

STATE OF GEORGIA STATEWIDE TRANSITION PLAN

Transition Plan to Implement the Settings Requirement for Home and
Community-Based Services Adopted by CMS on March 17, 2014, for
Georgia's Home and Community –Based Waivers

Table of Contents

Foreword.....	2
Summary.....	2
Background-1915 (c)Waivers.....	2
Components addressed in this Plan.....	3
Materials included in the Transition Planning Document.....	3
Overview of Georgia’s HCBS Programs.....	3
States Responsibility.....	5
New CMS HCBS Rules Requirements.....	6
Current Waiver and Transition Plans.....	7
Existing Settings in HCBS Programs-Review and Analysis.....	7
Compliance Determination.....	8
Georgia Plan for Determination of HCBS Setting Compliance.....	10
Record and Retention.....	10
Statewide Transition Plan Matrix.....	11
Outreach and Engagement.....	11
Identification.....	14
Assessment.....	17
Remediation.....	20
Appendix.....	25
Call to Stakeholders letters	
Public Notices	
Compilation of Public Comments	
HCBS Transition Plan Survey	
Monitoring and Compliance Tool	
HCBS Provider Listing	

Foreword

Summary

Effective March 17, 2014, the Centers for Medicare and Medicaid Services (CMS) issued new regulations that require home and community-based waiver services to be provided in community-like settings. The new rules define settings that are not community-like and cannot be used to provide federally-funded home and community based services. The purpose of these rules is to ensure that people live in the community and who receive home and community-based waiver services have opportunities to access their community and receive services in the most integrated settings. This includes opportunities to seek employment and work in competitive settings, engage in community life, control personal resources and participate in the community just as people who live in the community and do not receive home and community-based services do. The new rules stress the importance of ensuring that people choose service settings from options and are able to exercise rights and optimize independence. Services must reflect individual needs and preferences as documented by a person-centered plan.

Georgia submitted a 1915(c) waiver amendment within the first year of the effective date of the rule and is therefore required to develop a transition plan to ensure that specific waivers meet the settings requirements. Within 120 days of the submission of that 1915(c) waiver amendment the state will need to submit a plan that lays out timeframes and benchmarks for developing a transition plan for all the state's approved 1915(c) waiver HCBS programs and an overall statewide transition plan.

Background-1915 (c)Waivers

Section 1915 (c) of the Social Security Act (the Act) authorizes the Secretary of Health and Human Services to waive certain requirements in the Medicaid law in order for states to provide home and community-based services (HCBS) to meet the needs of individuals who choose to receive their long-term care services and supports in their home or community, rather than in institutional settings. Final rules were published to implement this law on July 25, 1994. The Federal government authorized the "Medicaid 1915(c) Home and Community-Based Services (HCBS) Waiver program" in 1981 under Section 2176 of the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35). It is codified in section 1915(c) of the Social Security Act. In order to contain costs, the federal legislation limited waiver services to individuals who would be institutionalized if the services were not provided. However, the costs of those waiver services cannot be higher than what they would cost in an institutional setting. The law permitted states to waive certain Medicaid program requirements and in doing so, deviate from Medicaid requirements, such as providing services only in certain geographic areas ("waive statewideness"). The HCBS Waiver program also allowed states flexibility to offer different types of services to individuals with chronic disabilities. Prior to this, with the origin of Medicaid in 1965, beneficiaries could only receive comprehensive long-term care in institutional settings ("budget neutrality").

The initial waiver application is approved by the Centers for Medicare & Medicaid Services(CMS) for three years with additional renewal applications needing to be approved every five years. The waiver can be designed for a variety of targeted diagnosis-based groups including individuals who are elderly, and those who have physical, developmental, or mental health disabilities, or other chronic conditions. The waivers have been designed meet a variety

of needs including but not limited to adult health care services, case management, day treatment services, habilitation services, psychosocial rehabilitation services, mental health services, and other services as identified by the state. 1915(c) HCBS waivers have subsequently assisted Georgia in providing Medicaid-funded community based, long-term care services and supports for eligible members.

Components addressed in this Plan

This Statewide Transition Plan will present ways in which the State of Georgia will develop a tool(s) and implement evaluations of its home and community-based (HCBS) settings where 1915(c) waiver program services are currently available. It will also address methodologies used to maximize and enhance the public input process and ongoing compliance monitoring. If it is determined that there are settings that do not meet the final regulations' HCBS settings requirements, such HCBS settings will be required to make changes that will bring them into compliance.

Materials included in the Transition Planning Document

- State Responsibilities
- HCBS Settings
 - Summary of New Federal Requirements
 - Requirements for Modification of Compliance
- Overview of HCBS Programs
 - Community Care Service Services Program (CCSP)
 - Georgia Pediatric Program (GAPP)
 - Independent Care Waiver Program (ICWP)
 - Developmental/Intellectual Disabilities Waiver Programs (New options Waiver and Community Supports Waiver)
 - Service Options Using Resources in a Community Environment (SOURCE)
- Existing Settings in HCBS Programs-Review and Analysis
 - Georgia's approach for determining compliance
- Statewide Transition Plan Matrix
- Assessment Tool
- List of Providers
- Reference and Appendices

Overview of Georgia's HCBS Programs

Waiver programs help people who are elderly or have disabilities and need help to live in their home or community instead of an institution such as a nursing home or ICF-MR. Each program offers several "core" services:

- service coordination (help with managing care needs and services)
- personal support (assistance with daily living activities, i.e. bathing, dressing, meals and housekeeping)

- home health services (nursing, home health aide, and occupational, physical and speech therapy)
- emergency response systems
- respite care (caregiver relief)

Currently, Georgia has five (5) waiver programs under the 1915 (c) plans. They are: Community Care Service Program (CCSP), Comprehensive Supports Waiver Program (COMPS), Independent Care Waiver Program (ICWP), New Options Waiver Program (NOW), and Service Options Using Resources in a Community Environment (SOURCE).

The day-care portion of the Georgia Pediatric Program (GAPP) operates under a Home- and Community-based Waiver approved by the Center for Medicare & Medicaid Services (CMS).

Additionally, there are other Federal grants that the State has been awarded that are directly related to the waivers listed above. They are: Balancing Incentive Program (BIP), Money Follows the Person (MFP) and Testing Experience and Functional Tools in Community-Based Long Term Services and Supports (TEFT).

CCSP- The Community Care Services Program (CCSP) is a Medicaid waiver program that provides community-based social, health and support services to eligible consumers as an alternative to institutional placement in a nursing facility. The Georgia Department of Community Health's (DCH) Division of Medical Assistance Plans partners with the Division of Aging Services (DAS) within the Department of Human Services (DHS) for the operational management of the program. While DCH is responsible for provider reimbursement, enrollment and utilization review, DAS executes the day-to-day operations of the CCSP waiver program. There is currently an active wait list.

GAPP- The Georgia Pediatric Program (GAPP) of the Georgia Department of Community Health (DCH) serves children who are medically fragile and in need of skilled nursing care. The program provides services either in-home or in a medical day care as an alternative to full-time skilled nursing facility care or institutional setting such as a hospital. There is not an active wait list for this program.

ICWP- The Independent Care Waiver Program (ICWP) offers services that help a limited number of adult Medicaid members with physical disabilities live in their own homes or in the community instead of a hospital or nursing home. ICWP services are also available for persons with traumatic brain injuries (TBI). The program operates through the Georgia Department of Community Health (DCH) under a Home- and Community-Based Waiver (1915c) granted by the Centers for Medicare & Medicaid Services (CMS). There is an active wait list.

NOW/COMP- The New Options Waiver (NOW) and the Comprehensive Supports Waiver Program (COMP) offer home- and community-based services for people with intellectual disabilities (ID) or developmental disabilities (DD) through the Georgia Department of Community Health (DCH) Division of Medical Assistance Plans. A diagnosis of developmental disability includes intellectual disability or other closely related conditions, such as cerebral palsy, epilepsy, autism or neurological problems. These disabilities require

a level of care provided in an intermediate-care facility (ICF) for people diagnosed with ID/DD. There are active wait lists for these programs.

SOURCE- Service Options Using Resources in a Community Environment (SOURCE) links primary medical care and case management with approved long-term health services in a person's home or community. All SOURCE clients must be eligible for full Medicaid and meet nursing home level of care. SOURCE operates under authority of the Georgia Elderly and Disabled 1915 (c) Medicaid waiver and provides Home-and Community-Based Services to frail elderly and physically disabled people who meet the Intermediate Nursing Home Level of Care. There is an active wait list.

States Responsibility

The State's HCBS program administrative and policy teams are comprised of employees from the Department of Community Health (DCH), the Department of Behavioral Health and Developmental Disabilities (DBHDD), and the Department of Human Services/Division of Aging (DHS/DAS).

Existing waivers and corresponding state administrative and policy teams are as follows:

1. CCSP Waiver- DCH/DAS
2. ICWP- DCH
3. NOW/COMPS- DCH/DBHDD
4. SOURCE- DCH
5. GAPP-DCH

During the implementation of the BIP grant it was identified that resources could be allocated to CCSP, ICWP and the NOW/COMP waivers for funding of additional slots. It was also identified that rates for skilled nursing and home health services could be increased with additional funding.

Any changes to a waiver must be submitted via the waiver amendment process and approved by CMS.

Since the submission of the waiver amendment, CMS has published new rules about where and how services are to be provided offering definitions and descriptions in detail. These are called the HCBS Setting Rules. States are now being required to develop a plan for how they will make sure the definitions and descriptions in their waivers match the definitions in the new rule.

DCH must submit a "statewide transition plan" to CMS that addresses how it will comply with the HCBS Settings requirements for all five 1915(c) HCBS waivers.

The individual waiver transition plans are high-level and will inform the detailed statewide transition plan. Plans are required for the following waivers: New Options waiver, Comprehensive Support waiver, Elderly and Disabled waiver and Independent Care waiver. States have up to five years to bring all HCBS settings into compliance, but CMS encourages states to transition as quickly as possible.

New CMS HCBS Rules Requirements

The final rule does not specifically define HCBS settings; rather it describes characteristics of HCBS vs. non HCBS settings. The final rule requires that “community-like” settings be defined by the nature and quality of the experiences of the individual receiving services and applies to both residential and day services settings.

HCBS settings requirement and the state’s plan will include certain qualifications. These include:

- The setting is integrated in and supports full access to the greater community;
- Is selected by the individual from among setting options;
- Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Optimizes autonomy and independence in making life choices; and
- Facilitates choice regarding services and who provides them.

There are additional requirements for provider-owned or controlled HCBS residential settings. These requirements include:

- The individual has a lease or other legally enforceable agreement providing similar protections to a lease;
- The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;
- The individual controls his/her own schedule including access to food at any time;
- The individual can have visitors at any time; and
- The setting is physically accessible.

Disability specific complex - Rather than citing disability specific complex in the list of settings presumed to not be an HCBS setting, the CMS final rule includes language that reads "any other setting that has the effect of discouraging integration of individuals in the broader community."

Rebuttable presumption - In the proposed rule, there was a provision where the Secretary would have a "rebuttable presumption" that certain setting that are co-located or near institutional settings such as NFs. The "rebuttable presumption" provision has been struck from the final rule and replaced with language stating that these settings will be subjected to "heightened scrutiny" if states seek to include such settings in their HCBS programs. States will be required to present evidence to CMS that the setting is HCBS in nature and does not possess the qualities of an institution. CMS will consider input from stakeholders in such instances and states will be required to seek public input.

Choice of provider in provider-owned or controlled settings - In the draft rule, there was language that required that beneficiaries have choice in service providers. The final rule says that when an individual chooses to receive HCBS services in a provider-owned setting where the provider is paid a single rate to provide a bundle of services, it is assumed that the individual is choosing that provider and cannot choose an alternative provider to deliver all services

included in the bundled rate. For services not included in the bundled rate, individuals may choose any qualified provider including the provider who owns or controls the setting.

Private rooms/roommate choice - The proposed rule required providers to offer Medicaid beneficiaries a choice of whether to share a room. Under the final rule, that requirement has been shifted to states. Now states will be required to offer options available in both private and shared residential units within HCBS programs. Providers will however be responsible for facilitating individuals being able to choose their roommates in residential settings.

Current Waiver and Transition Plans

Georgia's Department of Community Health has created comprehensive plans for the following waiver services: Elderly and Disabled (E&D) [SOURCE and CCSP programs], Independent Care Waiver Program (ICWP), and Developmental/Intellectual Disabilities (NOW/COMP services). These plans and the overall Statewide Transition plan will assist the state with establishing appropriate timelines for assessment and remediation of areas that do not meet the expectation of community-like and lack person-centeredness, address areas that need further analysis by waiver program, develop methods to engage stakeholders, and determine a long-term plan for ongoing compliance and monitoring.

Specific transition plans by waiver programs can be found at <http://dch.georgia.gov/waivers>

This plan is posted on the DCH website and is available for public comment from the period of 10/24/2014-12/15/2014. Interested parties may comment by :

- Emailing to HCBSTransition@dch.ga.gov
- Faxing to 404-651-6880.
- Mailing written comments to the Department of Community Health, 2 Peachtree Street, N.W., Atlanta, Georgia 30303)

The Statewide plan will be due to CMS by **12/15/2014**

Existing Settings in HCBS Programs-Review and Analysis

Georgia's Plan for Determination of HCBS Setting Compliance:

The standards, rules, regulations and other requirements for the following HCBS settings will be analyzed and reviewed by DCH, DBHDD and DHS/DAS to determine the extent to which they comply with federal regulations. State departments will be responsible for ensuring appropriate provision of HCBS by all providers that serve Medicaid members.

- Adult Day Health
- Alternative Living Services
- Community Access Group
- Community Residential Alternatives
- Pre-Vocational Services
- Supported Employment

The State of Georgia has reviewed several assessment tools that would allow for members, providers, and all other stakeholders to complete and return the assessments to the state.

Upon selection of the assessment tool, the process for using the tool will consist of a provider self-assessment, followed by an independent validation process by case managers of those assessed. Additionally, assessments will be conducted with members as well as a companion assessment. Data from all of these tools will be reviewed by State Administrative and Policy teams with results compiled and placed into a report to all stakeholders.

Compliance Determination

The compliance determination process includes all of the following:

- An initial State-level assessment of standards, rules, regulations, and other requirements to determine if they are consistent with the federal requirements. This will be completed within six months of CMS approval of the Statewide Transition Plan.
- This State-level assessment will be conducted jointly by DCH and the State Department(s) responsible for operating each Waiver with stakeholder input.
- Results of this assessment will be available for public comment and will be used to determine and develop the remedial strategies that may be necessary to ensure that all HCBS settings conform to the federal requirements.
- In addition to the State-level assessment, on-site evaluations of individual settings will be conducted as follows:
 - o On-site evaluations will be conducted at all settings that, per CMS guidance, are presumed not to be HCBS settings.
 - o For all other settings, a representative random sample of on-site evaluations will be conducted.
 - o It is anticipated that the on-site evaluations will be completed within one year of CMS approval of the assessment tool.
- The on-site evaluations will be conducted by a survey team that includes one or more of the following: State personnel, service recipients or their family members, case managers or other representatives of case management entities, representatives of consumer advocacy organizations, and/or other stakeholders.
- The responsibility for ensuring completion of these evaluations rests with the program staff as specified under the “Overview of State Responsibility” section of this document. The State will support the provision of training for all participants of survey teams to ensure that HCBS settings are built around the person-centered plan approach and are compliant with the new federal requirements.
- DCH will develop an assessment tool for use in the on-site evaluations of HCBS settings. The assessment tool will include each new federal requirement that will be used to determine if the HCBS setting meets or does not meet the required federal rule. The completed assessment tool

will be maintained in the appropriate State file for each waiver and will be used to verify compliance at the time of CMS renewal of the HCBS waiver.

Note: this assessment tool shall be developed and circulated for stakeholder comments no later than 60 days after CMS approval of this Statewide Transition Plan.

- The assessment tool will be forwarded to each HCBS setting selected for evaluation with instructions to complete a self-assessment prior to the evaluation completed by the survey team. The completed assessment will be forwarded back to the Waiver program for review.
- Using the completed assessments, each selected HCBS setting (selected from the list identified under the “Georgia Plan for Determination of HCBS Setting Compliance” subsection of this document) will be evaluated by DCH and other operating agencies.
- Written results of each survey will be forwarded back to the HCBS setting with specific information regarding improvements that will be required in order to come into compliance with the federal requirements and a timeline for completion.
- Any identified outliers for settings requiring a more heightened scrutiny will be reviewed with the HCBS Transition Plan taskforce for further consideration and additional recommendations.

Completed assessments for all settings, including documentation of any required follow-up actions as a result of the on-site evaluations, will be maintained in the appropriate State file for each waiver.

- An appeal process, to be developed, which allows the HCBS setting to dispute the HCBS setting’s compliance or the need to comply with the specific requirement when the HCBS setting determines the requirement is not applicable to the particular setting.

Note: the appeal process shall be developed and circulated for stakeholder comments no later than 60 days after CMS approval of this Statewide Transition Plan.

- All State-level and individual setting level remedial actions will be completed by no later than **December 14, 2019**.
- Progress on completion of this Statewide Transition Plan will be monitored at least every six months and will include public posting on the status with opportunity for public input.

Georgia Plan for Determination of HCBS Setting Compliance

The Department of Community Health has created a comprehensive home and community based services transition plan which is demonstrated in the matrix below. This Statewide Transition Plan outlines the following:

- Identifies required tasks and resources per waiver required for effective plan development
- Demonstrates methods used in the development of the assessment tool
- Outlines the process for continual compliance monitoring
- Engages system stakeholders in evaluation of those areas; and
- Establishes time frames for assessment and remediation of areas that do not meet the expectation of “community like”

Record and Retention

Pursuant to the requirements of 42 C.F.R. § 434.6(a) (5) and 42 C.F.R. § 434.38, all books, documents, papers, electronic files and other materials in the creation and implementation of this Statewide transition plan will be retained by the Department of Community Health (DCH) and its operating agencies for the prescribed number of years.

Public Notices, Transition plans and survey results are available on the DCH website at www.dch.georgia.gov/waivers

Applicable waiver	Regulatory Compliance Area	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders	Outcome
All Waivers	Outreach and engagement	Initial plan developed	Immediate stakeholder input gathered to adjust this originally drafted plan.	6/23/14	8/30/14	CMS written guidance and TA; DCH staff	DCH Policy Unit, DAS, SOURCE Quality Committee, DBHDD, ICWP Provider Network, ICWP Advisory Committee, and ICWP Case Managers,	Consensus and adoption of initially proposed plan methodology
Subtasks								
<ul style="list-style-type: none"> • Guidance researched • Review of other states materials • Initial plan drafted • DCH staff review and edit material 								
All Waivers	Outreach and Engagement	Public Notice-- Assessment Plan Review	DCH makes public notice through multiple venues to share overarching Transition Plan	07/3/14	08/30/14	Section 1 of Proposed HCBS Transition Plan	Members, Advocates, DCH Policy Unit, GMCF, ICWP Provider Network, ICWP Advisory Committee, ICWP Case Managers, DAS, Elderly and Disabled, DD and other Provider Network, SOURCE Quality Committee, and Care and Support Coordination	Public Notice with transition plan
Subtasks								
<ul style="list-style-type: none"> • Post E& D, ICWP and NOW/COMP public notices in DFCS offices • Post transition plan to DCH website • Publish all public notices in AJC • Hold key stakeholder task force meetings • Hold statewide public forums 								
All Waivers	Outreach and Engagement	Public Comment-- Transition Plan	DCH commences collection of public comment	7/31/14	8/30/14	Section 1 of Proposed HCBS Transition Plan	DCH Policy Unit, DCH Communications, DAS and DBHDD	Public notice posted with transition plan

			through multiple methods and makes appropriate changes to assessment tool and plan Comments will be taken in person, via fax, email, or website submission.					
Subtasks								
<ul style="list-style-type: none"> • Written comments from face to face meetings summarized • Email, fax, web submitted comments summarized • Survey monkey results summarized 								
All Waivers	Outreach and Engagement	Task Force Development	Establish a task force and supporting workgroups to inform and advise Statewide Comprehensive Transition Plan Planning and implementation	8/17/14	Ongoing	DCH Policy Unit, DAS, SOURCE Quality Committee, Medicaid members, Advocacy Groups, DCH Policy Unit, DAS, Elderly and Disabled Provider Network, SOURCE Quality Committee, Care Coordination	DCH Policy Unit, DAS, SOURCE Quality Committee, Medicaid members, Advocacy Groups, DCH Policy Unit, DAS, Elderly and Disabled Provider Network, SOURCE Quality Committee, and Care Coordination	
Subtasks								
<ul style="list-style-type: none"> • Develop subcommittees to address areas of policy, funding, regulation and training 								
All Waivers	Outreach and Engagement	Public Comment-- Collection and plan revisions	DCH incorporates appropriate changes to the initial transition plan based on public comments.	8/3/14	9/15/14	Section 1 of the Proposed HCBS Transition Plan	DCH Policy Unit, DAS, DBHDD, GMCF, ICWP Advisory Committee, and SOURCE Quality Committee	Completed transition plan
Subtasks								
<ul style="list-style-type: none"> • Public comments summarized into one document • Modifications made in track changes to each transition plan • Modifications reviewed by internal and external stakeholders • Transition plan finalized 								

All Waivers	Outreach and Engagement	Public Comment--Retention	DCH will safely store public comments and state responses for CMS and the general public.	8/15/14	Ongoing	Public Comments and State Response documents	DCH Policy Unit	Public comments stored
Subtasks								
<ul style="list-style-type: none"> Secure file folder opened on DCH IT platform Electronic public Comments stored on platform Paper public comments stored by Aging and Special Populations Unit DCH 								
All Waivers	Outreach and Engagement	Posting of revisions to initial document	DCH will post rationale behind any substantive change to the transition plan.	8/1/14	Ongoing	Public Comments and State Response documents	DCH Policy Unit, and DCH Communications	Posted rationale
Subtasks								
<ul style="list-style-type: none"> DCH IT posts each modified HCBS transition plan to DCH website with rationale for changes DCH posts final statewide HCBS transition plan to website with rationale for changes 								
All Waivers	Outreach and Engagement	Stakeholder training and education	Design, schedule, and conduct training for individual recipients of waiver services, their families and similarly situated stakeholders on waiver compliance, changes they can expect to see and which will affect their services.	9/15/14	4/30/2015	Statewide Transition Plan and resulting products	Members, Families, and Advocates	Member understanding of changes to expect
Subtasks								
<ul style="list-style-type: none"> HCBS transition plan training developed for providers HCBS transition plan training developed for members Statewide member/family public forums held Training sessions held at various provider association meetings 								
All Waivers	Outreach and Engagement	Public Comment—Ongoing input	DCH will leverage various stakeholders groups to periodically present and	9/15/14	Ongoing	Public Comments and State Response documents	Members, Advocates, DCH Policy Unit, GMCF, ICWP Provider Network, ICWP Advisory	Public comments for incorporation into policy and regulations

			seek feedback to comprehensive Transition Plan development in preparation for Waiver				Committee, ICWP Case Managers organizations, DAS, Elderly and Disabled DD and other Provider Networks, SOURCE Quality Committee, and Care and Support Coordination,	
Subtasks								
<ul style="list-style-type: none"> • DCH meet with and gather feedback from ICWP Advisory Committee • DCH meet with and gather feedback from SOURCE Policy Committee • DCH meet with and gather feedback from CCSP Quality Committee • DCH meet with and gather feedback from DD Council • DCH meet with and gather feedback from various provider organizations 								
All Waivers	Identification	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.	7/1/14	8/1/14	Department of Community Health Decision Support Services (DSS) system,	Division of Aging Services (DAS), DCH Policy and Information Technology units, DCH, and DBHDD	Consolidated and verified HCBS Setting Inventory
Subtasks								
<ul style="list-style-type: none"> • DCH provide specifications for data pull to DSS system by category of service • DCH obtain a comprehensive spreadsheet of all relevant HCBS providers 								
All Waivers	Identification	Development of Provider Self-Assessment tool	State develops self- assessment tool for providers to evaluate conformity to and compliance with HCBS rules.	7/1/14	8/1/14	HCBS guidance, State developed assessment tools (Iowa/Nevada), CMS Guidance	DCH Policy Unit, DBHDD,E&D, ICWP Provider Networks, ICWP Advisory Committee, ICWP Case Managers, SOURCE Quality Committee, Care Coordination, and Division of Developmental Disabilities	Assessment tool vetted by key stakeholders
Subtasks								
<ul style="list-style-type: none"> • DCH researches CMS HCBS guidance • DCH researches other state assessment tools • DCH drafts initial provider assessment tool 								

<ul style="list-style-type: none"> • DCH drafts companion instructions and cover letter to assessment tool • DCH seeks input from providers, advocates, and members • DCH modifies tool, instructions, and cover letter based on key stakeholder input • DCH finalizes provider tool, cover letter, and instructions 								
All Waivers	Identification	Submit E&D, ICWP,NOW & COMP Waiver Amendments	Submit Waiver Amendment to Centers For Medicare and Medicaid Services (CMS) following public comment period on transition plan.	7/15/14	8/30/14	CMS Waiver Document	DCH Policy Unit, DAS, DBHDD, DD, Elderly and Disabled, ICWP Provider Network, ICWP Advisory Committee, SOURCE Quality Committee, Care Coordination ICWP Case Managers, and Support Coordination	Initial Waiver Amendments
Subtasks								
<ul style="list-style-type: none"> • Waiver amendments drafted • Public comment submitted for each waiver amendment • Waiver amendments provided to key stakeholders • Revisions to waivers made based on public comments • Waiver amendments submitted to CMS 								
All Waivers	Identification	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.	08/15/14	9/15/14	HCBS guidance, public input, key stakeholder input	ICWP Advisory Committee, DD Provider Network, Provider Organizations, G4A, SOURCE Quality Committee, Family Members and other advocates	Validated tool
Subtasks								
<ul style="list-style-type: none"> • Assessment tool sent to a specified number of providers to cover each waiver and area of state • Feedback on pilot of provider assessment gathered by DCH • Revisions made to assessment tool based on provider feedback • Assessment tool finalized 								
All Waivers	Identification	Other standards identification	Design with stakeholder input a comprehensive set of provider standards	8/16/14	10/31/14	Key stakeholder input, existing provider standards	DCH Policy Unit, ICWP Provider Network, ICWP Advisory Committee, ICWP	Provider Standards for enrollment and continued participation

			(credentialing, licensing, policies, training curricula, etc.) to be reviewed and validated to conform to HCBS rule.				Case Managers, DBHDD, DCH, DAS Provider Enrollment, DBHDD Provider Network, Management, DAS, and SOURCE Quality Committee	
Subtasks								
<ul style="list-style-type: none"> • Current policies and provider standards reviewed by staff and key stakeholders • Modifications made to existing policy and standards to conform to HCBS rule • Additions to policy made to conform with HCBS rule 								
All Waivers	Identification	Design electronic tool	Develop electronic version of tool for efficient collection and analysis of data.	8/16/14	10/31/14	Contracted DCH IT tool	DCH Policy Unit, DCH IT, and DSS experts	Electronic tool
Subtasks								
<ul style="list-style-type: none"> • Draft assessment tool provided to DBHDD for development of electronic tool • Pilot electronic tool developed • Revisions made to tool following pilot • Final electronic tool developed by DBHDD 								
All Waivers	Identification	Identify funding streams for implementation of HCBS settings rule	State addresses required resources for becoming compliant with Office of Planning and Budget, Georgia Legislature and other State agencies	1/1/2015	Ongoing	DCH Financial Unit	DCH Policy Unit, ICWP Provider Network, ICWP Advisory Committee, ICWP Case Managers, DBHDD, DCH and DAS Provider Enrollment, DBHDD Provider Network, DAS, and SOURCE Quality Committee	Funding streams identified

All Waivers	Identification	Incorporation of Assessment tool into Provider enrollment policy and application	State incorporates self-assessment requirement into provider enrollment and policy at DCH, DAS and DBHDD.	9/1/14	11/30/14	HCBS Guidance, Healthcare Facility Regulations, Existing provider enrollment policy at DCH, DAS and DBHDD	DCH Policy Unit, ICWP Provider Network, ICWP Advisory Committee, ICWP Case Managers, DBHDD, DD Provider Network, Advocacy Organizations, DAS, Elderly and Disabled Provider network, SOURCE Quality Committee, and Care Coordination	Expectations for compliance are clearly outlined in Policy.
Subtasks								
<ul style="list-style-type: none"> Finalized tool introduced to various provider enrollment agencies Provider assessment tool adopted into policies and procedures for enrollment 								
All Waivers	Assessment	Enrolled active HCBS Providers complete self-assessment	All active enrolled HCBS providers will submit the provider self-assessment tool to DCH.	9/1/14	10/31/14	Assessment Tool, HCBS Provider Network staff	DCH Policy Unit, DAS, Elderly, Disabled and ICWP Provider Network, ICWP Advisory Committee, SOURCE Quality Committee, Care coordination, ICWP Case Managers and Provider Organizations	100% of HCBS providers complete self-evaluation
Subtasks								
<ul style="list-style-type: none"> All providers sent assessment tool Returned assessment tool reviewed for completeness and follow up Non responsive providers contacted for compliance Remediation initiated for remaining non responsive providers 								

All Waivers	Assessment	Other standards Assessment	Assess what changes are required to update provider qualification standards, licensure regulations, enrollment education and provider training, and other related policies, etc. to conform to HCBS rule.	10/1/14	12/31/14	Key stakeholder input, existing provider standards	DCH Policy Unit, DBHDD Training and Education, DCH Healthcare Facilities, DAS, SOURCE Quality Committee, DAS and DCH Provider Enrollment ICWP Provider Network, ICWP Advisory Committee, ICWP Case Managers	Provider Standards for enrollment and continued participation
Subtasks								
<ul style="list-style-type: none"> • Current policies and provider standards reviewed by staff and key stakeholders • Modifications made to existing policy and standards to conform to HCBS rule • Additions to policy made to conform with HCBS rule 								
All Waivers	Assessment	Self-assessment data is compiled and analyzed	DCH Policy Unit compiles the self-assessment data to determine those HCBS services providers who meet, do not meet, and could come into compliance with HCBS guidance.	11/1/14	12/31/14	Self-assessment tool, Sharepoint	DCH Policy Unit, DAS and DBHDD	Report of findings and augmented Setting inventory to include compliance status
Subtasks								
<ul style="list-style-type: none"> • Self-assessment data is collected • Assessment data is compiled by waiver type and provider type • Report of findings is drafted • Draft report of findings is reviewed by key stakeholders • Final report of findings is posted to DCH website and released to key stakeholders 								
All Waivers	Assessment	Case management entities validate a representative sample of self-	Care and Support coordination, Regional Offices SOURCE case	11/1/14	11/30/14	Self-assessment tool, SOURCE case managers, Community Care Services Program	DCH Policy Unit, DAS, SOURCE Case Management agencies, CCSP	Minimum 5% random sampling of assessment data collected to test reliability

		assessments	management agencies validate a state determined percentage of provider self-assessments for validity.			(CCSP) Care and Support Coordinators, tool, ICWP Case Management Agencies and case managers, Regional Office Evaluation	Care Coordinators, Georgia Medical Care Foundation (GMCF), Case Managers, and Direct Service Providers	
Subtasks								
<ul style="list-style-type: none"> DCH runs a random sample of providers by waiver and provider type DCH coordinates with case management entities to conduct validation of findings Case management entities conduct validation 								
All Waivers	Assessment	Validated self-assessment data is compiled and analyzed	Initial assessment data compared to validation data. DCH Policy Unit compiles the self-assessment data to determine those HCBS services providers who meet, do not meet, and could come into compliance with HCBS guidance.	12/1/14	12/31/14	Self-assessment tool, Sharepoint	DCH Policy Unit, DAS, and DBHDD	Report of finding, accuracy, and reliability of tool and outcome data.
Subtasks								
<ul style="list-style-type: none"> DCH gathers data from case management validation DCH compares validated tool versus provider self-assessment DCH initiates remediation on non-compliant providers as appropriate 								
All Waivers	Assessment	Assessment Results and Report Presentation	State will formally present the results of the assessment data to stakeholders and post on relevant websites.	1/1/15	1/31/15	Self-assessment tool, Sharepoint, data analysis	DCH Policy Unit, DCH Communications, GMCF, ICWP Advisory Committee, DAS and DBHDD	Public distribution/ awareness of the state of the state of HCBS setting compliance

Subtasks								
<ul style="list-style-type: none"> • DCH compiles report findings in draft report • DCH releases draft report to key stakeholders for input • DCH completes final validation report • DCH posts final validation report and makes available for key stakeholders • DCH presents final report at council meetings and provider association meetings. 								
All waivers	Remediation	Comprehensive Transition Plan	Develop a Transition Plan package to include a project management plan and narrative white paper that summarizes the state of the state at the end of the initial assessment period, establishes a plan for comprehensively addressing all components of compliance with HCBS rule and describes the state's related mission and values.	7/1/14	12/15/14	Assessment results, key stakeholder input results, waiver document	DCH Policy Unit, GMCF, ICWP Provider Network, ICWP Advisory Committee, ICWP Case Managers, Members, Advocacy Groups, DAS, Elderly and Disabled Provider Network, SOURCE Quality Committee, Care Coordination, DBHDD, DD Provider Network, Support Coordination, DBHDD Statewide Quality Improvement Council	Fully developed statewide transition plan
Subtasks								
<ul style="list-style-type: none"> • HCBS individual waiver plans combined • Narrative report drafted • Subtasks entered • Timeline adjusted for individual subtasks • Statewide transition plan posted on DCH website and provided to key stakeholders for comment • Modifications to report and transition plan made based on public comment • Finalized report and Statewide transition plan posted and provided to key stakeholders 								

All Waivers	Remediation	Submit Waiver Plan Amendment to CMS	DCH will submit a waiver amendment that outlines remediation strategies for those HCBS providers not in compliance with HCBS regulations.	12/1/14	12/31/14	Assessment results, key stakeholder input results, waiver document	DCH Policy Unit, GMCF, ICWP Provider Network, ICWP Advisory Committee, ICWP Case Managers, DAS, SOURCE Quality Committee, and DBHDD	Waiver amendment with fully developed remediation strategy
Subtasks								
<ul style="list-style-type: none"> • Waiver amendment drafted containing Statewide Transition plan • Waiver amendment provided to key stakeholders for comments • Revision to waiver amendments made based on public comment • Finalized waivers submitted to CMS 								
All Waivers	Remediation	Policy Development	State will develop revised policies and procedures to address ongoing monitoring and compliance.	1/1/15	3/31/15	DCH and DHS Legal	Members, Advocates, DCH Policy and Program Integrity Units, DAS, DBHDD, GMCF, ICWP and Elderly and Disabled Provider Network, and Performance Units, ICWP Advisory Committee, ICWP Case Managers, SOURCE Quality Committee, Care Coordination, DBHDD Human Rights and Advisory Councils	Establish adverse action and appeals processes applicable to providers who fail to comply with HCBS rule
Subtasks								
<ul style="list-style-type: none"> • New policy and procedures drafted for compliance with HCBS rule setting per waiver • Draft policy and procedures released to key stakeholders for comments • Policy and procedures updated based on public comment • Final polices and procedure incorporated 								

All Waivers	Remediation	Other standards Remediation	Design, adopt, and implement plan for achieving comprehensive compliance of provider standards with HCBS rule (credentialing, licensing, policies, etc.)	1/1/15	6/30/15	Key stakeholder input, existing provider standards	DCH Policy Unit, DAS Provider Enrollment, DBHDD Policy Training Units, DBHDD Provider Network, GMCF, ICWP Advisory Committee, DCH Provider Enrollment, GMCF, and SOURCE Quality Committee	Provider Standards for enrollment and continued participation
Subtasks								
<ul style="list-style-type: none"> • Current policies and provider standards reviewed by staff and key stakeholders • Modifications made to existing policy and standards to conform to HCBS rule • Additions to policy made to conform with HCBS rule 								
All Waivers	Remediation	Provider Training and Education	Design and implement plan for incorporating necessary training and education into provider enrollment orientation and provider employee training AND provide training to providers on implementation	1/15/15	6/30/15	Key stakeholder input, existing provider standards	DCH Policy Unit, DAS, SOURCE Quality Committee, DCH and DAS Provider Enrollment, Provider Network ICWP Provider Network, ICWP Advisory Committee, ICWP Case Managers, DBHDD Policy Unit and training Units, and Provider Professional Organizations	Educated providers on new rule
Subtasks								
<ul style="list-style-type: none"> • HCBS transition plan training developed for providers • HCBS transition plan training developed for members • Statewide member/family public forums held • Training sessions held at various provider association meetings 								

All waivers	Remediation	Ongoing Monitoring of compliance	State will incorporate HCBS requirements into policy and consumer satisfaction surveys to identify areas of non-compliance.	02/15/15	Ongoing	DCH policy manuals, Consumer satisfaction surveys	DCH Policy Unit, DCH Program Integrity, DAS, and DBHDD Quality Improvement Council	Ongoing Program Integrity and Provider Compliance Audits
Subtasks								
<ul style="list-style-type: none"> • HCBS guidance incorporated into all consumer satisfaction surveys • HCBS guidance incorporated into program integrity audits • Corrective action plans initiated for any non-complaint provider • Non-compliant providers suspended and/or terminated based on continued non-compliance • HCBS guidance incorporated in provider re-credentialing 								

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