California On-site Review Summary Report

I. Executive Summary

The Health and Welfare Special Reviews Team (H&W SRT) conducted a 5-day intensive on-site review of California's home and community-based services (HCBS) Medicaid waiver programs from November 18 to November 22, 2019. The on-site review was conducted because of the renewal that was coming due for the HIV/AIDS and Home and Community Based Alternatives (HCBA) Waivers, in addition to serious occurrences regarding participants on the HCBS for Californians with Developmental Disabilities (DD) Waiver, and problems reporting critical incident data on both the Multipurpose Senior Services Program (MSSP) and the HCBA Waivers.

The on-site review included multiple meetings with state directors and staff responsible for the administration and operation of California's four section 1915(c) HCBS waivers of focus, including staff from the Department of Health Care Services (DHCS), Integrated Systems of Care Division (ISCD); the California Department of Aging (CDA); the California Department of Public Health (DPH); and the California Department of Developmental Services (DDS). The H&W SRT also held a joint meeting with representatives from Disability Rights California, LeadingAge California, Justice in Aging, a waiver participant, and a family member.

In addition, the H&W SRT met with California's licensing entity, protective services entities, protection and advocacy entities, HCBS ombudsman, as well as case managers, service coordinators, critical incident investigators, providers, and participants. The focus of these meetings was to obtain a sense of how the process for reporting, investigating, and resolving critical incidents operates in practice and how health and welfare are ensured for HCBS participants in California through the lens of these stakeholders. The H&W SRT split into two groups. One team focused on the MSSP, operated by CDA, and the HIV/AIDS Waiver, operated by DPH; the second team focused on the HCBA Waiver, operated by DHCS ISCD, and the DD Waiver, operated by DDS. Although state staff members offered introductions for the H&W SRT at these meetings, they did not remain present during interviews with participants and providers.

The California Department of Health Care Services (DHCS) is the state Medicaid authority. Each waiver reviewed during the on-site visit is operated by a separate operating agency. CDA operates the MSSP Waiver, DPH operates the HIV/AIDS Waiver, ISCD operates the HCBA Waiver, and DDS operates the DD Waiver. Additional information is provided in the Background section of this report.

Each waiver has an additional level of management beneath the operating agencies to assist in ensuring that regions or localities within the state are managing waiver functions consistently, although these middle-level entities have different names depending on the waiver. For the DD Waiver, 21 regional centers have a long-standing role of managing the delivery of waiver services for participants within their collective areas. California's HCBA

Waiver only recently introduced a "delegation model" in 2017, largely as a result of depleted capacity at the state level. The delegation model shifts accountability for health and welfare oversight to nine waiver agencies across the state. The shift to these middle-level entities is perceived as having led to greater access to services/supports and expanded "ownership" of quality of care. For the MSSP Waiver, the middle-level entities are the MSSP sites, which provide case management and oversight of some waiver functions. Finally, for the HIV/AIDS Waiver, the middle-level entities are the HIV Waiver agencies.

During the on-site review, the H&W SRT identified a number of strengths and promising practices along with a few challenges, which are listed here and described more fully later in the summary report.

Strengths and Promising Practices for Ensuring Health and Welfare

A. Clear culture of ongoing collaboration within the administrative structure of a waiver
B. Active engagement in the work to enhance DHCS's capacity for data analysis related to critical incident data
C. Strong partnerships between midlevel entities that have some responsibility for ensuring health and welfare (DD and HCBA)
D. Robust risk management and mortality review processes (DD)
E. Partnership between state ombudsman with a range of entities to participate in an initiative titled "Silence = Violence"
F. Participant rights form provided to individuals with DD includes text and pictures
G. Napa and Solano Counties' one-stop shopping (MSSP) approach to provide contact information to seniors and help them coordinate across MSSP, Adult Protective Services (APS), and a variety of other agencies and services

Challenges

A. Lack of connectivity across operating agencies regarding health and welfare
B. Training expectations related to abuse, neglect, and exploitation (ANE) reporting not consistently met across all waivers
C. Expectations related to informing waiver participants of their rights and definitions of ANE not consistently met across all waivers

Recommendations

A. The state should work to improve communication with APS regarding critical incident investigations. This communication gap has a particular impact for MSSP and HIV/AIDS Waivers because they do not have internal incident investigative entities.
B. The state should consider improving methods for collecting, aggregating, and reporting data related to health and welfare of all HCBS participants.
C. California could learn from partnerships with other states in developing and refining an incident tracking system.

Updates for each of these recommendations have been provided in the detailed Recommendations section on pages 8-10.

II. Background

Prior to the onsite review, the H&W SRT conducted a review of waiver program documents and other material from the public domain related to the health and welfare assurance of individuals receiving HCBS in California. Table 1 lists the seven California waiver programs that were reviewed prior to the visit, along with the waiver's expiration date, operating agency, and target population.

Table 1. Waiver Programs Reviewed by the H&W SRT

Waiver Name and Number	Expiration Date	Operating Agency	Target Population
Home & Community Based Alternatives (HCBA) Waiver (0139)	Dec. 2021 (+Temporary Extension)	Department of Health Care Services*, Integrated Systems of Care Division	Participants who are medically fragile or technology dependent
California Assisted Living Waiver (0431)	Feb. 2024	Department of Health Care Services, Integrated Systems of Care Division	Participants who are aged (65 years +) or participants aged 21 to 64 years old with physical or other disabilities
In-Home Operations Waiver (0457)	Waiver terminated Dec. 2019	Department of Health Care Services, Integrated Systems of Care Division	Participants of any age who are medically fragile or technology dependent
Multipurpose Senior Services Program (MSSP)(0141)	June 2024	California Department of Aging, Multipurpose Senior Services Program Branch	Participants who are aged (65 years +)
HCBS Waiver for Californians with Developmental Disabilities (DD) (0336)	Dec. 2022	California Department of Developmental Services	Participants of any age with autism, a developmental disability, or an intellectual disability
California Self-Determination Program Waiver for Individuals with Developmental Disabilities (1166)	June 2026	California Department of Developmental Services	Participants of any age with autism, a developmental disability, or an intellectual disability
HIV/AIDS Waiver (0183)	Dec. 2021 (+Temporary Extension)	California Department of Public Health	Participants of any age with a diagnosis of HIV/AIDS

* The Department of Health Care Services is the Medicaid agency in CA.

Based on a review of preliminary information, the H&W SRT decided to focus on the HIV/AIDS and HCBA Waivers because of their renewal dates, the DD Waiver because of concerns about critical incident monitoring, and the MSSP Waiver to provide a comprehensive review of all operating agencies. The H&W SRT especially concentrated on the communication pathways between levels of waiver management, because California uses a delegated model of administration in its waivers. In this model, the state Medicaid agency has ultimate administrative authority but delegates waiver functions to the operating agencies. The operating agencies in turn delegate authority to the local entities called regional centers (DD), waiver agencies (HIV/AIDS or HCBA), and MSSP sites (MSSP). These entities enroll providers and manage the day-to-day operation of the waiver programs. During the review, California praised the delegated model as a method of improving access and improving the local experience for participants.

Descriptions of the four waivers of focus are as follows:

The **Home and Community Based Alternatives (HCBA) Waiver** supports approximately 3,700 waiver participants and is operated by the Integrated Systems of Care Division (ISCD) in the DHCS. Quality monitoring for the HCBA Waiver is in the process of transition, with the state retaining a lead role but shifting responsibilities to the nine waiver agencies. All waiver agencies track critical incidents in a new system, MedCompass, which the state will use for qualitative reporting. Critical incidents are initially addressed at the waiver agency level but monitored by nurses who work in ISCD. The state is developing an email alert for critical incidents that will ensure broad awareness of the incident.

The **Multipurpose Senior Services Program (MSSP) Waiver** supports approximately 10,000 waiver participants and is operated by the CDA which is responsible for the direct oversight of 38 MSSP sites. The CDA and MSSP sites communicate weekly, and the sites also submit quarterly progress reports, with recent upgrades to the way that critical incident data are collected and reported. CDA staff advise this process will ensure easier identification of trends in critical incidents and will help them become more proactive in addressing the trends. With this upgrade, CDA is able to parse the data by participant, track incident dates and follow-up activities, and identify the outcomes of the follow-up.

MSSP sites are required to draft their own critical incident management policies within the framework set by CDA. Incidents are reported to APS. MSSP sites are required to conduct follow-up activities to ensure safety and to ensure that the report was filed with APS. CDA monitors critical incidents during chart review every 2 years to ensure that incidents and the follow-up activities are documented in the participants' charts. When something is not clear in the chart, CDA staff will follow-up with the MSSP site manager. Communication from APS about the status and outcome of investigations is a challenge, with the ombudsman and other advocacy organizations citing this as a burden to serving their clients.

The **HIV/AIDS Waiver** supports approximately 1,300 participants and is operated by the DPH which has compliance monitoring responsibilities over the 18 waiver agencies statewide that coordinate and provide services to participants. Critical incidents regarding ANE are reported to APS for investigation, but communication gaps exist with APS. APS is managed on a county basis, and the amount of communication APS has with waiver agencies varies widely depending on the county. APS staff often cite the Health Insurance Portability

and Accountability Act as the reason they cannot share information on an investigation. DPH staff routinely advise APS of their availability to help with resources if needed.

DPH and waiver agencies provide a two-phase follow-up on all critical incidents. Waiver agencies follow-up with participants at the time of a critical incident, and DPH follows up again when it completes a semiannual case review of progress notes. At that time, it identifies any critical incidents that occurred in the previous 6 months. DPH clinical staff reach out to agencies to conduct a review of the case notes to ensure that appropriate actions have been taken. DPH staff also complete on-site reviews of each provider agency once every 2 years. When critical incidents are identified, DPH will review agency policy and ensure that the agency staff are following DPH's own established policy. Trends can be identified during these reviews and, if needed, will be addressed with training.

DPH staff note that they cannot remove a participant from an abusive situation because participants can exercise their choice of living situation. They also note that a common system for reporting critical incidents would be helpful.

Deaths are reported by category to note whether they are suspicious or untimely. DPH staff said that if there are trends noted in the suspicious death data, they will work with other agencies to ensure that appropriate supports are in place. For example, a trend of deaths due to drug overdoses can lead to additional partnerships and connections with agencies that provide substance use disorder treatment and supports.

The **Home and Community Based Services for Californians with Developmental Disabilities (DD) Waiver** supports approximately 116,000 participants and is operated by the California DDS which provides oversight and monitoring for the 21 regional centers across the state. The regional centers provide a service coordinator for each waiver participant. For participants who are not residing with family, service coordinators are required to see each participant quarterly to check on health and welfare. When an incident occurs, the service coordinator is responsible for making sure the participant is not in immediate danger and then will assist with activities toward resolution. Data are provided by all the regional centers to the risk management contractor. The risk management contractor assists DDS and the regional centers to identify and limit risks to participants by conducting ongoing data analysis, distributing the findings of the data, and providing technical assistance. Data can be broken down by regional center, provider, and provider type; any systemic improvements can then be targeted as necessary. The quality teams meet monthly to review these data and to identify trends. Any reported death is also reviewed in a mortality review process. Finally, risk managers employed with the regional centers meet quarterly to discuss any problems. DDS collects all the data and shares them back with the regional center committees.

III. California On-site Review

The H&W SRT conducted the on-site visit over a five-day period and met with various state staff, stakeholders, advocates, providers and participants. The following topics were covered in addition to reviewing a sample of critical incident reports.

- State's handling of allegations of ANE and unexplained death

- Licensure/contract oversight process and how it intersects with incident reporting and investigations
- Critical incident reporting process from both the provider and participant perspectives
- State's mortality review process

During the on-site visit, the state provided additional documents, such as a copy of the new MSSP critical incidents template.

IV. State Strengths and Promising Practices for Ensuring Health and Welfare

The following is an overview of the state's strengths and promising practices of their participants identified by the H&W SRT both through the preliminary review and during the on-site visit regarding the design or practice of ensuring the health and welfare of HCBS participants in California.

A. Clear culture of ongoing collaboration within the administrative structure of a waiver

Within a waiver, particularly with California's use of a model that delegates responsibilities to local entities (e.g., regional centers, MSSP sites, and waiver agencies), there was clear evidence demonstrating a culture of ongoing collaboration. This was expressed in meetings with all types of entities and was evident from the department level down to the local agency level.

B. Actively engaged in work to enhance DHCS's capacity for data analysis related to critical incident data

DHCS is actively pursuing enhanced data analytics related to critical incident data. This includes activities designed to enhance its capacity to mine critical incident report data that it receives from DDS regional centers and HCBS waiver agencies in order to look for systemic trends. Identification of these trends may help prompt systemic improvement efforts across the waivers, the delegated entities charged with day-to-day responsibility for the waiver, and the various geographies of the state. Additionally, MSSP has recently launched a new and improved spreadsheet to collect critical incident information, which will allow for more ways to look at the data.

C. Strong partnerships between entities that have some responsibility for ensuring health and welfare (DD and HCBA)

The H&W SRT notes that as a result of the delegated model and the involvement of the regional centers in provider licensing and enrollment, the DD Waiver has a far more developed system related to critical incident investigations and risk mitigation as well as partnerships built around common values that are related to health and welfare. The partnerships with its licensing entity and with the DD service providers are noted to be especially strong. This model has led to a robust quality assurance and risk management program that allows the state Medicaid agency to look at the health and welfare and critical incident data at both the individual and system levels.

D. Robust risk management and mortality review processes (DD regional centers)

The DDS regional centers, which operate as the delegated entity for the DD Waiver, described a robust mortality review process. Because they are responsible for waiver participants within a set geographical range instead of the entire state, they are able to review and evaluate every death, identify trends, and provide education to service providers and service coordinators to address any identified systemic issues.

E. Partnership between state ombudsman with a range of entities to participate in a new initiative titled "Silence = Violence"

The state's long-term care ombudsman reported on a new initiative called "Silence = Violence." This initiative brought together a wide range of involved parties to look at how best to improve understanding of reporting concerns related to abuse of vulnerable adults and other incidents involving participant health and welfare.

F. Participant rights form provided to individuals with DD includes text and pictures

DDS provides a specific participant rights form to any person with DD who participates in any of its services. The participant rights form includes text and pictures representing each of the participant rights and explains in plain language the right to freedom from harm, the right to freedom from restraint and seclusion, and the right to be treated with dignity and respect. Again, although not specific to HCBS recipients, this type of document may be a potential promising practice in helping educate people with DD, including those who might have limitations with literacy, about their rights at a person-centered level of understanding.

G. Napa and Solano Counties' one-stop shopping (MSSP) approach to provide contact information to seniors and help them coordinate across MSSP, APS, and a variety of other agencies and services

Napa and Solano Counties' one-stop shopping approach to coordinating services for their seniors is a promising practice. The Napa/Solano Area Agency on Aging provides clear contact information for a variety of services and types of help a senior may need, including MSSP, mental health, and APS. Additionally, Information and Assistance Coordinators are available for consultation by telephone. A case manager shared information about this Napa and Solano example during the focus group with the H&W SRT.

V. State Challenges

The following is an overview of the challenges identified by the H&W SRT regarding the design or practice of ensuring the health and welfare of HCBS participants in California.

A. There is a lack of connectivity across operating agencies regarding health and welfare.

California DHCS has a history that involves the four waivers operating across four operating agencies that were independently developed at different times; as a result, there is a lack of ongoing communication on participant health and welfare across the waivers. For this reason, any system efficiencies or other noted strengths in critical incident management processes are not commonly shared across the operating agencies or the waivers, because there is no currently existing communication path or plan to support such information sharing. However, the state has identified this gap as an issue and has taken preliminary steps to strengthen the linkages between the various operating agencies and their delegated entities (i.e., DDS regional centers or HCBA Waiver agencies).

UPDATE 9/27/2022: The DHCS has been meeting with sister departments and stakeholders to work towards the development of a statewide critical incident reporting system since the Centers for Medicare and Medicaid Services (CMS) conducted the on-site health and welfare review in 2019. Initial efforts were delayed by the COVID-19 outbreak and ongoing need to respond to the Public Health Emergency; however, the following progress has been made towards the development of a statewide system that allows for inter-Departmental information sharing on critical incidents.

- DHCS implemented the MedCompass case management information system for two of the State's six 1915(c) waivers, and is implementing a critical incident reporting module that is scheduled to go live in **early 2023**.
- The MedCompass critical incident module solves a number of the issues that prevented a statewide system from being developed in the past. Primarily, it can consume data files from other systems such as those utilized by county APS offices without requiring their offices to purchase a new IT platform or licenses. California's 58 counties use one of three systems to report APS data to the Department of Social Services (DSS), and MedCompass has the capacity to consume data generated by all three systems.
- DHCS is also transitioning the California Community Transitions (CCT) project into MedCompass in the **Summer of 2023** (CCT is the state's Money Follows the Person (MFP) Rebalancing Demonstration), and is meeting with the CDA and AssureCare (the developer of the MedCompass platform) next month to present the system to CDA's Executive Leadership as a potential solution for the 1915(c) Multipurpose Senior Services Program (MSSP) Waiver.
- DHCS has also spoken with the Department of Public Health (CDPH) to assess their interest in adopting the MedCompass platform for the 1915(c) Medi-Cal Waiver Program (MCWP); however, their department is currently implementing a new case management system with heightened security for their HIV/AIDS

programs. There may be a way for data files to be shared between DHCS, DSS, and CDPH in the future, but it would be a longer-term deliverable since the CDPH system is still being developed.

B. Training expectations related to abuse, neglect, and exploitation reporting are not consistent across all waivers.

Entities including case managers and participants reported a gap in consistent training specifically around reporting ANE and there does not appear to be a protocol to ensure that this training is provided. There is training regarding requirements for mandatory reporters, but case managers noted that not everyone has received this training either.

These training expectations may also carry over into training on documentation. It was noted that there was inconsistent or missing documentation that could potentially affect communication on health and welfare issues. For example, a case manager noted contacting another case manager to discuss health and welfare-related care for a participant on the HIV/AIDS Waiver but expressed that those types of collaboration are not always appropriately documented.

C. Expectations related to informing waiver participants of their rights and definitions of abuse, neglect, and exploitation are not consistent across all waivers.

Similarly, it was not clear that participants were always educated about their rights or ANE. Participants did not always clearly understand that there was a variety of parties to which they could make such a report, such as APS or the long-term care ombudsman, but felt comfortable talking about such things with their case manager, who commonly acted as a first resource in those situations.

V. H&W SRT Recommendations and Next Steps for Follow-up Technical Assistance

A. The state should work to improve communication with APS regarding critical investigations.

A gap in communication appears to exist with APS. Interviews with multiple entities across waivers noted that there was a lack of feedback from APS regarding status and resolution of investigations. This communication gap has a particular impact for the MSSP and HIV/AIDS Waivers. In contrast to the DD regional centers and the HCBA Waiver agencies, which have some investigative responsibility in those waivers, neither the MSSP sites nor the HIV/AIDS Waiver agencies have any responsibility for internal investigation of critical incidents. APS is typically managed on a county basis, with wide variation in how well APS communicates with providers based on their county. Communication also varies depending on the provider's relationship with the APS investigators. Better relationships established with providers can lead to improved communication about investigations.

Further, it was noted that APS was permitted to share information in order to coordinate services, which is the process that waiver staff were attempting to do in nearly every case. Meeting attendees also noted that this gap in communication did not occur when

cases were referred to Child Protective Services, but the differences in rationale about why this occurs were not apparent.

The state has been brainstorming possible solutions for this problem, including the following:

- Requesting that participants sign a release of information form to facilitate communication with APS at the time they enroll in the waiver
- Consistently asking participants to share feedback regarding what transpired after APS was notified and became involved with an incident investigation, as a workaround to being able to communicate directly with APS; Providers are concerned that this would reveal that they know about the APS report
- Pursuing a Memorandum of Understanding (MOU) with APS

UPDATE 09/09/02022: Due to the complexity of APS programs, the State has not secured an MOU with APS. In California, APS programs are managed independently through each county. Each county has an APS agency to help elder adults (60 years and older) and dependent adults (18-59 who are disabled), when these adults are unable to meet their own needs, or are victims of abuse, neglect, or exploitation. County APS agencies investigate reports of abuse of elders and dependent adults who live in private homes, apartments, hotels, or hospitals. Cross reporting APS agencies, law enforcement agencies, and the Office of the State Long-Term Care Ombudsman (OSLTCO) have the responsibility to cross-report allegations of abuse to the appropriate law enforcement agencies, public agencies, and licensing entities having jurisdiction over these cases. Additionally, the state DSS received a grant from the federal Administration for Community Living (ACL) to enhance APS to respond to COVID-19 (under the authority of the Coronavirus Response and Relief Supplemental Appropriations Act of 2021). Within the larger grant award that went to County APS offices ($9,476,701 to supplement – not supplant –APS services statewide in response to the COVID-19 pandemic), DSS earmarked $254,979 for an evaluation study to highlight strategies the county APS offices employed and their effectiveness in responding to the unique demands brought on by COVID-19. CDSS also intends to hire a consultant to develop and monitor a three to five-year operational plan for improving and enhancing California's APS system, and is currently developing a report for presentation to the state Legislature, due November 2022. It is DHCS' intent to collaborate with CDSS working towards an MOU or alternative solution.

B. The state should consider improving methods for collecting, aggregating, and reporting data related to health and welfare of HCBS participants.

The state noted that it uses different systems for data collection, which causes challenges and inhibits streamlined coordination and information sharing across waivers. This was widely recognized by the state as an area where it could benefit from additional technical assistance from CMS. Improvements in data collection and reporting would help the state recognize whether systemic enhancements were working as planned or whether additional interventions were needed. The state would also be able to be more proactive in recognizing trends or patterns of issues affecting participant health and welfare and

would be able to respond more efficiently. Improvement in this area would be demonstrated with improved evidence provided for CMS 372 reports and evidence-based reviews for each waiver.

UPDATE 09/09/2022: At this time, California is using the Critical Incident Reporting Log that CMS recommended during the 2019 in-person review of the State's 1915(c) Waivers for specific 1915(c) Waivers. For California's Home and Community-Based Services for the Developmentally Disabled (HCBS-DD) Waiver and Self-Determination Program (SDP), the State DDS and its Regional Centers have a single case management system that accounts for incident tracking. Additionally, DHCS is working with a vendor to incorporate a Critical Incident reporting module in the MedCompass Case Management system utilized by the HCBA Waiver and Assisted Living Waiver with future plans to bring in other HCBS waiver and programs. Concurrently, DHCS is working in concert with the State CDA to expand MedCompass for the MSSP and Community-Based Adult Services (CBAS) including CDA and MSSP/CBAS delegates. This effort is currently in the exploratory phase determining path to resolution. Finally, the California Department of Public Health (CDPH) is in the process of expanding system functionality. The state will continue to actively research IT solutions to create a statewide incident reporting system and will continue to seek an appropriate solution for the state. Until then, the state relies on the waiver agencies' Comprehensive Care Management Teams (comprised of an RN and a social worker) and other mandated reporters (HCBS providers), to educate participants, and identify and report critical incidents to authorities and the state Medicaid agency (SMA).

The state could benefit from information in the October 2022 training titled "Using Data to Inform and Improve 1915(c) HCBS Incident Management Systems[1]" that provides examples of various data sources and analytic processes states may use for critical incident management and system improvements.

C. California could learn from partnerships with other states in developing and refining an incident tracking system.

As a result of a request for technical assistance from the state related to which states have existing incident tracking systems, CMS was able to connect the two SMAs, California with Idaho which has recently developed a system for tracking critical incidents, and relatively in close proximity to California and makes such a partnership attractive. Another topic for which Idaho may be able to provide lessons learned includes developing strong working relationships with APS.

UPDATE 02/18/2020: CA DHCS held a call with Idaho to view a demonstration of their incident tracking system in January 2020. The state determined that even though it was a simple, cost effective system, it would be a system without any type of support or ongoing servicing. Based on this information, CA decided to look at other options.

[1] Using Data to Inform and Improve 1915(c) HCBS Incident Management Systems is a training available on Medicaid.gov at the following web address: https://www.medicaid.gov/medicaid/home-community-based-services/downloads/ims-using-data-oct-2022.pdf.

Please see the updates under section B above for a report on updated processes in place for tracking critical incidents.

D. Training expectations related to abuse, neglect, and exploitation reporting are not met across all waivers.

The state should work to develop and document its training expectations related to abuse, neglect and exploitation reporting. Information from the various health and welfare trainings provided by CMS could be used to develop the state's trainings. This information is available at https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-training-series/index.html#health.

The state should consider utilizing multiple formats to deliver the trainings to facilitate the education of providers across the state's waiver systems.

E. Expectations related to informing waiver participants of their rights and definitions of abuse, neglect, and exploitation are not consistently met across all waivers.

The state should consider utilizing existing participant touch bases to educate and reinforce information related to their rights in relation to abuse, neglect, and exploitation. Many states utilize the person-centered planning process and the participant check-in visits to reinforce these rights with the participants. A number of these states have added a check box to the PCSP to document that the conversations have occurred.