King County

Department of Community and Human Services
Developmental Disabilities Division

BOARD FOR DEVELOPMENTAL DISABILITIES AGENDA

Day/Date:	Wednesday, August 10, 2016
Time:	9:30 – 11:30 a.m.
Location:	Mercer Island Community Center Luther Burbank Room 8236 SE 24th Street Mercer Island *(Driving directions on reverse)*

I.	Call to Order / Introductions	Leo Finnegan
II.	Approval of Minutes	Board
III.	Chair's Remarks	Leo Finnegan
IV.	Crisis Diversion Housing RFQ and other Pending RFQ's	Scott Leonard
V.	Community Change Champions	Eric Matthes
VI.	Home and Community-Based Settings Update	Holly Woo
VII.	Legislative Committee Update	Board
VIII.	Disability Rights of Washington Supported Living Lawsuit	Denise Rothleutner
IX.	General Public Input	
X.	Positive Happenings	Board
XI.	Reports	
	❖ Discretionary Funding Update	Jim Ott
	❖ Regional Administrator / Field Services	Michelle Bauchman
	❖ King County Division Director's	Denise Rothleutner
XII.	Adjournment	

DRIVING DIRECTIONS

I-90 Eastbound from Seattle: Take Exit #7A, 77th Avenue SE. Turn left across the freeway. At stop sign turn right onto North Mercer Way. Go one long block to the stop light. Go straight though the stop light. Turn left onto 81st Avenue SE. Turn right onto SE 24th Street. The Community Center is two blocks up on your left.

I-90 Westbound from Bellevue: Take Exit #7, Island Crest Way. Continue straight ahead. Turn right on 81st Avenue SE. Turn right on SE 24th Street. The Community Center is two blocks up on your left.

King County
Department of Community and Human Services
Developmental Disabilities Division
401 Fifth Avenue, Suite 520
Seattle, WA 98104

Board for Developmental Disabilities

BOARD MEETING

Date: August 10, 2016

Location: Mercer Island Community Center **Time:** 9:30a.m.

PLEASE PRINT

Name	Representing	Email or mailing address Update or add to mailing list only	Would you like to speak?
MARIANNA KLON	BOARD		
Debbie Moore	WISE	debbie@gowise.org	
Alice Fong	United Way of King County	afong@uwkc.org	Yes
Robin Tatsuda	The Arc of KC	—	N
Erin Hocking	The Arc of King county	ehocking@arcofkingcounty.org	No
Cathy Murphy	The Arc KCPFC	on file	no
Fred Nyon	CEO	on file	No
Hodan Muhamud	Open Doors	hodanm@multiculturalfamily	No
Deborah H Anderson	Board		
Marla Veliz	Board	mveliz@new-horizon-school.org	No
Leo Flanagan	f	—	—

Name	Representing	Email or mailing address Update or add to mailing list only	Would you like to speak?
Nancy Yee	board		
Theresa-Ann Clark	BOARD	NO CHANGE ~~[redacted]~~	
HAMEED QURAISHI	BOARD		
Holly Woo	staff		
Shaun Bickley	The Alliance of People with Disabilities		
Chris Branat	At Work!		
DebbieMeyers	SKCAC		
Casey Gilliss	Arc King		
Darya Farivar	open Doors for multicultural families	darya@multiculturalfamilies.org	
valerie koo	open doors for Multicultural Families	valerie k@multiculturalfamilies.org	
Alison McCormick	Seattle Central	alison.mccormick@seattlecolleges.edu	
Jeff Leonard	KCDDD		
Katherine Festa	KCDDD		
Lauren Bertagna	DDA		
Ramona Hattendorf	The Arc KC	rhattendorf@arcofkingcounty.org	
Eric matthes	The Arc King County	ematthes@arcofkingcounty.org	
Margaret-Lee Thompson	Arc of U.S. Board	on file	
Lorin Thompson	Parent	on file	

Name	Representing	Email or mailing address Update or add to mailing list only	Would you like to speak?
Patty Fitzpatrick	parent		

King County
Board for Developmental Disabilities
M I N U T E S

Day/Date: Wednesday, June 1, 2016
Time: 9:30 – 11:30 a.m.
Location: **Tukwila Community Center**
Community Room B
12424 42nd Avenue South
Tukwila, WA 98168

Board Members Present: Deborah Anderson, Theresa-Ann Clark, Leo Finnegan, Marianna Klon, Joseph Phillips, Hameed Quraishi, Marla Veliz, Nancy Yee

Guest Present:
Shaun Bichley, The Alliance of People with Disabilities
Patty Fitzpatrick, Parent
Alice Fong, United Way of King County
Stacy Gillett, The Arc of King County
Katie Harris, Parent
Ginger Kwan, Open Doors for Multicultural Families
Cathy Murahashi, The Arc of King County, King County Parent Coalition
Eric Matthes, The Arc of King County
Cathy Murahashi, The Arc of King County
Fred Nystrom, Life Enrichment Options
Joanne O'Neill, Arc of Washington
Robin Tatsuda, The Arc of King County
Rob Van Oss, Washington Initiative for Supported Employment
Chris Weber, The Arc of King County, King County Parent Family Coalition
Caitlin Withers, Vadis
*Listed above are individuals who signed the roster

Department of Social and Health Services (DSHS): Developmental Disabilities Administration (DDA) Michelle Bauchman

King County Developmental Disabilities Division (KCDDD): Wendy Harris
Jim Ott
Michaelle Monday
Denise Rothleutner
Holly Woo

CALL TO ORDER / INTRODUCTIONS

The Board for Developmental Disabilities meeting convened at 9:32 a.m. on Wednesday, June 1, 2016, at The Tukwila Community Center in Community Room B. The Board Chair, Leo Finnegan called the meeting to order with welcoming remarks and self-introductions.

APPROVAL OF MINUTES

Leo Finnegan, Chair called for a motion to approve the May 4, 2016, Minutes. The Minutes were so moved, seconded, and approved as written.

CHAIR'S REMARKS

No remarks.

INFORMING FAMILIES WEBSITE

Ed Holen, Washington State Developmental Disabilities Council (DDC) provided an overview of the Informing Families website. Informing Families is a partnership for better communication, provided by the DDC in collaboration with the Washington State Department of Social and Health Services (DSHS), Developmental Disabilities Administration (DDA) and other partners throughout the state. The website provides extensive resource information to support individuals and families across their life course. You can sign up to receive updates from Informing Families by visiting www.informingfamilies.org/news.

COMMUNITY OF PRACTICE RESOURCES

Ed Holen, DDC provided an overview of the Community of Practice grant received by the DDC and DSHS/DDA to explore different ways of supporting families that addresses the needs of a family member with Intellectual/Developmental Disabilities (I/DD) across the lifespan. Ed has conducted a series of Community of Practice workshops across the state. The DDC collaborated with DSHS/DDA to develop a four-page pamphlet with the following information on planning and services for children and individuals with I/DD:

- A Star form to help individuals and families to identify supports to reach specific goals and help with planning (a free online planning tool is available at www.mylifeplan.guide);
- Process to apply for a determination of DSHS/DDA eligibility in Washington;
- How to Get Organized for Life by identifying and filing key documents that will be needed to apply for programs through a person's life; and
- Description of DSHS/DDA's Waiver programs and the Community First Choice program.

The Informing Families pamphlet and to order printed copies can be downloaded from: http://informingfamilies.org/life-course-intro/.

A Community of Practice pocket resource folder can be requested from the following link: http://informingfamilies.org/topic/resource-folder/.

"WE'RE LISTENING" COMMUNITY MEETINGS

Stacy Gillett, The Arc of King County reported on information gathered from three listening sessions conducted by The Arc of King County and distributed the following documents:

- "We're Listening" Parent Community Listening Sessions Report. The three listening sessions were organized to: 1) listen to parents, family members, and caregivers in the region about their access to services and the quality of services; 2) identify gaps or challenges in getting services and supports; and 3) solicit ideas about changes or improvements to the I/DD system.
- The Arc of King County Action Plan in response to Parent Community Listening sessions.

The Arc of King County's Critical Pathways to Success. This strategic plan provides a framework that will lead the agency through the next three to five years and focuses on four goals:

- Lead organized advocacy;
- Promote community solidarity;
- Offer resource and referral; and
- Provide direct care and service training.

For more information, please contact Stacy Gillett by email at Sgillett@arcofkingcounty.org or by phone at 206-829-7005.

GENERAL PUBLIC INPUT

Ginger Kwan, Open Doors for Multicultural Families announced the agency received a grant from the Seattle Foundation to assist school districts in thinking more systematically to address language issues for diverse families and assist people with developmental disabilities and health care needs to have equal access to culturally and linguistically appropriate information, resources, and services.

Deborah Anderson, Board member attended a King County workshop entitled, "Expanding the Narrative: Personal Stories of Government and Public Service." The training focused on the following areas:

- Sharing inspirational stories about challenges and accomplishments serving the public;
- Exploring an approach to storytelling that creates change;

- Learning how to transform presentations into memorable visual stories;
- Using stories to create safe places where we can explore and learn from our cultural differences;
- Shaping stories to stimulate employee engagement and better serve our stakeholders; and
- Celebrating how our collective efforts contribute to a better society.

Nancy Yee and Joseph Phillips, Board members announced they attended the Washington Low Income Housing Alliance conference. The conference provided direct service and advocacy skill building training and networking opportunities to develop partnerships with housing advocates to increase affordable housing for individuals with I/DD.

Joseph Phillips, Board member announced he is organizing a fitness camp in August 2016 for individuals with I/DD to get them moving and excited for the new school year.

Cathy Murahashi, The Arc of King County extended an invitation to attend their annual summer potluck picnic scheduled for July 13, 2016, from 5:30 – 7:30 p.m. at the Renton Community Center, Banquet Room located at 1715 SE Maple Valley Highway, Renton. For more information, contact Chris Weber by email at Cweber@arcofkingcounty.org or by telephone at 206-829-7030.

Stacy Gillett, The Arc of King County extended a luncheon invitation to support members of the Pi Kappa Phi fraternity on Tuesday, June 7, 2016, from 11 a.m. – 1:30 p.m. at The Arc of King County located at 233 Sixth Avenue N., Seattle before they depart on their cross-country bike ride across North America to promote disability awareness and raise money for projects and grants serving people with disabilities.

POSITIVE HAPPENINGS

Leo Finnegan, Board Chair announced the 21st annual Rotary Club of Issaquah's Challenge Race is scheduled for Saturday, July 16, 2016. This event allows participants with disabilities to experience the fun of a soapbox derby race down Second Avenue in front of the Community Center in historic Downtown Issaquah.

Leo Finnegan also announced the success of the May 8, 2016, mother's brunch hosted by Life Enrichment Options to celebrate moms of children with developmental disabilities.

Marla Veliz, Board member announced the New Horizon School located at 1111 South Carr Road, Renton is hosting a visiting delegation from Romania on July 16, 2016, from 10 a.m. – 1 p.m. The delegation will meet with school board members, teachers, and students at New Horizon School to learn about disability advocacy, visit organizations and share information regarding protecting the rights of people with disabilities, promote full inclusion in society, explore best practices in advocacy, and examine assistive

technologies and services that enable people with disabilities to live full and independent lives.

REPORTS

DISCRETIONARY FUNDING PROCESS

Jim Ott, KCDDD reported that he is developing a work plan for the board approved discretionary funding recommendations.

REGIONAL ADMINISTRATOR / FIELD SERVICES REPORT

Michelle Bauchman provided the following updates:

- The DSHS/DDA has hired 38 Case Resource Managers (CRM) for the Region 2 area and the CRM training academy is running on a monthly basis.
- Approximately 963 individuals have been added to the Individual and Family Services Waiver program; and
- Martha Gluck has been appointed as the Field Services Administrator for Region 2.

KING COUNTY DIVISION DIRECTOR'S REPORT

Denise Rothleutner, KCDDD made the following announcements:

- Thanked The Arc of King County for coordinating the parent community listening sessions;
- A Request for Qualifications has been issued by the division for Crisis Diversion Housing. The division is seeking a qualified provider to purchase, renovate, and act as the property manager to a housing duplex in South King County. The purpose of the housing duplex is to offer safe, short-term, residential housing options for individuals with developmental disabilities in crisis and prevent their admission into jails, hospitals, and other high-cost institutional settings.

BOARD RECRUITMENT

The Board for Developmental Disabilities is seeking residents of King County interested in serving on the board. The board is a 15-member citizen's advisory board, which provides oversight of community services for residents of the County who have intellectual/developmental disabilities, cerebral palsy, epilepsy, autism, or other neurological impairments, and their families. The board develops plans, makes recommendations on the use of available funds, and advocates for increases in state funding and improvements in services.

MEETING REMINDER

The July King County Board for Developmental Disabilities meeting is cancelled.

NEW DATE and LOCATION:
The August King County Board for Developmental Disabilities meeting has been rescheduled to **August 10, 2016, from 9:30 – 11:30 a.m.at the Mercer Island Community Center, Luther Meeting Room 104 located at 8236 SE 24th Street, Mercer Island**.

The next King County Interagency Coordinating Council meeting is scheduled for September 12, 2016, from 9:30 a.m. – 12:30 p.m. at Mercer Island Community Center.

MEETING MATERIALS

All meeting materials presented at the Board for Developmental Disabilities meetings will be posted on the KCDDD's website with board meeting minutes at http://www.kingcounty.gov/healthservices/DDD/board.aspx.

ADJOURNMENT

There being no further business to come before the board, the meeting was adjourned at 11:44 a.m.

Prepared by:
Michaelle Monday

Attested by:
Holly Woo

The Arc.
King County

Community Change Champions

Presented by Eric Matthes

Community Change Champions

Developing Leaders for the Disability Movement

We promote the civil rights of people with intellectual and developmental disabilities by empowering activist advocates with the leadership and advocacy skills to ensure full inclusion and community involvement throughout their lifetime

Program Highlights

- Presentations on:
  - Disability Awareness
  - Importance of Employment
- Legislative Advocacy
  - Advocacy skills training
  - Organize people with disabilities to participate in legislative advocacy
- Promote:
  - Respectful Language
  - Meaningful Contribution
  - Inclusion

What's the difference?

Self-Advocate

Self-Action

- Speaking up for yourself
- Being your own boss
- Finding your own pathway for success

Advocate

Action for Someone Else

- Speaking up for someone else
- Advocating for someone else
- Supporting someone else's success

Activist-Advocate

Community Action

- Speaking up for the entire group
- Leading the parade of the civic rights movement
- Works to build the next level of activism

Self Advocacy Groups in Washington

- Self Advocates in Leadership (SAIL) - *statewide*
- Self Advocates of Washington (SAW) - *Pierce County*
- People 1st of Washington - *statewide*
  - Local chapters of People 1st - *2 in King County*
- Allies in Advocacy - *statewide*

What is specific to King County activist advocates?

Want to increase the meaningful participation of people with I/DD on the board?

What can you do?

- Transportation
- Respectful Language
- Inclusion
- Meaningful Contribution

Layers of Support

- Direct one on one support - (Job Coach)
- Expanded support - (Supervisors and directors)
- Umbrella support - (Executive Director)

Q&A

Comments as well

Contact Information

Eric Matthes

Community Change Champions Program Coordinator

http://www.ercofkingcounty.org/what-we-offer/community-change-champions-program

Phone: 206-829-7044

Email: Ematthes@ercofkingcounty.org

Community Change Champions Program

Our Rights are Civil Rights:
We are the Movement

This program is led *by* people with intellectual and developmental disabilities who promote disability awareness and organize advocacy activities.

Achieve with us.

The Arc.
King County

Program Highlights

- Presentations on
  - ⇒ Disability Awareness
  - ⇒ Importance of employment for people with intellectual and developmental disabilities
- Legislative Advocacy
  - ⇒ Advocacy skills training
  - ⇒ Organizes people with disabilities to participate in legislative advocacy

CONTACT INFORMATION

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The Arc of King County
233 6th Ave N · Seattle, WA 98109 · (206) 829-7053
ask@arcofkingcounty.org · www.arcofkingcounty.org

King County Developmental Disabilities Division

Home and Community-Based Services – Final Regulations on Settings

Holly Woo
August 10, 2016

Home and Community-Based Services

- Home and community-based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community
- The Centers for Medicare & Medicaid Services (CMS) issued final regulations with new requirements for several Medicaid authorities that states must follow when providing home and community-based long-term services and supports

Intent of the Final Rule

- To ensure that individuals receiving long-term services and support have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate
- The setting is integrated in and supports full access of individuals 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

Timelines

- The final rule was effective March 17, 2014
- States were allowed time to assess their service systems and determine what elements of existing programs met the final rule requirements, and which may need to be transitioned
- States were required to submit a statewide transition plan to CMS addressing compliance with the regulation

Timelines (cont.)

- States were allowed a one year period to submit a transition plan for compliance with the home and community-based settings requirements to CMS
- CMS may approve transition plans for a period of up to five years
- The Washington State Health Care Authority (the state's Medicaid Agency), the Department of Social and Health Services (DSHS) Aging and Long-Term Support Administration (ALTSA) and DSHS Developmental Disabilities Administration (DDA) submitted Washington's transition plan to CMS on March 11, 2015

Washington State's Assessment of HCBS Settings

ALTSA and DDA reviewed the requirements for HCBS settings and identified the following in the transition plan:

1. Settings that fully comply with the requirements
2. Settings that will comply with the requirements after implementing changes
3. Settings that do not or cannot meet the HCBS requirements

Washington State's Assessment of HCBS Settings (cont.)

Settings that fully comply with HCBS Characteristics:

- In-home
- Supported Living
- Adult Day Services
- Group Home
- Licensed Staffed Residential, Child Foster Care and Group Care Facilities
- Assisted Living Facility
- DDA Individual Employment work sites
- DDA Group Supported Employment work sites
- DDA Community Access
- Community Healthcare Providers
- Dental Providers
- DDA Behavioral Health Crisis Bed Diversion Services
- DDA Specialized Psychiatric Services
- DDA Behavior Support and Consultation
- DDA Community Crisis Stabilization Services
- Vehicle Modification Providers
- Veterinarians for Service Animals
- Transportation Providers

Washington State's Assessment of HCBS Settings (cont.)

With changes, settings that will fully comply with HCBS characteristics:

- Adult Family Home
- Adult Residential Care/Enhanced Adult Residential Care
- DDA Group Training Homes
- DDA Companion Homes

Settings that do not/cannot meet HCBS characteristics:

- DDA Pre-Vocational Services

Status of State Transition Plans

- All states have submitted their State Transition Plan to CMS
- CMS has provided information to all states on clarifications and/or modifications required for initial approval
- Tennessee is the only state with an approved plan
- CMS has granted initial approval to the following states:
  - ✓ Delaware
  - ✓ Kentucky
  - ✓ Ohio
- These states will need to meet milestones and resubmit their plans for final approval

Key Points from CMS' Initial Approval Letters for Employment and Day Services

Non-Disability Specific Settings:

- States must demonstrate how they ensure that individuals have access to non-disability specific settings in providing residential and non-residential services
- This information should include how the state is strategically investing to build capacity across the state to assure non-disability specific options

Key Points from CMS' Initial Approval Letters for Employment and Day Services (cont.)

Reverse Integration:

- CMS had concerns with state plans adding language suggesting that bringing individuals from the community into service settings – particularly non-residential settings – would enable them to meet the integration requirements of the HCBS settings rule
- States cannot comply with the rule by bringing individuals without disabilities from the community into a setting; compliance requires a plan to integrate individuals into the broader community

Key Points from CMS' Initial Approval Letters for Employment and Day Services (cont.)

Reverse Integration (cont.):

- The setting should ensure individuals have the opportunity to interact with the broader community
- Individuals should have the opportunity to participate in activities that are not solely designed for people with disabilities
- Individuals receiving HCBS nonresidential services should be engaged in activities they choose, that reflect their individual interests and goals, and promote their desired level of community integration

Additional Guiding Documents from CMS

- "Guidance on Settings that Have the Effect of Isolating Individuals Receiving HCBS from the Broader Community"
- "Exploratory Questions to Assist States in Assessment of Non-Residential Home and Community-Based (HCBS) Settings"
- CMS has developed a website dedicated to providing information about the final rule, available at http://www.medicaid.gov/HCBS

Questions?

Please contact Holly Woo, Assistant Division Director, at 206-263-9017 or holly.woo@kingcounty.gov

GUIDANCE ON SETTINGS THAT HAVE THE EFFECT OF ISOLATING INDIVIDUALS RECEIVING HCBS FROM THE BROADER COMMUNITY

The purpose of this guidance is to provide more information to states and other stakeholders about settings that have the effect of isolating individuals receiving HCBS from the broader community.

The final rule identifies settings that are presumed to have institutional qualities and do not meet the rule's requirements for home and community-based settings. These settings include those in a publicly or privately-owned facility that provide inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS. A state may only include such a setting in its Medicaid HCBS programs if CMS determines through a heightened scrutiny process, based on information presented by the state and input from the public that the state has demonstrated that the setting meets the qualities for being home and community-based and does not have the qualities of an institution. (For more information about the heightened scrutiny process, see Section 441.301(c)(5)(v)Home and Community-Based Setting).

Settings that have the following two characteristics alone might, but will not necessarily, meet the criteria for having the effect of isolating individuals:

- The setting is designed specifically for people with disabilities, and often even for people with a certain type of disability.

- The individuals in the setting are primarily or exclusively people with disabilities and on-site staff provides many services to them.

Settings that isolate people receiving HCBS from the broader community may have any of the following characteristics:

- The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities.

- People in the setting have limited, if any, interaction with the broader community.

- Settings that use/authorize interventions/restrictions that are used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g. seclusion).

The following is a non-exhaustive list of examples of residential settings that typically have the effect of isolating people receiving HCBS from the broader community. CMS will be issuing separate guidance regarding non-residential settings.

- Farmstead or disability-specific farm community: These settings are often in rural areas on large parcels of land, with little ability to access the broader community outside the farm. Individuals who live at the farm typically interact primarily with people with disabilities and staff who work with those individuals. Individuals typically live in homes only with other people with disabilities and/or staff. Their neighbors are other individuals with disabilities or staff who work with those individuals. Daily activities are typically designed to take place on-site so that an individual generally does not leave the farm to access HCB services or participate in community activities. For example, these settings will often provide on-site a place to receive clinical (medical and/or behavioral health) services, day services, places to shop and attend church services, as well as social activities where individuals on the farm engage with others on the farm, all of whom are receiving Medicaid HCBS. While sometimes people from the broader community may come on-site, people from the farm do not go out into the broader community as part of their daily life. Thus, the setting does not facilitate individuals integrating into the greater community and has characteristics that isolate individuals receiving Medicaid HCBS from individuals not receiving Medicaid HCBS.

- Gated/secured "community" for people with disabilities: Gated communities typically consist primarily of people with disabilities and the staff that work with them. Often, these locations will provide residential, behavioral health, day services, social and recreational activities, and long term services and supports all within the gated community. Individuals receiving HCBS in this type of setting often do not leave the grounds of the gated community in order to access activities or services in the broader community. Thus, the setting typically does not afford individuals the opportunity to fully engage in community life and choose activities, services and providers that will optimize integration into the broader community.

- Residential schools: These settings incorporate both the educational program and the residential program in the same building or in buildings in close proximity to each other (e.g. two buildings side by side). Individuals do not travel into the broader community to live or to attend school. Individuals served in these settings typically interact only with other residents of the home and the residential and educational staff. Additional individuals with disabilities from the community at large may attend the educational program. Activities such as religious services may be held on-site as opposed to facilitating individuals attending places of worship in the community. These settings may be in urban areas as well as suburban and rural areas. Individuals experience in the broader community may be limited to large group activities on "bus field trips." The setting therefore compromises the individual's access to experience in the greater community at a level that isolates individuals receiving Medicaid HCBS from individuals not receiving Medicaid HCBS.

- Multiple settings co-located and operationally related (i.e., operated and controlled by the same provider) that congregate a large number of people with disabilities together and provide for significant shared programming and staff, such that people's ability to interact with the broader community is limited. Depending on the program design, this could include, for example, group homes on the grounds of a private ICF or numerous group homes co-located on a single site or close proximity (multiple units on the same street or a court, for example). In CMS' experience, most Continuing Care Retirement Communities (CCRCs), which are designed to allow aging couples with different levels of need to remain together or close by, do not raise the same concerns around isolation as the examples above, particularly since CCRCs typically include residents who live independently in addition to those who receive HCBS.

Exploratory Questions to Assist States in Assessment of *Non-Residential* Home and Community-Based Service (HCBS) Settings

Note: This is the final document to complete the HCB Settings Toolkit. Please contact CMS if you would like to request further Technical Assistance.

Background

The home and community-based (HCB) settings regulation requirements at 42 CFR §441.301(c)(4)/441.710(a)(1)/441.530(a)(1) established a definition of HCB settings based on individual experience and outcomes, rather than one based solely on a setting's location, geography or physical characteristics. The purpose of these final regulations is to maximize the opportunities for participants receiving Medicaid HCBS under Section 1915(c), 1915(i), and 1915(k) of the Social Security Act, to receive services in integrated settings and realize the benefits of community living, including opportunities to seek employment and work in competitive integrated settings. The HCB settings requirements apply to both residential and non-residential settings for individuals who are receiving Medicaid funding for HCBS.

CMS previously released a set of Exploratory Questions to assist states in their assessment of *residential* HCBS settings, and is now releasing a similar set of Exploratory Questions for *non-residential* settings. CMS encourages states to consult the residential guidance Exploratory Questions as well in evaluating their non-residential settings. Many of the questions are relevant to all HCBS settings.

These two documents along with a set of Frequently Asked Questions (FAQS) titled "HCBS Final Regulations (42 CFR Part 441) Questions and Answers Regarding Sections 1915(c) and 1915(i) Home and Community-Based Services and Settings" complete the subregulatory guidance that we plan to issue at this time. Other documents available in the HCBS Toolkit at www.medicaid.gov including the Statewide Transition Plan Toolkit for Alignment with the Home and Community-Based Services (HCBS) Final Regulation's Setting Requirements, Guidance on Settings that Have the Effect of Isolating Individuals Receiving HCBS from the Broader Community, and the Regulatory Requirements for Home and Community-Based Settings supplement the information contained in the rule itself. This array of documents provides direction to help states develop their statewide transition plans and waiver-specific transition plans. Please note: states must submit their statewide transition plans to CMS by March 15, 2015; these plans should address HCB settings requirements for both residential and non-residential services.

Purpose

The purpose of this document is to offer considerations for states as they assess whether non-residential HCB settings meet the Medicaid HCB settings requirements. The optional questions for non-residential settings are organized by each HCB setting regulation requirement (*in italics*). These questions serve as suggestions to assist states and

stakeholders in understanding what indicators might reflect the presence or absence of each quality in a setting. These questions are not designed to be a score sheet and not all questions relate to every HCBS or every individual served. As part of a state's Statewide Transition Plan for compliance with the HCB settings requirements, please note that simply asserting that a non-residential service adheres to these questions is not sufficient to represent a state's assessment of compliance with HCB requirements. We offer these questions as a tool (and not a requirement) to help illustrate the HCB settings qualities for non-residential HCBS and to assist states in developing their transition plan for an existing 1915(c) waiver or 1915(i) state plan, or for ensuring initial compliance with HCB requirements in a new 1915(c), (i) or (k) program. Finally, we clarify here that CMS will not require use of these questions in our review of a state's transition plan or plan for new program compliance. States provide a wide variety of non-residential services under HCBS programs, ranging from extended state plan services (which may be highly clinical/medical in nature but provided in an amount, scope or duration not available under the regular state plan benefit) to services that may support the individual in regular community based activities (e.g., supported employment, pre-vocational, habilitation, adult day, clubhouse models and psychosocial rehabilitation). Therefore, states will be tailoring their review to the type of services that are relevant in their state.

In some cases, especially when the service provided is highly clinical/medical in nature, e.g., medical adult day programs, the nature of the service will impact how the state addresses the HCB settings requirements. The state's determinations about these settings and the extent to which changes in the settings are necessary to comply with the requirements may be different than state decisions/actions for a setting that is less medical/clinical in nature.

States should consider carefully the extent to which settings compliance is met due to the nature of the service and/or the HCB qualities. For example, for individuals seeking supports for competitive employment, the state should consider whether the right service is being appropriately provided to achieve its goal, including the duration of the service and the expected outcomes of the service, or whether the provision of a different type of service would more fully achieve competitive employment in an integrated setting for the individual, in addition to whether the setting meets the HCB settings requirements. Or, in another example, a service that is primarily rehabilitative (offers physical, speech, occupational and other therapies), but also offers respite to family caregivers, may be short-term in duration and requires by definition that all participants have a disability. Another type of service may be designed to primarily offer personal care, social recreational supports and respite for family caregivers, and is more long-term in duration. The manner in which each of these services meets the HCB settings requirements may vary.

We also note that these exploratory questions do not constitute guidance on states' obligations under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act, as interpreted by the Supreme Court in Olmstead v. L.C., 527 U.S. 581(1999).

Exploratory Questions:

1. *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. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)*

- Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual?
- Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?
- Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc. outside of the setting, and who in the setting will facilitate and support access to these activities?
- Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting? For example, do individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS?
- Is the setting in the community/building located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community?
- Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies? For example, do visitors greet/acknowledge individuals receiving services with familiarity when they encounter them, are visiting hours unrestricted, or does the setting otherwise encourage interaction with the public (for example, as customers in a pre-vocational setting)?
- Do employment settings provide individuals with the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Medicaid funded HCBS?
- In settings where money management is part of the service, does the setting facilitate the opportunity for individuals to have a checking or savings account or other means to have access to and control his/her funds. For example, is it clear that the individual is not required to sign over his/her paychecks to the provider?
- Does the setting provide individuals with contact information, access to and training on the use of public transportation, such as buses, taxis, etc., and are these public transportation schedules and telephone numbers available in a convenient location?

Alternatively where public transportation is limited, does the setting provide information about resources for the individual to access the broader community, including accessible transportation for individuals who use wheelchairs?

- Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCB services?
- Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment, and tables/desks and chairs at a convenient height and location, with no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting? If obstructions are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstructions?

2. *The setting is selected by the individual from among setting options including non-disability specific settings … The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, … 42 CFR 441.301(c)(4)(ii)/ 441.710(a)(1)(ii)/441.530(a)(1)(ii)*

- Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual?
- Do the setting options offered include non-disability-specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at a YMCA?
- Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day/week (e.g. combine competitive employment with community habilitation)?

3. The setting *ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/ 441.710(a)(1)(iii)/441.530(a)(1)(iii)*

- Is all information about individuals kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of individuals for PT, OT, medications, restricted diet, etc., in a general open area?
- Does the setting support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance, provided in private, as appropriate?

- Does the setting assure that staff interact and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the regular course of daily activities?
- Do setting requirements assure that staff do not talk to other staff about an individual(s) in the presence of other persons or in the presence of the individual as if s/he were not present?
- Does the setting policy require that the individual and/or representative grant informed consent prior to the use of restraints and/or restrictive interventions and document these interventions in the person-centered plan?
- Does the setting policy ensure that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting and/or restrictive to the rights of every individual receiving support within the setting?
- Does the setting offer a secure place for the individual to store personal belongings?

4. *The 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)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)*

- Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting?
- Does the setting afford a variety of meaningful non-work activities that are responsive to the goals, interests and needs of individuals? Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)?
- Does the setting afford opportunities for individuals to choose with whom to do activities in the setting or outside the setting or are individuals assigned only to be with a certain group of people?
- Does the setting allow for individuals to have a meal/ snacks at the time and place of their choosing? For instance, does the setting afford individuals full access to a dining area with comfortable seating and opportunity to converse with others during break or meal times, afford dignity to the diners (i.e., individuals are treated age-appropriately and not required to wear bibs)? Does the setting provide for an alternative meal and/or private dining if requested by the individual? Do individuals' have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?

- Does the setting post or provide information on individual rights?
- Does the setting prohibit individuals from engaging in legal activities (ex. voting when 18 or older, consuming alcohol when 21 or older) in a manner different from individuals in similar and/or the same setting who are not receiving Medicaid funded services and supports?
- Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities and desires?

5. *The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)*

- Was the individual provided a choice regarding the services, provider and settings and the opportunity to visit/understand the options?
- Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?
- Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible? Does the setting afford the individual with the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences?
- Does setting policy ensure the individual is supported in developing plans to support her/his needs and preferences? Is setting staff knowledgeable about the capabilities, interests, preference and needs of individuals?
- Does the setting post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS?

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

C.F., by and through his parent and guardian, L.F., J.P., by and through her mother and next friend, M.P., and L.B., by and through her parent and guardian, D.W., individually, and on behalf of similarly situated individuals, Plaintiffs v. PATRICIA LASHWAY, in her official capacity as Acting Secretary of the Washington State Department of Social and Health Services; and DOROTHY F. TEETER, in her official capacity as Director of the Washington State Health Care Authority, Defendants.	NO. 16-1205 COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF **(CLASS ACTION)**

I. OVERVIEW

1. Plaintiffs C.F., J.P., and L.B. are adults with developmental disabilities who are institutionalized, or at serious risk of institutionalization. All three of these individuals have intensive needs for long-term supports and habilitative services and have no desire to receive these services in an institutional setting. All three have been, at some point, determined eligible to receive residential and habilitative support services in the community. However, due to Defendants' failure to establish an effectively working system to ensure such services are

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available, all three have lost support services they need and cannot replace. As a result, Plaintiffs are suffering, or are at risk of suffering, unnecessary institutionalization and segregation.

2. Defendants, and their agencies, the Health Care Authority (HCA) and the Department of Social and Health Services (DSHS), do not have an adequate system for ensuring persons with developmental disabilities receive necessary services in the most integrated setting appropriate to their needs. In addition to the named Plaintiffs, dozens more individuals are entitled to services, but wait for prolonged periods to receive those services because they are unavailable. These individuals are waiting in state-operated Residential Habilitation Centers (RHC) and other unstable or unsuitable settings in which they are at risk of institutionalization.

3. Defendants have no effectively working plan to ensure that Plaintiffs and these putative class members will avoid institutionalization. This failure violates their rights under Title II of the Americans with Disabilities Act ("ADA"), 42 U.S.C. § 12132 *et seq.*, Section 504 of the Rehabilitation Act of 1973 ("Rehabilitation Act"), 29 U.S.C. § 794 *et seq.*, the United States Supreme Court's landmark decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999), and the Social Security Act, 42 U.S.C. § 1396 *et seq.*

4. This litigation seeks injunctive and declaratory relief to require Defendants establish an adequate system to provide community-based integrated placement for Plaintiffs and class members, who need community-based habilitative services to avoid institutionalization. Without injunctive and declaratory relief, dozens of individuals with developmental disabilities will continue to languish, either with limited services or in institutions isolated from their home communities, without the services they need to live as independently as possible.

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II. PARTIES

5. ***Plaintiff C.F.*** Plaintiff C.F. is a twenty-five year old man who has never wanted to live in an institution. Unfortunately, he was institutionalized in October 2014 after his community-based supported living provider abruptly terminated his services. With no services to replace the supported living provider who terminated services, Plaintiff C.F. was admitted as a short-term resident to one of DSHS's state-operated RHC's. Since he has been institutionalized, DSHS has been unable to find any other provider willing or able to support him, and he was transferred to a different RHC that is closer to his family, where he has remained segregated from his community.

6. ***Plaintiff J.P.*** Plaintiff J.P. is a thirty-two year old woman who, for most of her adult life, has been institutionalized. After being hospitalized for years at Western State Hospital, she discharged to an RHC in 2009. Since then, one supported living agency attempted to provide her with community-based residential services in 2012, but she was re-institutionalized within weeks. She continued to seek services from a different supported living agency, but it took three years before another agency agreed to offer services. Although a supported living agency has agreed to serve her, it has been attempting for over a year and half to recruit and retain enough staff to support her in the community. Plaintiff J.P. continues to be institutionalized with no planned discharge date.

7. ***Plaintiff L.B.*** Plaintiff L.B. is a fifty-one year old woman who has lived her entire life in the community. After Plaintiff L.B. had received brief respite services in an RHC earlier in her life, her mother and guardian decided she should never be institutionalized on a long-term basis. Nevertheless, Plaintiff L.B. has been at risk of institutionalization since October of 2015, when her supported living provider decided to discontinue services. Because DSHS was unable

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to identify a substitute supported living agency, Plaintiff L.B. temporarily moved into the home of her aging mother (also guardian) and stepfather. DSHS has sent referral packets to various supported living providers multiple times but has found no agency to accept her referral due to lack of staff. Without the robust supports provided through residential habilitation services, Plaintiff L.B. remains at risk of institutionalization.

8. ***Defendant Patricia Lashway.*** Defendant Patricia Lashway is the Acting Secretary of DSHS, the state agency that includes the Developmental Disabilities Administration (DDA). DSHS, through DDA, is responsible for implementing the Home and Community-Based services authorized under the Medicaid Act for individuals with developmental disabilities. Ms. Lashway is sued in her official capacity only. All alleged acts by Ms. Lashway, DSHS and the Developmental Disabilities Administration were taken under color of state law.

9. ***Defendant Dorothy F. Teeter.*** Defendant Dorothy Teeter is the Director of the Washington State Health Care Authority. The Health Care Authority is the designated single state agency for Washington's Medicaid programs. Ms. Teeter is responsible for ensuring that the Medicaid program is administered in a manner consistent with all state and federal laws. Ms. Teeter is sued in her official capacity only. All alleged acts by Ms. Teeter and the Health Care Authority were taken under color of state law.

III. JURISDICTION AND VENUE

10. Jurisdiction of this Court arises under 28 U.S.C. § 1331 because this action arises under the laws of the United States, and 28 U.S.C. § 1343(3) and (4) which confer on the federal district courts original jurisdiction over all claims asserted pursuant to 42 U.S.C. § 1983 to redress deprivations of rights, privileges or immunities guaranteed by Acts of Congress and the United States Constitution.

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11. Venue is proper pursuant to 28 U.S.C. § 1391(b). A substantial part of the events or omissions giving rise to Plaintiffs' claims occurred in the Western District of Washington and Defendants may be found here.

IV. LEGAL FRAMEWORK

A. The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act

12. Title II of the Americans with Disabilities Act (ADA), 42 U.S.C. §§ 12131-12134, and the Rehabilitation Act of 1973, 29 U.S.C. § 794, are designed to ensure that individuals with disabilities receive their services in the least restrictive, most integrated setting appropriate.

13. The ADA was enacted in 1990 "to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities[.]" 42 U.S.C. § 12101(b)(1). In enacting the ADA, Congress found that "historically, society has tended to isolate and segregate individuals with disabilities, and, despite some improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem[.]" 42 U.S.C. § 12101(a)(2).

14. Congress further recognized that "people with disabilities, as a group, occupy an inferior status in our society, and are severely disadvantaged socially, vocationally, economically, and educationally; [and] the Nation's proper goals regarding individuals with disabilities are to assure equality of opportunity, full participation, independent living, and economic self-sufficiency for such individuals[.]" 42 U.S.C. § 12101(a)(6)-(7).

15. Title II of the ADA applies to public entities, including state or local governments and any departments, agencies, or other instrumentalities of state or local governments. 42 U.S.C. §§ 12131, 12132. It provides that "no qualified individual with a disability shall, by

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reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity." 42 U.S.C. § 12132.

16. Title II's implementing regulations prohibit public entities from utilizing "criteria or methods of administration" that "have the effect of subjecting qualified individuals with disabilities to discrimination," or "[t]hat have the purpose or effect of defeating or substantially impairing accomplishment of the objectives of the public entity's program with respect to individuals with disabilities[.]" 28 C.F.R. § 35.130(b)(3)(i), (ii).

17. The Title II implementing regulation known as the "integration mandate" requires that public entities "administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities." 28 C.F.R. § 35.130(d). "The most integrated setting" is one that "enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible." 28 C.F.R. § Pt. 35, App. B.

18. The U.S. Supreme Court has held that Title II of the ADA prohibits the unjustified institutionalization of individuals with disabilities (*Olmstead v. L.C.*, 527 U.S. 581, 597-600 (1999)), noting that segregation of people with disabilities "perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life," and "severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, [and] economic independence."

19. According to case law and the Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the ADA and *Olmstead v. L.C.*, the ability to state a claim under Title II of the ADA and *Olmstead* is not limited to people currently in institutional or other segregated settings, but applies equally to those at serious risk of

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institutionalization or segregation (*e.g.*, if a public entity's failure to provide community services "will likely cause a decline in health, safety, or welfare that would lead to the individual's eventual placement in an institution"). *Available at* http://www.ada.gov/olmstead/q&a_olmstead.htm. As a result, "[i]ndividuals need not wait until the harm of institutionalization or segregation occurs or is imminent" before they may state a claim for illegal discrimination. *Id.*

20. Like the ADA, the Rehabilitation Act prohibits discrimination against people with disabilities under any program or activity that receives federal financial assistance. 29 U.S.C. § 794(a). The Rehabilitation Act's implementing regulations prohibit recipients of federal financial assistance from utilizing "criteria or methods of administration" that have the effect of subjecting qualified persons with disabilities to discrimination on the basis of disability, or that have the purpose or effect of defeating or substantially impairing accomplishment of the objectives of the recipient's program with respect to persons with disabilities. 45 C.F.R. § 41.51(b)(3)(i)-(ii); 45 C.F.R. § 84.4(b)(4)(i)-(ii). These implementing regulations also require entities receiving federal financial assistance to "administer programs and activities in the most integrated setting appropriate to the needs of qualified . . . persons [with disabilities]." 28 C.F.R. § 41.51(d); *see also*, 45 C.F.R. § 84.4(b)(2).

B. Title XIX of the Social Security Act

21. Having chosen to participate the Medicaid program, the State of Washington is required to operate its Medicaid services in compliance with the Social Security Act, 42 U.S.C. § 1396, and its implementing regulations. Section 1915(c) of the Social Security Act, 42 U.S.C. § 1396n(c), allows states to submit a request to the U.S. Secretary of Health and Human Services ("Secretary") to "waive" certain federal Medicaid requirements in order to offer a

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broad range of home and community-based services as an alternative to institutional care in an Intermediate Care Facility (ICF).

22. In order to comply with federal requirements governing Medicaid Home and Community-Based Services (HCBS) waivers for people with intellectual and developmental disabilities, the Defendants must evaluate all individuals referred for admission to an ICF, and periodically re-evaluate those in ICFs, to determine if they require an institutional level of care and whether they may be eligible to receive home and community-based services in lieu of residing in an ICF. 42 U.S.C. § 1396n(c)(2)(B).

23. Defendants must inform individuals determined to likely require an ICF level of care of the feasible alternatives to institutional placement, including the availability of home and community-based services which could prevent or avoid their continued institutionalization. 42 U.S.C. § 1396n(c)(2)(B)-(C). Defendants must assure that "when a beneficiary is determined to be likely to require the level of care provided in . . . [an ICF], the beneficiary or his or her legal representative will be—(1) [i]nformed of any feasible alternatives available under the waiver; and (2) [g]iven the choice of either institutional or home and community-based services." 42 C.F.R. § 441.302(d). The state must ensure HCBS Waiver participants have a "person-centered service plan" that "[r]eflect[s] that the setting in which the individual resides is chosen by the individual." 42 C.F.R. § 441.301(c)(2)(i).

24. Defendants must also ensure that Medicaid services for which each individual is eligible are provided with reasonable promptness to ensure each participant's health and welfare. 42 U.S.C. § 1396a(a)(8); 42 U.S.C. §1396n(c)(2)(C).

25. Defendants must provide an opportunity for a fair hearing before the State agency to any individual whose claim for medical assistance under the plan is denied or is not acted

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upon with reasonable promptness. 42 U.S.C. § 1396a(a)(3); 42 C.F.R. § 431.201 (a)(1). Defendants must provide notice of each individual's right to a hearing, the method for obtaining a hearing, and options for representation. 42 C.F.R. § 431.206(b). This information must be provided at the time of any action affecting an individual's claim. 42 C.F.R. § 431.206(c)(2).

VI. CLASS ALLEGATIONS

26. ***Definition of Class***. The class consists of all individuals who:

a. Are Medicaid recipients with an intellectual or developmental disability;

b. Need an institutional level of care provided in a Medicaid-certified ICF in the State of Washington; and

c. Qualify for and desire DDA home and community-based habilitative services which they are not receiving.

27. ***Size of Class***. The class of Medicaid recipients who qualify for, have requested, and are not receiving home and community-based services administered by DDA is expected to be so numerous that joinder of all members is impracticable. Defendants have identified as many as ninety-one DDA clients as waiting for residential habilitative services in the community, while only a handful of these individuals have been offered these services.

28. ***Class Representative C.F.*** Named Plaintiff C.F. is diagnosed with a developmental disability and is a DDA client who has been unable to access home and community-based waiver services to replace the services that were terminated by his residential provider. As a result, he has had no option but to be institutionalized for the past year and a half. His claims are typical of the claims of the other members of the class, and, through his mother and guardian, he will fairly and adequately represent the interests of the class. There is no known conflict of interest among class members.

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29. ***Class Representative J.P.*** Named Plaintiff J.P. is diagnosed with a developmental disability and is a DDA client who has been unable to access home and community-based waiver services to replace the services that were terminated by her residential provider. As a result, she has had no option but to be institutionalized for the past seven years. Her claims are typical of the claims of the other members of the class, and, through her mother and next friend, she will fairly and adequately represent the interests of the class. There is no known conflict of interest among class members.

30. ***Class Representative L.B.*** Named Plaintiff L.B. is diagnosed with a developmental disability and is a DDA client who has been unable to access home and community-based waiver services to replace the services that were terminated by her residential provider. As a result, she is at risk of being institutionalized. Her claims are typical of the claims of the other members of the class, and, through her mother and guardian, she will fairly and adequately represent the interests of the class. There is no known conflict of interest among class members.

31. ***Common Questions of Law and Fact.*** This action requires the determination of whether Defendants violate the requirements under the ADA, the Rehabilitation Act, and the Medicaid Act by failing to have an adequate system in place to (1) provide Plaintiffs and the proposed class with services in the most integrated, least restrictive community-based setting; (2) provide, with reasonable promptness, home and community-based services to Plaintiffs and the proposed class necessary to ensure their health and welfare; and (3) provide adequate notice and due process to Plaintiffs and the proposed class of their eligibility for Medicaid services, including provision of services in the least restrictive setting, and their right to appeal any such determinations through an administrative fair hearing.

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32. ***Defendants Have Acted on Grounds Generally Applicable to the Class.*** Defendants, by failing to establish a system for providing a choice of home and community-based services to Plaintiffs and proposed class members with reasonable promptness in the most integrated least-restrictive setting, have acted on grounds generally applicable to the class, rendering declaratory relief appropriate respecting the whole class. Certification is therefore proper under Fed. R. Civ. P. 23(b)(2).

33. ***Questions of Law and Fact Common to the Class Predominate Over Individual Issues.*** Alternatively, the class may be certified under Fed. R. Civ. P. 23(b)(3). The claims of the individual class members are more efficiently adjudicated on a class-wide basis. Any interest that individual members of the class may have in individually controlling the prosecution of separate actions is outweighed by the efficiency of the class action mechanism. Upon information and belief, there has been no class action suit filed against these defendants for the relief requested in this action. This action can be most efficiently prosecuted as a class action in the Western District of Washington, where Defendants have their principal place of business, do business, and where Plaintiffs reside. Issues as to Defendants' conduct in applying standard policies and practices towards all members of the class predominate over questions, if any, unique to members of the class. Certification is therefore proper under Fed. R. Civ. P. 23(b)(3).

34. ***Class Counsel.*** Plaintiff has retained experienced and competent class counsel.

VI. BACKGROUND

35. Washington State operates four RHCs at Rainier School, Fircrest School, Yakima Valley School, and Lakeland Village, which cumulatively support over 800 residents. RHCs offer residential supports and training and are certified to be funded as Medicaid state plan

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Intermediate Care Facility (ICF) Services and skilled nursing facilities. In an RHC, there are far more limited opportunities for community-based activities, and the vast majority of training and support services occur in a segregated institutional setting at the RHC.

36. In addition to providing residential habilitation services in RHCs, Defendants provide community-based residential habilitation services for individuals with developmental disabilities in individuals' own homes rather than in congregate institutional settings. Defendants fund community-based residential habilitation services through the Core and Community Protection Waivers, both of which are Home and Community-Based Services (HCBS) Medicaid waivers.

37. Community-based residential habilitation services are typically delivered by privately operated for-profit or non-profit supported living agencies. In addition, residential habilitative services are also delivered through the State Operated Living Alternatives (SOLA) program, which is a supported living program run by DDA.

38. Residential habilitation services provided by private supported living agencies and the SOLA program are a combination of training, personal care, and supervision to address outcomes in several areas of the individual's life, including "personal power and choice," "competence and self-reliance," "positive recognition by self and others," and "positive relationships." These services should be provided in integrated settings and support individuals in opportunities to engage in a variety of community-based activities. 42 C.F.R. § 441.301(c)(2)(i).

39. Under the approved Core and Community Protection HCBS waivers, the limit to the amount, frequency, or duration of residential habilitation services is determined by the negotiated daily rates, which are "based on residential support levels (assigned by DD[A]

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assessment), specific support needs listed in the assessment, support provided by others (e.g. family members), and the number of people living in the household who can share the support hours." Individuals may receive anywhere from a few hours a week (Levels 1-3) to daily support with intermittent checks through the night (Level 4) to 24/7 onsite support (Levels 5-6).

40. Individuals wishing to be discharged from an RHC with more integrated supports may be referred to Washington's "Roads to Community Living" program, which is funded through a federal Medicaid grant called "Money Follows the Person." This grant provides federal matching funds to provide additional discharge planning and community-based supports for up to one year after a person moves into the community. After twelve months, Roads to Community Living funding expires and participants are placed on one of the HCBS waivers. Washington's Roads to Community Living plan has estimated eighteen individuals with developmental disabilities will be discharged each year until 2019.

41. When RHC residents are ready to discharge to community-based residential habilitation services, or waiver participants are seeking new residential habilitation service providers, their DDA case managers prepare a "referral packet" with information about their support needs, history, and preferences. The case managers then submit this referral packet to DDA resource managers, who send the packets to private supported living agencies that are certified to deliver community-based residential habilitation services.

42. If a supported living agency receiving a referral packet is interested in serving an individual, the agency can notify DDA to proceed with starting services. No supported living agencies are obligated to accept any referrals, and agencies may rescind their offers to serve individuals. Once contracted, a supported living agency may also terminate services if it determines it can no longer meet an individuals' health and welfare needs.

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43. If no supported living agency receiving the packet agrees to serve an individual, DDA may send referral packets to additional agencies, or resend referral packets to the same agencies.

44. If all private supported living agencies decline DDA's referrals, DDA does not provide the individual with any notice of their right to a fair hearing to address Defendants' failure to provide services with reasonable promptness, or notice of other available options. Instead, individuals must continue to wait indefinitely for a supported living agency willing to provide them with services.

VII. FACTUAL ALLEGATIONS

45. In 2013, DSHS retained a private consultant, Navigant Healthcare, to conduct an independent review of its supported living program. Navigant's November 11, 2013 report documented that there was a waitlist for supported living services. It went on to explain, "DDA manages the wait list to prioritize those with the highest levels of need. Due to budget constraints, only individuals whose needs fall into levels 4 through 6 are generally admitted into the program."

46. Navigant interviewed three supported living providers regarding DDA rate setting and documented the following:

> "Providers also discussed the challenge they face due to high staff turnover. They associated low reimbursement rates with an inability to pay competitive wages and high staff turnover. Specifically, the hourly ISS [(Instruction and Support Services)] rates have been decreasing since 2009 while the Washington State minimum wage has increased. In addition, the high turnover puts pressure on their training budgets as they must train all new staff."

47. In December 2015, DDA identified fifty individuals residing in an RHC who had requested community-based supported living services on or before August 15, 2015, and did not

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have a discharge date or supported living agency committed to serving them. In April 2016, DDA identified an additional forty-one HCBS waiver participants who were authorized to receive community-based supported living services on or before December 31, 2015, and did not currently have any supported living agency committed to serving them.

48. ***Plaintiff C.F.*** is one of the fifty RHC resident identified in December 2015 as waiting for community-based residential habilitation services. His experience is typical of the proposed class. He has a developmental disability that qualifies him for HCBS waiver services, including residential habilitation.

49. Plaintiff C.F. was approved for residential habilitation services through the Core Waiver in 2013, when he began to receive services from a private supported living agency. Due to a series of incidents arising from his unmet complex behavioral support needs, Plaintiff C.F.'s provider was unable to retain sufficient staff to provide him with services. After a physical altercation involving Plaintiff C.F. and the provider's staff, both of whom made cross-allegations of assault against the other, Plaintiff C.F.'s provider gave DDA a notice of termination effective within hours. Without the ability to live independently, Plaintiff C.F.'s only option was to be admitted to an RHC while DSHS searched for a new provider.

50. DSHS sent referral packets to several private supported living agencies, but all agencies declined to accept his referral. In addition, DSHS inquired about supporting him in its SOLA program, but there were no openings in that program. Plaintiff C.F. received no notice of any opportunity to request a fair hearing.

51. Since he has been institutionalized, Plaintiff C.F. and his guardian have continued to desire Medicaid-funded services provided in a more integrated setting. However, his guardian has significant concerns about him discharging to a supported living agency that could

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terminate services with little to no notice if the agency is unable to meet his needs or retain sufficient staff. His guardian recently re-requested SOLA services, but was again told there were no openings in this program. Because DSHS has been unable to identify a supported living provider who could guarantee services to appropriately support his behavior support needs arising from his dual diagnoses of schizophrenia and autism, he has been unable to access community-based residential habilitation services necessary to discharge from the RHC.

52. ***Plaintiff J.P.*** is also one of the fifty RHC residents, identified in December 2015, to be waiting for community-based residential habilitation services. Her experience is also typical of the proposed class. She has a developmental disability that qualifies her for HCBS waiver services, including residential habilitation.

53. Plaintiff J.P. was a class member of *Allen, et al., v. Western State Hospital, et al.*, USDC C99-5018-RBL, another federal class action lawsuit brought in 1999 on behalf of patients with developmental disabilities at Western State Hospital. Under a series of settlement agreements that were in effect from 1999 to 2009, DSHS improved both inpatient and community-based services to meet the needs of people with developmental disabilities who need intensive behavioral supports to be discharged, successfully live in the community, and avoid re-institutionalization.

54. After being involuntarily committed at the state hospital, DSHS retained a supported living agency who initially agreed to provide Plaintiff J.P. with community-based services and initiated the implementation of a transition plan. However, the transition was not successful and she was discharged from WSH to an RHC in 2009.

55. Three years later, in 2012, Plaintiff J.P. was discharged from the RHC with supported living services, only to return to the RHC a few weeks later when her supported living

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agency failed to implement the recommendations in her discharge plan for responding to her behavioral health needs. Since she was re-admitted to the RHC, she continued requesting Medicaid-funded community-based services from a new provider, but all supported living agencies in her home region declined to accept her referral. Plaintiff J.P. received no notice of any opportunity to request a fair hearing.

56. In January 2015, after DDA sent referral packets to providers in a broader geographic region, a supported living agency outside Plaintiff J.P.'s preferred region accepted a referral, with the caveat that it could take up to a year to find the necessary staff. Presently, a year and a half later, Plaintiff J.P. still has been unable to transition to the community due to the agency's inability to recruit and retain a sufficient number of staff. Defendants have no alternative plan or timeline to ensure Plaintiff J.P. does not continue to be institutionalized indefinitely while the supported living agency continues to attempt to recruit and retain the staff needed to support her.

57. ***Plaintiff L.B.*** is one of the forty-one HCBS waiver participants who is waiting for the community-based residential habilitation services she is qualified to receive. Her experience is also typical of the proposed class. She has a developmental disability that qualifies her for HCBS waiver services, including residential habilitation.

58. When Plaintiff L.B.'s supported living agency provided notice that it would be terminating her residential habilitation services, DDA sent referral packets to other agencies that support individuals in the county where her mother resides. All of the agencies declined the referral. Plaintiff L.B. received no notice of any opportunity to request a fair hearing.

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59. DDA suggested admission to an RHC as an alternative, and threatened to report Plaintiff L.B.'s guardian to Adult Protective Services (APS) when she requested an additional extension of supported living services while Plaintiff L.B.'s fragile health stabilized.

60. Refusing to institutionalize her daughter, Plaintiff L.B.'s guardian agreed for Plaintiff L.B. to live temporarily with her and her husband while DDA searched for an alternative Medicaid-funded community-based supported living provider. As an elderly woman over the age of seventy, Plaintiff L.B.'s guardian does not believe she can indefinitely continue to support Plaintiff L.B. to live at home, which requires that she provide Plaintiff L.B. with significant personal care assistance when hired caregivers cancel, do not show up, or cannot cover a shift. As a result, Plaintiff L.B. is not receiving the combination of training, personal care, and supervision included in residential habilitation services, and she is at risk of institutionalization.

61. Plaintiffs C.F., J.P., and L.B. would like to receive the residential habilitative services they need in an integrated community-based settings.

VII. CLAIMS FOR RELIEF

FIRST CLAIM: DECLARATORY RELIEF FOR VIOLATIONS OF THE AMERICANS WITH DISABILITIES ACT

62. Plaintiffs re-allege the paragraphs above.

63. Plaintiffs and the putative class are all "qualified individuals with a disability" within the meaning of 42 U.S.C. § 12131(2). Plaintiff and class members have not been provided services they would need to live in an integrated setting in the community.

64. Defendants' acts and omissions effectively deny Plaintiffs and the putative class the community-based services that they need in order to avoid continued segregation in an

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institution in violations of Title II of the ADA, 42 U.S.C. § 12132 and its implementing regulations.

65. Defendants' "methods of administration" further have the effect of subjecting Plaintiffs and the putative class to discrimination on the basis of disability by subjecting them to unnecessary and unjustified segregation, or placing them at risk of unnecessary and unjustified segregation, in violation of 28 C.F.R. § 35.130 (b)(3).

66. Defendants further discriminate against Plaintiffs and the putative class by denying them access to services based upon the severity of their disabilities, in violation of 28 C.F.R § 35.130(b)(1). As a result, Defendants relegate Plaintiffs and the putative class to segregated facilities or place them at risk of institutionalization in violation of the ADA.

SECOND CLAIM: DECLARATORY RELIEF FOR VIOLATIONS OF SECTION 504 OF THE REHABILITATION ACT

67. Plaintiffs re-allege the paragraphs above.

68. Plaintiffs and putative class members are qualified individuals with disabilities under Section 504 of the Rehabilitation Act, 29 U.S.C. § 794 (a). Defendants' agencies, HCA and DSHS, receive federal financial assistance.

69. Defendants violate Section 504 of the Rehabilitation Act and its implementing regulations by denying Plaintiffs and putative class members access to integrated community-based programs appropriate to meet their needs, thereby requiring that Plaintiffs and putative class members be confined in segregated institutions in order to receive the services that they need, or suffer risk of institutionalization.

THIRD CLAIM: DECLARATORY RELIEF FOR VIOLATIONS OF TITLE XIX OF THE SOCIAL SECURITY ACT

70. Plaintiffs re-allege the paragraphs above.

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71. Plaintiffs and the putative class are entitled to declaratory relief pursuant to 42 U.S.C. § 1983 that Defendants have acted under color of state law to violate Title XIX of the Social Security Act by failing to provide Plaintiffs and class members with (1) Medicaid benefits with reasonable promptness, 42 U.S.C. § 1396a(a)(8); (a)(10)(A) and its implementing regulations; (2) a meaningful choice of providers, including a choice between institutional and community-based services, 42 U.S.C. § 1396n(c)(2)(B); (C); and (3) adequate written notice of defendants' determinations, as well as their right to appeal to defendants' administrative hearing process, pursuant to 42 C.F.R. § 431.200 et seq.

FOURTH CLAIM: DECLARATORY RELIEF FOR VIOLATIONS OF TITLE XIX OF THE SOCIAL SECURITY ACT DUE PROCESS

72. Plaintiffs re-allege the paragraphs above.

73. Plaintiffs and the putative class are entitled to declaratory relief pursuant to 42 U.S.C. § 1983 that Defendants have acted under color of state law to violate Title XIX of the Social Security Act by failing to provide adequate notice and access to an administrative hearing, 42 U.S.C. § 1396a(a)(3).

FIFTH CLAIM: INJUNCTIVE RELIEF

74. Plaintiffs re-allege the paragraphs above.

75. Plaintiffs and the putative class are entitled to preliminary and permanent injunctive relief pursuant to 42 U.S.C. § 1983 to require Defendants to fully implement the ADA, Rehabilitation Act, and Medicaid requirements as they apply to plaintiff and the proposed class.

VIII. DEMAND FOR RELIEF

WHEREFORE, Plaintiffs requests that this Court:

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1. Certify this case as a class action; designate the named Plaintiffs as class representatives; and designate DISABILITY RIGHTS WASHINGTON, Sarah Eaton, Susan Kas, and David Carlson, as class counsel;

2. Declare that that Defendants' failure to implement an adequate system for ensuring the choice of integrated community based services results in unnecessary segregation and institutionalization of Plaintiffs and the class, or places them at risk of unnecessary institutionalization, and violates the Title II of the ADA, Section 504 of the Rehabilitation Act, the Medicaid Act, and the 14th Amendment of the United States Constitution.

3. Enjoin Defendants from continued violations of Title II of the ADA, Section 504 of the Rehabilitation Act, the Medicaid Act, and the 14th Amendment of the United States Constitution and require Defendants to amend its policies, practices, and procedures to ensure that Plaintiffs and the class are:

(a) provided with appropriate community-based residential services with reasonable promptness; and

(b) informed that they are eligible for community-based services, that they have the right to choose to receive such services in an institutional or integrated community setting, and that they are entitled to a fair hearing if requested residential habilitative services are not provided with reasonable promptness;

4. Enter judgment in favor of Plaintiffs and the class;

5. Award Plaintiffs and the class their attorney fees and costs; and

6. Award such other relief as is just and proper.

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DATED: August 2, 2016.

DISABILITY RIGHTS WASHINGTON

/s/ Susan Kas
Susan Kas, WSBA #36592
David Carlson, WSBA #35767
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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850

Disabled & Elderly Health Programs Group

September 16, 2015

MaryAnne Lindeblad
Medicaid Director
Washington Health Care Authority, Executive Office
626 8th Avenue SE/PO Box 45502
Olympia, WA 98504

Dear Ms. Lindeblad,

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Washington's Statewide Transition Plan (STP) to bring state standards and settings into compliance with the new federal home and community-based settings requirements. Washington submitted this STP to CMS on March 11, 2015. CMS notes areas where the STP needs more details regarding assessment processes and outcomes, the remedial plan and heightened scrutiny. These items and related questions for the state are summarized below.

1915(k) Alignment: Washington's Assisted Living Facilities, including Adult Residential Care/Enhanced Adult Residential Care, are authorized under the Community First Choice Option. These should be removed from the Statewide Transition Plan.

Systemic Assessment: Washington provided the state regulations that correspond to the federal requirements for each setting and demonstrates regulatory compliance. However, the state should provide additional evidence such as provider manuals and policies to demonstrate that specific federal requirements are met, as several state regulations do not directly address the universe of federal requirements. Please identify which regulations, policies and procedures conflict with federal requirements for home and community-based settings (if any), remain silent on the specific qualities required and fully comply with the requirements in the federal regulation. For example:

- The assessment for Supported Living settings referred to regulations WAC 388-823-1095, 388-101-3320, and 388-101-3360 to support the federal requirement specified at 441.301(c)(4)(B)(2) regarding beneficiaries having a choice of roommates. The specified state regulations identify rights as a Developmental Disabilities Administration client, none of which relate to choice of roommate.
- The assessment for Adult Residential Services refers to code WAC 388-78A-2910 to support the federal requirement specified at 441.301(c)(4)(E) that the setting is physically accessible to the individual. The specified state regulations note that the setting must meet the accessibility code from the time of construction, not necessarily current accessibility standards.
- Some of the included URLs to access various state regulations were broken or led to a long list of sub-regulations:

- On p. 16, the state identifies chapters 388-71, 388-106, 388-825, 74.34, and 74.39A as evidence of regulations that assure individual autonomy and independence. When the reviewers clicked on any of those regulations, they were led to a page with hundreds of sub-regulations.
- The systemic assessment for Adult Day services refers to code WAC 388-0742 (p.27). The link provided leads to a long list of WAC sections, none of which are the specified WAC 388-0742.

- Two federal requirements specified at 441.301(c)(4)(vi)(B) and 441.301(c)(4)(vi)(A) do not appear to be addressed at all:
  - "Setting provides that each individual has privacy in their sleeping or living unit."
  - "If the setting is provider owned or controlled and the tenant laws do not apply, the state ensures that a lease…is in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law."
- The state indicated that the provider must make "reasonable accommodations" in response to several federal requirements, but did not define the term "reasonable." Examples of this occur on p. 45, in response to the federal requirement specified at 441.301(c)(4)(vi)(C) regarding individuals' freedom and support to control their own schedules and on p. 46 in response to the federal requirement specified at 441.301(c)(4)(vi)(D) regarding individuals' ability to have visitors at any time.

Site-Specific Assessment:
Washington identified 4 types of settings that received site visits. These included adult day service centers, group training homes, one residential setting, and settings presumed to be institutional (including assisted living facilities attached to hospitals or nursing facilities which should be removed from the STP as these settings were evaluated and approved as home and community-based in the 1915(k) Community First Choice SPA). Please describe the approach the state used to evaluate whether sites had the effect of isolating residents. The state should provide a clear method for determining if each location may be isolating and requires follow-up.

Remedial Actions:

- **Systemic Assessment:** Washington described its systemic remediation efforts to bring some settings into compliance with federal requirements. However, due to the concerns listed above regarding the systemic review, this remediation plan may not be sufficient to fully bring each setting and corresponding regulations into compliance by March 2019. Please review and revise the remediation plan based on any changes made to the systemic review and update the STP to reflect those changes.
- **Site-Specific Assessment:** Once the state has analyzed the results of its systemic assessment (see above), the state should identify the methods it will use to determine if a setting fully complies with the federal requirements, does not comply with the federal requirements and will require modifications, cannot meet the federal requirements and requires removal from the program and/or relocation of individuals; or is presumed to have the characteristics of an institution (but for which the state will provide justification that these settings do not have the characteristics of an institution and do have the qualities of home and community-based settings).

Heightened Scrutiny:
The state should clearly lay out its process for identifying settings that are presumed to have institutional qualities. These are settings for which the state must submit information for the heightened scrutiny process if the state determines, through its assessments, that these settings do

have qualities that are home and community-based in nature and do not have the qualities of an institution. If the state determines it will not submit information on settings meeting the scenarios described in the regulation, the presumption will stand and the state must describe the process for informing and transitioning the individuals involved to other compliant settings or settings not funded with Medicaid HCBS.

Settings presumed to be institutional include the following:

- Settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
- Settings in a building on the grounds of, or immediately adjacent to, a public institution;
- Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

CMS has been notified of a single family home that has been established as an LLC with qualities similar to a farmstead. The state should evaluate this and any other similar settings and provide evidence of whether this site is isolating or whether it has qualities of a home and community-based setting. If the state is operating with a presumption that an individual's private home or private family home is meeting this requirement, the state needs to confirm that none of these settings were purchased or established in a manner that isolates the individual from the community of individuals not receiving Medicaid funded home and community-based services. Information available in the Home and Community-Based Toolkit on settings that isolate may be helpful in this regard. The state should not presume that a setting where all or the majority of services are rendered in that setting or on the grounds of that setting, or where a group of individuals with disabilities or a specific type of disability (or their families) have purchased the setting and reside in the setting has the characteristics of a home and community-based setting.

CMS would like to have a call with the state to go over these questions and concerns and to answer any questions the state may have. The state should revise the STP; post it for public comment for 30 days prior to being submitted to CMS, and resubmit the amended STP in no more than six months after receipt of this letter. A representative from CMS' contractor, NORC, will be in touch shortly to schedule the call. In the meantime, please do not hesitate to reach out to Daphne Hicks, the CMS Central Office analyst taking the lead on this STP, at Daphne.Hicks@cms.hhs.gov, with any questions.

Sincerely,

Ralph F. Lollar
Director, Division of Long Term Services and Supports

cc: David Meacham, ARA

Community Access – Creating Community and Building Relationships Workshop

Wednesday, August 17th
9:00 AM – 3:00 PM

North Seattle College
9600 College Way North
Seattle, WA 98103

Directions to Campus:
www.northseattle.edu/directions

To register - email Candace mailto:oneillct@comcast.net
Registration is limited to the first 80 people who apply.

Please contact Candace no later than **August 1st** if you require any accommodations, including an interpreter or language support services.

Target Audience:
This seminar is funded by **King** and **Snohomish counties** and is open to State Developmental Disabilities Administration Case Resource Managers, staff who support individuals with intellectual and developmental disabilities in their homes and communities, and other community partners.

Continuing Education credits (CEs) will be awarded with a certificate upon completion of the workshop

COMMUNITY ACCESS – CREATING COMMUNITY AND BUILDING RELATIONSHIPS WORKSHOP

August 17, 2016

Community Access is an individualized service that provides individuals with opportunities to engage in community based activities that support socialization, education, recreation and personal development for the purpose of:

1. **Building and strengthening relationships with members in the local community who are not paid to be with the person.**
2. **Learning, practicing and applying skills that promote greater independence and inclusion in their community.**

This August 17th workshop, led by Jim Corey from Washington Initiative for Supported Employment, combines lecture/small group breakout sessions and includes the following topics:

- **Community Access – Purpose and Goals**
- **Role of Community Access Providers**
- **Discovery - Helping People Explore/Develop Interests/Skills**
- **Communication Strategies**
- **Small Group Practice – Identifying Community Places and Resources in Your Local Community**
- **Tips for Informational Interviews**

Refreshments and lunch will be provided. A parking pass/campus map will be emailed to you by August 10th. In order to obtain an accurate count for lunch, refreshments and handouts, you must register w/Candace NO LATER THAN FRIDAY, AUGUST 12TH!

If you have any questions, please email Candace – oneillct@comcast.net or call her – 206-390-6830.