

1. Regardless of the complexity of an individual's needs, a person with a disability must have access to customized community-based supports and comprehensive planning in order to support full success in a community setting and reduce the risk of institutionalization or segregated living or working.
2. People with disabilities should be informed of and have immediate access, without waiting, to high quality community supports that allow them to achieve their individual objectives, maintain their health and participate to the fullest degree in their communities.
3. High quality Long-Term Services and Supports are those that:
 - a) Foster independence and maximize interaction with people without disabilities;
 - b) Support self-determination and self-direction by the individual;
 - c) Are preferred by the individual with the disability (or for a child, their family) after making an informed choice from a variety of options;
 - d) Are available for as long as the person needs;
 - e) Include supports and services necessary for integrated, competitive employment for all people with disabilities of working age;
 - f) Are culturally competent;
 - g) Are of consistent quality and availability statewide;
 - h) Determine eligibility for services and supports in a manner that is transparent, comprehensive, unbiased and consistent;
 - i) Are individualized, comprehensive and address physical, behavioral and mental health needs as well as personal interests and vocational needs;
 - j) Support an individual with a disability to have a full life
 - k) Are based upon a full and flexible funding system (including an adequate capitated rate in managed care systems) that allows for a range of quality community services and removes incentives for institutional and congregate care;
 - l) Provide a choice of residence with a priority of living in the least restrictive integrated community setting with high quality wrap-around supports to meet needs. In contrast, every effort should be made to support people with disabilities to move out of restrictive institutional settings;
 - m) Provide people with disabilities (and for children, their families) a choice of providers to meet their goals and support needs;
 - n) Provide access to specialists, behavioral supports, assistive technology and other customized community-based services in order to maximize potential of an individual with disabilities to live successfully in a community setting and to reduce the likelihood and overuse of costly institutional care;
 - o) Provide comprehensive, recovery-oriented quality mental health services to address the mental health needs of individuals, including children. Mental health care for individuals must be coordinated across systems;
 - p) Support an individual with a disability in maintaining connections with family and friends.

4. Long-Term Services and Supports systems must allow for and incentivize opportunities to maintain and build natural supports that lead to increased community participation. Natural supports should be an encouraged but voluntary component of an individual's plan. Natural supports should not be a substitute for a necessary paid support.
5. Quality assurance in Long-Term Services and Supports systems must go beyond health and safety measures to include measures of quality community participation, independent living, competitive, integrated employment and overall quality of life.
6. People with disabilities (and for children, their families) must have a transparent timely and meaningful opportunity to contest the quality and provision of Long-Term Services and Supports. This includes:
 - a) Consistent, understandable notices of action issued whenever an action impacts a member or potential member;
 - b) Denials that set out the legal and factual grounds for denial;
 - c) Prompt resolution of complaints;
 - d) Grievance systems that comply with basic principles of due process and offer legitimate opportunities for a consumer to challenge actions or inactions;
 - e) Adequate consumer protections including access to a state fair hearing process to address disputes related to eligibility, service planning, services access and other matters;
 - f) A fair hearing process that complies with federal and state regulations;
 - g) Assurance of participation by individuals who have the power to require corrective action.
7. People with disabilities (and for children, their families) enrolled in any Long-Term Services and Supports program must have access to an independent, external advocacy program, ombudsman or advocate that is adequately funded and enabled to provide objective and effective advocacy on behalf of an individual.
8. State level administration of Long-Term Services and Supports programs must ensure protection of consumer rights, improve access to services and promote delivery of quality services through rigorous oversight of contractors and service providers.
9. Long-term Services and Supports programs and related providers must operate in a manner that is free from disability discrimination. This includes:
 - a) Providing all materials and policies related to an individual's care in formats accessible to people with disabilities;
 - b) Ensuring eligibility processes are equitable and fair regardless of disability;
 - c) Ensuring accessible facilities and related equipment;
 - d) Basic training of providers in disability awareness.

10. Individuals with disabilities and advocacy organizations must be consulted and have sufficient and meaningful opportunity to provide input to any change in Long-term Services and Supports practice, policy, regulation or statute that significantly impacts the lives of individuals with disabilities. Processes for input must be fully accessible to people with disabilities and of sufficient notice and duration to ensure meaningful input.
11. Efforts to engage people with disabilities and solicit public input on changes to Long-term Services and Support systems must ensure diverse representation that includes input from all types of disability, geographic, racial, ethnic and cultural groups.
12. When long-term services and supports are provided through a managed care system the following unique principles apply:
 - a) Enrollment is optional. All individuals with disabilities must be able to choose an alternative to managed care, including a self-directed option, no matter where they live;
 - b) The state and relevant contractors engage in regular, independent assessment of quality that includes assessment of consumer satisfaction. The public must have access to the results of system quality review and assessment;
 - c) Definitions, policies and protocols enhance and do not prohibit the authority of a care manager to support the self-determination of an individual or a plan that best meets the unique needs of an individual with a disability;
 - d) Programmatic and policy changes that are put into place as a means to find cost savings or efficiencies are carefully designed with prior analysis and focus on avoiding duplicative services and reducing administrative expenses without compromising the level and quality of service experienced by an individual;
 - e) Rates paid to Managed Care Organizations and providers are sufficient to maintain a high quality network of providers and ensure choice of providers for individuals with disabilities within all regions of the state;
 - f) Rates paid to providers are considered “reasonable” based upon an individual’s needs and goals. Rate setting is transparent with a focus on provision of quality supports to individuals with disabilities.