clarification. Respondents were instructed that they could skip any question, in which case interviewers specified the "No Response/Refused" option.

If the respondent had to discontinue an interview, the REDCap tool had a function that permitted interviewers to stop the interview and return to it later ("Save & Return Later").

If web-based data collection was interrupted due to failure of Internet service, a return code was also generated and could be accessed by ICHP through the

REDCap administrative interface. If this occurred, the interviewer \ continued and completed the interview using the paper tool. After the interview, the interviewer contacted the field manager to inform her of the interruption. The field manager could then obtain the applicable return code from ICHP and communicate the return code to the interviewer. The interviewer had to use this return code to input any responses that were collected on paper.

Data monitoring

Researchers from ICHP extracted full survey datasets from the REDCap application on a weekly basis to assess data quality and monitor survey productivity. An interview was considered complete if, at minimum, the Choice of Home section was completed. On a weekly basis, ICHP and NORC held conference calls to discuss recruitment call dispositions, survey productivity, and any other issues that arose during data collection. Conference calls with ICHP, NORC, and HHSC were held as needed to resolve any issues that arose during data collection.

In addition, NORC implemented ongoing quality assurance protocols to monitor the quality of data collected by interviewers. Quality monitoring began after one month of data collection. NORC randomly selected an interview completed by each interviewer and the field manager attempted to reach these respondents by phone to ask questions about the interviewer and the overall interview experience. NORC shared the data collected with ICHP. The field manager, met with all interviewers weekly via telephone and provided feedback from the interviews directly to the interviewers. If there were indications that an interviewer required additional quality monitoring, NORC contacted additional respondents with whom the interviewer had completed an interview.

Data analysis and reporting

After survey fielding was completed, ICHP extracted the full dataset from REDCap, cleaned and recoded data as appropriate, and imported it into SPSS format for analysis. To facilitate inferences to ALF, AFC, and combined member populations, ICHP developed a separate base survey weight for each of the four study quotas. Base survey weights represented the inverse probability of inclusion in the final data, and were calculated as N_x/n_x , where x represented the quota, N represented the study-eligible population for that quota, and n represented the number of completed interviews in that quota. Using information on member sex, age, and race/ethnicity available from the sample files, ICHP conducted a non-respondent analysis to determine whether response

rates differed significantly according to these demographic characteristics. In cases where statistically and practically significant differences were observed in response rates for a demographic characteristic, ICHP developed a weighting correction factor to help correct for potential non-response bias.

In consultation with HHSC and ICHP statistical faculty, additional weight corrections were developed when needed to account for differences in facility capacity (measured by number of beds). These weight corrections allowed for member responses in higher-capacity facilities to have greater weight than member responses in lower-capacity facilities. Without these weight corrections, for example, responses of a member in a 4-person ALF would have had an equal bearing on overall ALF results as responses of a member in a 20-person ALF.

Descriptive results for each individual survey item were reported separately for each of the four quotas, and for ALFs combined (urban and rural) and AFCs combined (urban and rural). As determined appropriate by HHSC, results were also be reported for urban facilities combined (ALFs and AFCs), rural facilities combined (ALFs and AFCs), and all facilities combined (all quotas). Reported results excluded "Don't know" and "No Response/Refusal" responses from the denominator. Responses to open-ended questions were compiled, grouped, and reported following standards for reporting of qualitative data.⁹ Certain completed records were excluded from analysis if information in the interviewer feedback section suggested that responses were biased (e.g., due to coercion by others present during the interview).

⁹ Open-ended items include: HOME_4, HOME_6, HOME_9_other, ISP_3_other, ISP_5_other, DIG_3a, CI_3_other, CI_4_other, CI_8_other, and CCR_18_other.

Appendix V. Stakeholder Feedback

November 2019 (Amendment 4)

November 2016 (Amendment 3)

Please see the [November 2016 submission](#) for comments received.

February 2016 (Amendment 2)

Please see the [February 2016 submission](#) for comments received.

March 2015 (Amendment 1)

Please see the [March 2015 submission](#) for comments received.

December 2014

Please see the [December 2014 submission](#) for comments received.

Appendix VI. STP Timelines

To be added.