



HCBS Settings Rule: Statewide Transition Planning

A rule issued by the Centers for Medicare & Medicaid Services (CMS) affecting Home- and Community- Based Services (HCBS) became effective on March 17, 2014. In Georgia, this affects all waiver programs: NOW, COMP, ICWP, CCSP and SOURCE. The rule is called the HCBS Settings Rule. Here is what you need to know about what's happening in Georgia.

What is the HCBS Rule about?

The rule states that individuals receiving services and supports must have full access to the benefits of community living and receive supports in the most integrated setting. It means that “settings” are more about the nature and quality of individuals’ experiences, not only about buildings where the services are delivered.

What does that mean to me?

If you are a **member who receives waiver services**, it means you have the right to be supported with respect and in a very person-centered way so that you make decisions about how, when and where you get your services. It also means you should have the opportunity to be involved in your community, coming and going where and when you want. You can also complete an assessment* to help the state understand where improvements are needed.

If you are a **provider of waiver services**, it means that you will be subject to new and enhanced policies that require providers to comply with the rule. It may mean that you will need to modify and adopt your own policies and provide training to assure your staff understands the expectations of the rule. It will also mean you must participate in an assessment* of how you deliver services now as part of the Transition Plan.

What Is the Transition Plan?

This is the first time CMS has put in regulation a description of HCBS in this way. States have until March 17, 2023, to come into compliance. States have to develop a transition plan to describe how they are going to determine if their HCBS services are compliant with the new rule. The Transition Plan requires states to assess every provider-owned and -operated HCBS setting, and if it does not comply, the state has to describe **how it will fix the areas that don't comply**. The Transition Plan for Georgia has been submitted to CMS and is currently under review.



What should I do about this?

You should learn more! You should get involved in Georgia's assessment and Transition Planning process. The process is ongoing. New and current providers will be assessed on a periodic basis to ensure compliance with the rule. Providers will receive training and support to make sure they are in compliance with the rule.

How do I do that?

Interested in learning more or participating?

See the state website for this initiative at
<https://medicaid.georgia.gov/programs/all-programs/waiver-programs>
or write us at
HCBSTransition@dch.ga.gov

*Assessment?

The Transition Plan is intended to describe how the state will move toward and ultimately achieve compliance with the new HCBS Settings Rule. The state required all providers to conduct a self-assessment. Case managers helped the state validate the provider self-assessments. We also invited members to complete their own assessment as well.

The assessment asked questions about individuals' experiences based on the quality characteristics of how CMS has defined home and community-based services such as:

- Does the individual have rental rights?
- Does the individual have privacy where he/she sleeps and a private space, such as where he/she sleeps, where the door can be locked? And where the individual, not the staff, has the key to the room?
- Did the individual have a choice of roommates?
- Does the individual have the freedom to furnish and decorate his/her residence to their liking?
- Does the individual have freedom and support to control his/her schedules and activities?
- Does the individual have the freedom to choose meals and have access to food any time?
- Does or may the individual entertain visitors at his/her choosing?