



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# HCBS Settings Rule and Transition Planning



Statewide Transition Plan Focused Workgroups

October - November 2014



# Mission

## The Georgia Department of Community Health

We will provide access to affordable, quality health care to Georgians through effective planning, purchasing and oversight.

*We are dedicated to A Healthy Georgia.*

# Overview

- HCBS Settings Rule
- Why a Transition Plan?
- Process
- Status
- Key Dates
- Next Steps



# HCBS Settings Rule

## Important parts of the HCBS rule (CMS 2249F)

- Went into effect 3/17/2014
- Provides the definition and qualifications of a home and community-based setting under Medicaid (HCBS waivers and state plan)
  - Setting: Provider-owned or operated
- Defines person-centered planning requirements and conflict of interest standards for case management

# HCBS Qualities and Characteristics

- CMS is now defining and describing home and community-based settings by “what they are not,” and toward defining them by the *nature and quality of individuals’ experiences*.
- The Rule reflects CMS intent to ensure that individuals receiving services and supports...have full access to the benefits of community living and are able to receive supports in the most integrated setting.



# HCBS Qualities and Characteristics

- The rule is more about outcomes and quality of services and supports rather than about physical accessibility.
- The rule requires that the person-centered planning processes be used by individual or a designated representative to direct services and supports
- The rule emphasizes choice, personal preferences, and individually identified goals



# HCBS Qualities and Characteristics

- What HCBS is not:
- Nursing facility, IMD, ICF/DD, or hospital
- Settings in a publicly or privately-owned facility providing inpatient treatment
- Settings on grounds of, or adjacent to, a public institution
- Settings with the effect of **isolating** individuals from the broader community of individuals not receiving Medicaid HCBS



# HCBS Qualities and Characteristics

- It's about the **QUALITIES** of the setting
- Is the setting integrated in and supports access to the greater community?
- Does the setting provide opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources?
- Does it ensure that the individual receives services in the community **to the same degree of access as individuals not receiving** Medicaid home and community-based services?



# HCBS Qualities and Characteristics

- Did the individual get INFORMATION on all the options for where to live? Did they get to visit and see them?
- If adults are in an assisted living residence, do they have the freedom to move about inside and outside the residence? Do they have meal and activity options that match their preferences?
- Do they have privacy to entertain friends and family when they visit? Do they have privacy in their living space?
- Does staff treat them with respect?
- Are they supported to pursue interests such as art, music, games? Can they volunteer, attend services according to their faith, engage in other community-based activities?



# So, what does that mean to you?

- Member/individual who receives waiver services—
  - You have the right to be supported with respect
  - You get to make decisions about how, when and where you get your services
  - You should be supported to be involved in your community, coming and going where and when you want.
- Provider of waiver services—
  - You will be subject to new and enhanced policies that require providers to comply with the rule.
  - You may have to modify and adopt your own policies and provide training to assure your staff understand the expectations of the rule and monitor that those expectations are realized.



# Questions

- After the review of the Rule:
- How well do you understand the Rule?
  - Very Well
  - OK
  - Not very well
- How well do you understand the impact to you?
  - Very Well
  - OK
  - Not very well



# Why a Transition Plan

- The Rule describes in federal regulation the characteristics of HCBS for the first time.
- Requires transition planning to ensure states adopt and follow the new requirements.
- Person-centered service delivery and conflict-free case management are in the rule, but not subject to the Transition Plan as they are not new and assumed to already be in place.



# Transition Plan Process

1. Waiver-specific transition plans
  2. Statewide Comprehensive Transition Plan
- Waiver Amendments and Transition Plans
    - Each amendment required its own transition plan
    - 4 of 5 waivers being amended
  - Statewide plan is due 120 days from 1<sup>st</sup> Waiver Amendment

# Transition Plan Process

## Transition Plan Categories

- Identification
- Assessment
- Remediation
- Outreach and Engagement
- Monitoring and Evaluation



# Transition Plan Process

- **Approach**
  - Drafted initial waiver plan
  - Workgroup with statewide representation
  - Product: established template
  - Posted for Public Input
    - Websites and through case manager distribution
  - Performed updates based on feedback, reposted and submitted to CMS with Waiver Amendment
  - Statewide Task Force
    - Guide development of Statewide Comprehensive Transition Plan
    - Organize outreach



# Review Transition Plan

- See Handout

# Review Assessment Tool

Question Category	Question	Response				Comments
		Yes	Not Yet	No	N/A	
						If response is Not Yet or No, what is the remedy to correct? If Not Yet, when?
Choice of Setting and setting characteristics	Do the individuals in this setting continue to be provided a choice of available options regarding where to live (if this is a residential setting) or receive services (if this is a non-residential setting)?					
	Does the setting reflect the needs of the individuals?					
	Does the setting reflect the preferences of the individuals?					
	Do individuals know how to relocate and request new housing (or non-residential service site change)?					
	Do the individuals have access to make private phone calls, e-mail, text, or otherwise communicate privately?					

# Questions

- After the review of the Transition Plan:
- How well do you understand the Transition Plan?
  - Very Well
  - OK
  - Not very well
- Do you think the Transition Plan makes sense?
  - Yes
  - Mostly
  - No

# Status

- Completed waiver amendments and waiver-specific transition plans
- Draft Statewide Transition Plan development
- Public Input
  - Multiple meetings across state and virtually
  - Building a website to be more user-friendly
- Assessment tool development, review and finalizing

# Key Dates

- August 15, 2014 – Submitted 1<sup>st</sup> waiver amendment
  - October 1 – Received CMS feedback with required modifications
  - Waiting for approval—any day
- December 15, 2014
  - Statewide Transition Plan due
  - Waiver Amendment due (1st- Elderly and Disabled)
- December 2019 – all implementation completed



# Break Out Groups

- What component(s) of the plan do you like?
- What components of the plan don't you like?
- Where does the plan need more detail?
- What suggestions do you have about how certain subtasks should be carried out?

# Review of Focused Workgroup Experience

- Was this information helpful?
- Was this information meaningful?
- What is the best way to keep you engaged in this process?

# Next Steps

- Finalize Statewide Transition Plan
- OUTREACH
- ORGANIZE
- COORDINATE
- EDUCATE
- ASSESS
- Develop remediation strategies to update or revise policies, standards, etc.



# Questions and Answers

## Thank You

For more detailed information on HCBS, please visit:  
[dch.georgia.gov/waivers](https://dch.georgia.gov/waivers)