

New Waiver Rules from the Center for Medicare and Medicaid Services:

Georgia's Transition Plan

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Final Rule

CMS 2249-F and CMS 2296-F

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Title:

Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice (Section 1915(k) of the Act) and Home and Community-Based Services (HCBS) Waivers (Section 1915(c) of the Act)

Why a Significant Rule Change?

- The Medicaid waiver option was made available in 1981
- A variety of settings developed over time to serve eligible individuals
- The rule sets criteria for the requirements for settings to meet the definition of “HCBS service”
- Gives CMS the opportunity to *get to know the nature* of HCBS in states



Primary Goal of the New CMS Rule

To enhance the quality of Home and Community-based Services (HCBS) and provide protections to participants



Primary features of the Rule

- Defines, describes, and aligns home and community-based setting requirements across three Medicaid authorities
- Defines person-centered planning requirements for persons in HCBS settings under 1915(c) HCBS waiver and 1915(i) HCBS State Plan authorities

Home and Community-Based Setting Requirements

- The home and community-based setting requirements establish an outcome oriented definition that focuses on the nature and quality of individuals' experiences
- The requirements maximize opportunities for individuals to have access to the benefits of community living and the opportunity to receive services in the most integrated setting

How does the rule impact States?

After the Rule “go live date” states must:

- Comply with Home and Community-Based Setting Requirements
- Assure that services and service settings meet CMS criteria for “the required qualities of home and community-based settings”
- Assess their service systems to determine:
 - What aspects of the programs meet requirements
 - What services and/or aspects must be transitioned

How quickly do states need to respond?

- By the end of the first year of effective date (3/16/15), or with any Waiver Amendment or Waiver Renewal
- What must be submitted to CMS?
 - Transition plan
 - Preliminary State Assessment
 - Summary and proof of public hearings

Home and Community-Based Setting Requirements

The Home and Community-Based setting:

- Is integrated in and supports access to the greater community
- Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources
- Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services

How does the rule impact providers?

- Providers will be asked to continually evaluate services for compliance with the expanded definition of HCBS
 - Offer and document individual choice
 - Ensure to the extent possible full integration in the larger community
 - Assess settings to ensure that the setting does not unintentionally isolate individuals

Sample Questions from CMS

- The individual chooses and controls a schedule reflected in the person-centered plan
- The setting does not isolate individuals from individuals not receiving HCBS in the broader community
 - Are visitors restricted to specified visiting hours
 - Are there restricted visitor's meeting areas
 - Do individuals have full access to typical facilities in a home such as a kitchen with cooking facilities
 - Do individuals come and go at will

Sample Questions from CMS

- CMS provided sample questions to states for the ongoing assessment of service systems:
 - Individual choices are incorporated into the services and supports received
 - Staff ask the individual about his/her needs and preferences
 - Does the individual express satisfaction with services
 - The individual chooses from whom they receive services

How will Georgia respond to the Rule requirements?

- Assess all provider services and settings
- Use a standard tool to evaluate settings
- Develop statewide training opportunities specific to the assessment results
- Evaluate state policies to assure that policy respond to the intent of the Rule

Georgia's Transition Plan

Section 1. Identification						
Action Item	Description	Start Date	End Date	Sources	Key Stakeholders	Intervention/ Outcome
Obtain active provider breakdown by site	State identifies HCBS service provider listing by site to include contact information and service by site using category of service.	7/15/14	8/1/14	Department of Community Health (DCH) Decision Support Services (DSS) system	Department of Behavioral Health and Developmental Disabilities (DBHDD), DCH Policy and information technology unit	Consolidated and verified HCBS Setting Inventory
Development of Provider Self-Assessment tool	State develops self-assessment tool for providers to evaluate conformity to and compliance with HCBS rules.	7/15/14	8/1/14	HCBS guidance, State developed assessment tools (Iowa/Nevada), CMS Guidance	DCH Policy Unit, DBHDD Provider Network Management, Division of Developmental Disabilities	Assessment tool vetted by key stakeholders
Submit NOW & COMP Waiver Amendments	Submit Waiver Amendments to Centers For Medicare and Medicaid Services (CMS) following public comment period on transition plan.	8/1/14	8/15/14	CMS Waiver Document	DCH Policy Unit, DBHDD, DD Provider Network, Support Coordination	Initial NOW and COMP Waiver Amendments
Test and refine Assessment tool	Pilot self-administration of tool to ensure it adequately captures needed elements and is easily and accurately completed by providers.	8/15/14	9/15/14	HCBS guidance, public input, key stakeholder input	DD Provider Network, Provider organizations, Family members and other advocates	Validated tool

Assessment of HCBS Community Settings *(page 1 of 5)*

Question Category	Question	Response				Comment
		Yes	Not Yet	No	N/A	
Setting selected by the individual.	Was the individual given a choice of available options regarding where to live or receive services?					
	Was the individual given opportunities to visit other settings?					
	Does the setting reflect the needs and preferences of the individual?					
Individual participates in scheduled and unscheduled activities	Does the individual regularly access the community?					

Timeline for Beginning Implementation

- Public Comment Session on 7/30/14
- *Transition Plan and Draft Assessment will be posted on the DCH and DBHDD websites on 7/30/14*
- Target date for submission to CMS: 9/15/14