



# Georgia Department of Community Health Division of Medicaid Home and Community-Based Services Statewide Transition Plan



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Pending Public Comment

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# 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 commonly referred to as the Home and Community-Based Services Settings Rule (Rule). The new Rule defines settings that are and are not community-like. Service settings that do not have characteristics determined to be community-based cannot be reimbursed by Medicaid. The purpose of the Rule is to ensure that people who receive home and community-based waiver services have opportunities to access their community and receive services in the most integrated settings. The Rule stresses the importance of ensuring that individuals who rely on home and community-based services are not isolated or segregated and are able to exercise rights, optimize independence, and choose from an array of integrated service options and settings. This includes opportunities to seek employment and work in competitive environments, engage in community life, control personal resources and participate in the community just as people who do not receive home and community-based services do. The rule reiterates and emphasizes that services must reflect individual needs and preferences as documented by a person-centered plan.

States are required to transition to a status of full compliance with the Rule by March 2022. To demonstrate compliance with the new rule, states are required to develop a Statewide Transition Plan that describes how it will assess all settings subject to the Rule and apply a methodology whereby the state will fully comply by the end of the transition period.

Georgia's Statewide Transition plan is produced and submitted to CMS by the Department of Community Health (DCH), Georgia's state Medicaid agency. The STP was developed with stakeholder input including Public Comment through multiple modes. It is Georgia's intent to comply with the new Rule and implement a transition plan that assists members to lead healthy, independent, and productive lives; to have the ability to live, work, and participate in their communities to the fullest extent and most integrated way possible; and to fully exercise their rights as residents, tenants, purchasers, and autonomous individuals. Further, that implementation of the transition plan promotes the well-being of families whose loved ones are served by the waivers and supports providers to engage in and ultimately embrace the spirit of the rule.

This document outlines Georgia's transition plan, hereinafter called the Statewide Transition Plan or STP. Georgia published its first STP in December 2014 as required by the Rule in correlation to a series of Home and Community Based Services 1915(c) waiver amendments. Initial approval was granted by CMS in October of 2017 following stakeholder review and public comment. During this initial approval, the state was provided with additional guidelines and technical assistance in order to submit this final approval document.

## *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. The Federal government authorized the "Medicaid Home and Community-Based Services 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.

Georgia has four approved waivers. The waivers have been designed to meet a variety of needs for multiple populations and have assisted Georgia in providing Medicaid-funded community based, long-term care services and supports for eligible members.

## Overview of Georgia's HCBS Programs

Current Medicaid enrollment in Georgia at the end of State Fiscal Year 2019 (SFY) is 1,985,175 and of those 42,065 are enrolled in HCBS waiver programs. This is a slight increase from the 2018 data which reflects an enrollment of 1,967,334 or a 17,841 or 9% increase in members. Waiver programs generally provide the following core services:

- 1) service coordination/case management (help with managing care needs and services)
- 2) personal support (assistance with daily living activities, i.e. bathing, dressing, meals, and housekeeping) in your own home
- 3) residential services (personal support provided in a provider-owned home)
- 4) home health services (nursing and therapy services)

Georgia's four (4) waiver programs, all established under the 1915(c) authority subject to the settings rule are:

Elderly and Disabled Waiver  
Comprehensive Supports Waiver Program (COMPS)  
New Options Waiver Program (NOW)  
Independent Care Waiver Program (ICWP)

**Table 1: Georgia's Waiver Programs**

Waiver/Program Name	Population Served	Institution Waived	Active Members
Elderly and Disabled Waiver – EDWP	Individuals who are elderly and/or disabled	Nursing Facility	27,266
Independent Care Waiver Program – ICWP	Individuals who are severely physically disabled	Nursing Facility/Hospital	1,737
New Options Waiver – NOW	Individuals with Intellectual or developmental disabilities	ICF-ID	4,626
Comprehensive Supports Waiver – COMP	Individuals with Intellectual or developmental disabilities	ICF-ID	8,436
			42,065

### Elderly and Disabled Waiver

The Elderly and Disabled Waiver (EDWP), provide supports to Georgia's aging and/or disabled population who experience significant physical/functional disabilities. Services available in addition to core services described above include home-delivered meals and emergency response systems. The program links primary medical care and case management to address more complex medical conditions.

### New Options Waiver and Comprehensive Supports Waiver

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) including conditions such as cerebral palsy, epilepsy, autism or neurological disorders. These disabilities require a level of care provided in an intermediate care facility (ICF) for people diagnosed with ID/DD. Examples of services available in addition to core services described above include supported employment, respite, and behavioral and nutrition supports.

## **Independent Care Waiver Program**

The Independent Care Waiver Program (ICWP) offers services that help adult Medicaid members with significant 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.

The Department of Community Health as the designated State Medicaid Agency has direct responsibility for the Medicaid program in Georgia, however, other state agencies assist in administering specific waiver programs. The Department of Behavioral Health and Developmental Disabilities (DBHDD) is the operating agency for the NOW and COMP waivers. The Department of Human Services/Division of Aging (DHS/DAS) was the operating agency for the EDWP, but full responsibility transferred to DCH effective July 1, 2016.

## ***The Statewide Transition Plan and Process***

Georgia's Department of Community Health initially created four waiver-specific Statewide Transition Plans in concert with waiver amendments required as a result of legislative action in the 2014 General Assembly. Within 120 days of the first waiver amendment, Georgia developed, noticed and submitted to CMS a comprehensive Statewide Transition Plan (STP) as required by the Rule. These plans established the components of the STP and projected timelines for completing the work plan toward compliance with the Rule. The STP describes the necessary identification and assessment of all settings subject to the Rule and remediation steps for those that do not exemplify the characteristics associated with the Rule's definition of home and community-based services: demonstrating integration, supporting independence and community involvement, and reflecting choice and person-centeredness. The STP is to address methods of analysis, approaches for engaging stakeholders, procedures for compliance with the Rule's public noticing requirements, and to determine a long-term plan for ongoing compliance including remediation steps and monitoring. Each version of the STP reflects more detail as the planning has evolved.

Previous transition plans, including waiver program-specific plans, can be found at [www.dch.georgia.gov/waivers](http://www.dch.georgia.gov/waivers)

This STP is the result of feedback received from CMS following the initial submission of the STP in October of 2017 and technical assistance guidance also from CMS. Furthermore, it reflects feedback that was obtained from Public Comment through a series of public forums held in conjunction with each version of the plan, input from a Statewide Stakeholders Task Force inclusive of recommendations from its committees, and the results of assessments and surveys administered to members, case managers, and providers. Summaries of Public Comments and the state's response to those from previous plan versions are available on the DCH website.

Additionally, the state worked with CMS to update its work plan, converting it to a Milestones document which is reflected in this version of the STP.

Instructions for the submission of Public Comment to this STP were provided as follows:

The STP is posted on the DCH website at [www.medicaid.georgia.gov](http://www.medicaid.georgia.gov) and is available for Public Comment from the period of 02/1/2020-3/1/2020. Interested parties may comment by:

- Emailing comments to [HCBSTransition@dch.ga.gov](mailto:HCBSTransition@dch.ga.gov)
- Faxing comments to 404-656-8366.
- Mailing written comments to the Department of Community Health  
Attention: HCBS 37<sup>th</sup> Floor,  
2 Peachtree Street, NW, Atlanta, Georgia 30303



Public Comments submitted in response to this submission will be reviewed and made available on the DCH website and will be incorporated into the final submission. Previous comments are available for review upon request with the exception of documents with personally identifiable health information.

## Sections of the Plan

The following sections are included within the Statewide Transition Plan.

- Identification
- Outreach and Engagement
- Assessment
  - o Systemic Review and Remediation
  - o Site-Specific Settings Review and Remediation
- Heightened Scrutiny
- Monitoring and Oversight
- Appendices

Each section describes products and key requirements of the STP with supporting activities and tasks, some of which have been completed and others that are still pending according to the STP timeline. Each section will contain further detail of tasks completed, lessons learned, next steps for remediation and responsible entities, dates for implementation and expected outcomes. Major products and the steps and associated timelines for achieving those are outlined as Milestones. The CMS asked the state to update its previously submitted work plan to convert it to a Milestones document which is reflected in this version of the STP in *Appendix A*.

**Identification of Settings and Stakeholders** The plan includes a description of those settings in which waiver program services may be delivered that are subject to the HCBS Rule, the identification of stakeholders for each service and setting type to whom outreach and with whom engagement is critical, and the number of settings and members receiving services in those settings.

**Outreach and Engagement** The plan describes how DCH engaged and will continue to engage stakeholders in the transition planning and implementation including the setting and systemic assessment and review process.

**Assessment** There are two parts of the Assessment, the Systemic Review, and the Site-Specific Settings Assessment. Included in each review are the **Remediation Strategies** of the plan. The plan will describe the state's strategy to ensure compliance with the home and community-based setting requirements. The plan includes remediation for the state's standards, procedures, and policies as well as specific sites or providers. Also included are strategies for settings not in compliance that will culminate in the relocation of members.

**Systemic Review** - The plan describes the state's assessment of the extent to which its regulations, standards, policies, licensing requirements, and other provider requirements ensure settings are in compliance. The plan will include a detailed crosswalk with the outcomes of the state's systemic assessment of all documents.

**Site-Specific Settings Review** - The plan includes a description of those settings in which waiver program services may be delivered that are subject to the HCBS Rule, the identification of stakeholders for each service and setting type to whom outreach and with whom engagement is critical, and the number of settings and members receiving services in those settings. The plan further describes the state's process by which it has and will continue to

assess specific settings in which home and community-based services are provided to determine whether the settings are in compliance with the rule.

**Heightened Scrutiny** The plan describes the evidence the state would submit in a heightened scrutiny process to demonstrate that a setting is home and community-based including but not limited to information obtained during the site-specific assessment and information the state received during the public input process.

**Oversight and Monitoring** The plan describes the processes the state will implement to ensure that timelines and milestones are met during the transition period as well as a description of its oversight and monitoring processes for continuous compliance of settings after the transition period ends.

Several appendices following these sections provide supporting documentation and evidence of STP activities.

## SECTION ONE – IDENTIFICATION OF SETTINGS AND STAKEHOLDERS

This section identifies all the elements of the Statewide Transition Plan that are pivotal to a thorough analysis of home and community-based settings subject to the Settings Rule and the development, implementation, and monitoring of the Statewide Transition Plan. The state has identified:

- All waiver services and providers of those services that are subject to the Settings Rule
- All unique settings of HCBS that must be addressed by the Statewide Transition Plan (STP)
- All stakeholder groups who must be included in the development, implementation, and monitoring of the STP
- All HCBS policies and related regulations that must be addressed by the STP

Further activities conducted as part of the STP will identify:

- Human and financial resources required to implement the STP and comply with the Settings Rule

### **Waiver Services Subject to the Settings Rule**

The state has identified the following waiver services as being subject to the Rule due to the nature of the provider-owned and operated setting in which the services are rendered:

- Adult Day Health
- Alternative Living Services
- Community Access Group
- Community Residential Alternatives
- Pre-Vocational Services
- Supported Employment Group
- Respite Out-of-Home Care
- Individual, Private Homes \*

The following is a brief description of the services that are provided through these settings:

**Adult Day Health (ADH)** is a community-based, medically oriented day program that provides social, health and rehabilitative services to individuals who are functionally impaired. ADH services support individuals living with chronic illness and assist individuals to recover from acute illnesses or injuries. The ADH program provides services that promote medical stability, maintain optimal capacity for self-care and maximize the individual's highest level of functioning and independence as reflected on the individual's Comprehensive Care Plan.

ADH services increase opportunities for individuals to participate in multifaceted activities, including Social and cultural activities. All ADH services reflect the individual's needs as indicated on the Comprehensive Care Plan developed by the care coordinator and approved by the individual's physician. **Number of Adult Day Health Facilities – 203**

**Alternative Living Services** An ALS-Group Model personal care home is a freestanding residence, non-institutional in character and appearance, and licensed to serve seven (7) to twenty-four (24) members. The provider leases, rents or owns a licensed personal care home. Responsibilities of the provider include member intake/assessment, nursing supervision, and daily administration of the program. The provider employs sufficient staff to directly provide medically oriented personal care and 24-hour supervision, seven days a week. A designated responsible staff person is on the premises 24 hours a day, seven days a week. **Number of Alternative Living Services - 366**



**Community Access Group Services** in facility-based and community-based settings outside the participant's own or family home or any other residential setting. Provision of oversight and assistance with daily living, socialization, communication, and mobility skills building and supports in a group. Assistance in acquiring, retaining, or improving: Self-help, Socialization and Adaptive skills for active community participation and independent functioning outside the participant's own or family home, such as assisting the participant with money management, teaching appropriate shopping skills, and teaching nutrition and diet information. Provided in a facility or a community as appropriate for the skill being taught or specific activity supported. **Number of Community Access Group Settings - 745**

**Community Residential Alternatives (CRA)** services are designed for persons who need concentrated levels of support. These services are a range of interventions that focus on training and support. Services are individually tailored to meet specific needs and assist with changes in service needs. The service needs may be addressed in one or more of the following areas: eating and drinking, toileting, personal grooming, and health care, dressing, communication, interpersonal relationships, mobility, home management, and use of leisure time. **Number of Community Residential Alternatives - 81**

**Pre-Vocational Services** These services help people work towards paid or unpaid employment on a one to one basis or in a group setting outside of the person's home, family home or any other residential setting. The purpose of the service is to teach people the skills necessary to be successful in a job in the community. Examples of service activities include but are not limited to: following rules, attendance, completing tasks, problem-solving, endurance, work speed, work accuracy, increased attention span, motor skills, safety, and social skills in the workplace. **Number of Pre-Vocational Service Sites - 365**

**Supported Employment Group (SE)** Supported Employment is available to eligible individuals, who express a desire and have a goal for competitive employment in their Individual Service Plan and for whom the ability to perform in a regular work setting is likely to require the provision of supports because of their disabilities. Services to obtain and retain competitive employment include job location, job development, supervision and training and is based on the individual's strengths, preferences, abilities, and needs. **Number of Supportive Employment Providers - 416**

**Out-of-Home Respite (RC)** is a service that provides temporary relief to the caregiver(s) responsible for performing or managing the care of a functionally impaired person. Respite Care workers provide only non-skilled tasks and services that are normally provided by the caregiver specifically for the respite care client. **Number of Out-of-Home Respite Providers – 110**

**Individual, Private Homes-** Under the current 1915 c waiver service definition. These settings would not be subject to the final settings rule. The state may make the presumption that privately-owned or rented homes and apartments of individual HCBS members living with family members, friends, or roommates meet the HCBS settings requirements if they are integrated in typical community neighborhoods where people who do not receive HCBS also reside. However, to ensure that the settings requirements were followed, the state identified another 43 settings in which the member lives in a private residence that is owned by an unrelated caregiver (who is paid for providing HCBS services to the individual). Therefore, these settings would be provider-owned or controlled settings and were evaluated. The state realizes that this number may change often as members may move and/or service delivery may change (i.e. Traditional Case Management vs. Consumer Directed). **Number of Individual, Private Homes – 43**

## Settings Identification

The state began its initial identification of HCBS providers and members by reviewing current Medicaid enrollment data of all eligible members as of November 2015 and extracting those members who had received any of the above services within the most recent one (1) year period based on paid claims data thereby identifying active HCBS providers for the same one year period of time. For the 2018 review, the state identified all providers who had a claim paid, denied, or suspended within a year and was listed as a current active Medicaid provider. A further review was performed on each setting to determine if it was in, on the grounds of, or adjacent to an institutional setting. By using Geo-tracking, the state was able to determine for each setting if it was in, on the grounds or adjacent to an institutional setting. The Geo-tracking process of *Public Tableau* and DCH's GaMap2Cares site uses records in the provider enrollment dataset which included the provider's address, city, or zip code to compare with the geospatial data of all locations that are a publicly or privately operated facility that provides inpatient institutional treatment. The process searches those physical addresses determined to be institutional in nature and through the satellite imagery validate the location of all providers to those institutional settings. This technology also reinforces the physical site visits performed by the DCH waiver, Office of Inspector General (OIG) and Healthcare Facility Regulation (HFR) staff members. The GaMap2Care site currently allows for the identification of more than 7,000 licensed health care facilities and services in Georgia. The user can see details about providers and services using Google Maps technology to view facilities in map, satellite and street views. This DCH tool was very useful in conjunction with the Public Tableau tool to identify where facilities are located and if they are adjacent or on the grounds of an institutional setting.

The state designed a report that is produced monthly to identify all active providers within these specialty services by setting location to validate location and that can be used for reference purposes.

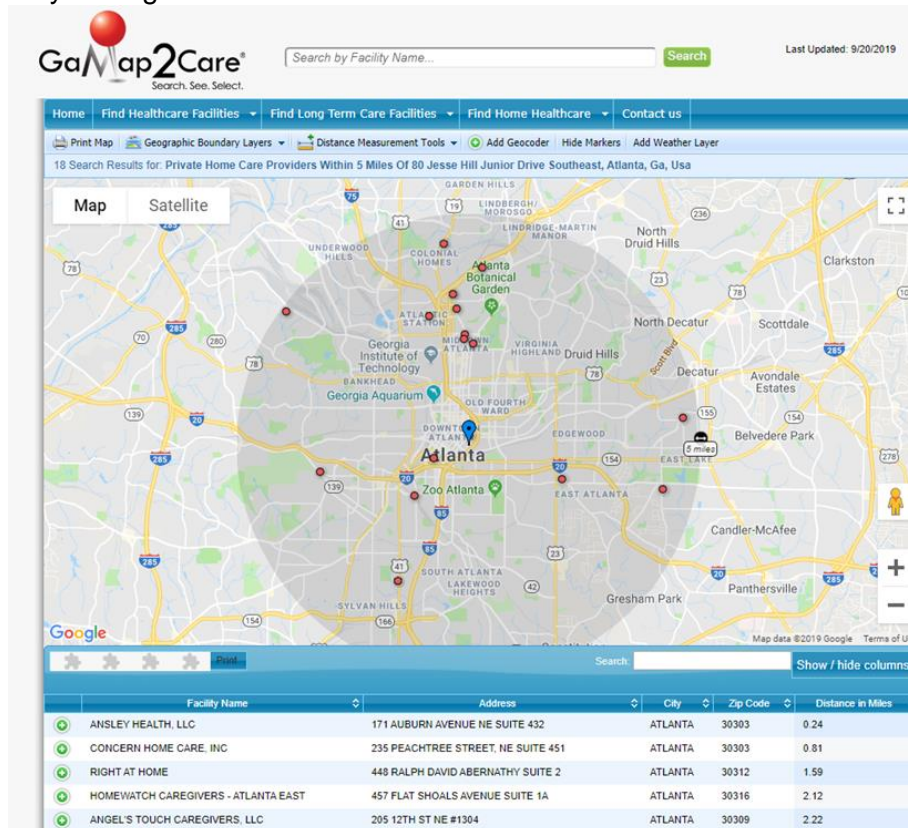


Figure 1: GA Map 2 Care Screenshot after HCBS facility search

## Individual, Private Homes

In order to identify these settings that may be subject to the settings rule, the state used claims data, program service requests of members within our consumer-directed populations, and member self-reporting. These items were then reviewed to determine if the setting was provider owned and operated. If it was determined to be provider owned and operated, the state completed a settings review.

**Table 2-Settings Identification**

The table below details all services that are provided per waiver program and also indicates which are subject to the final rule.

**Key:**

X	Services provided in each waiver	X	Service setting subject to the rule		Not applicable
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Services by Program	Elderly and Disabled Waiver	Independent Care Waiver Program	New Options Waiver Program (NOW)	Comprehensive Supports Waiver Program (COMP)
<b>Adult Day Health</b>	X	X		
<b>Adult Therapy Services (OT, PT, Speech-Language)</b>			X	X
<b>Alternative Living Services</b>	X	X		
<b>Behavioral Supports Consultation Services</b>			X	X
<b>Case Management</b>	X	X	X	X
<b>Community Access Group Services</b>			X	X
<b>Community Guide Services</b>			X	X
<b>Community Living Support</b>			X	X
<b>Community Residential Alternative Services</b>			X	X
<b>Counseling</b>		X		
<b>Emergency Response Services</b>	X	X		

<b>Environmental Accessibility Adaptation Services</b>			X	X
<b>Financial Support Services</b>			X	X
<b>Home Delivered Meals</b>	X			
<b>Environmental Modification</b>		X	X	X
<b>Individual Directed Goods and Services</b>			X	X
<b>Natural Support Training</b>			X	X
<b>Out of Home Respite Care</b>	X	X	X	X
<b>Personal Support Services</b>	X	X		
<b>Prevocational Services</b>			X	X
<b>Respite Services</b>	X	X	X	X
<b>Specialized Medical Equipment and Supplies</b>		X	X	X
<b>Structured Family Caregiver</b>	X	X		
<b>Supported Employment Services</b>			X	X
<b>Transportation Services</b>			X	X
<b>Vehicle Adaptation Services</b>		X	X	X

The table below describes the number of settings by waiver category and specialty. Some settings provide multiple services and some providers have multiple settings and are counted accordingly.

**Table3: Number of HCBS Waiver Providers by Specialty**

	COMP	EDWP	ICWP	NOW	TOTAL
Adult Day Health		195	8		203
Alternative Living Services		334	32		366
Community Access Group	404			341	745
Community Residential Alternatives				81	81
Pre-Vocational Services	154			211	365
Supported Employment	251			165	416
Respite Out of Home Care	32	30	13	35	110
Individual, Private Homes	1	15	25	2	43
<b>Total</b>					<b>2329</b>

**Table 4: Identification of Stakeholders**

The following is a summary of stakeholders identified to invite and include during the STP process. This is further detailed in the Outreach and Engagement Section.

Waiver	Member/Family Stakeholder	Provider Stakeholder	Other Stakeholder
<b>NOW/COMP</b>	<ul style="list-style-type: none"><li>• People First</li><li>• GA Council on Developmental Disabilities</li><li>• Unlock the Waiting List</li><li>• Unite Our Voices</li><li>• All Public Forum attendees</li></ul>	<ul style="list-style-type: none"><li>• SPADD</li><li>• United Cerebral Palsy of Georgia</li><li>• Jewish Family &amp; Career Services of Atlanta</li><li>• Community Service Boards</li><li>• GA Association of Community Care Providers</li></ul>	<ul style="list-style-type: none"><li>• Georgia Advocacy Office</li><li>• Georgia Council on Developmental Disabilities</li><li>• Georgia Department of Behavioral Health &amp; Developmental Disabilities</li><li>• Division of Developmental Disabilities Advisory Council</li></ul>

Waiver	Member/Family Stakeholder	Provider Stakeholder	Other Stakeholder
<b>ICWP</b>	<ul style="list-style-type: none"><li>• ICWP Advisory Council</li><li>• Public Forum attendees</li></ul>	<ul style="list-style-type: none"><li>• ResCare</li><li>• The Neff Group</li><li>• The Shepherd Center</li><li>• GA Association of Community Care Providers</li></ul>	<ul style="list-style-type: none"><li>• ICWP Advisory Council</li><li>• Statewide Independent Living Council of Georgia</li><li>• Brain Injury Association of Georgia</li><li>• Brain and Spinal Injury Trust</li><li>• Fund Commission</li><li>• Georgia Advocacy Office</li></ul>
<b>E&amp;D</b>	<ul style="list-style-type: none"><li>• Long Term Care</li><li>• Ombudsman</li><li>• Senior Connections</li><li>• Center for Positive Aging</li><li>• Statewide Independent Living Council of Georgia (SILC)</li><li>• All individuals and family members who attended public forums</li></ul>	<ul style="list-style-type: none"><li>• GACCP</li><li>• Caring Together</li><li>• Georgia Health Care Association</li><li>• LeadingAge Georgia</li><li>• Alliant Georgia Medical Care Foundation</li><li>• Pruitt Healthcare</li><li>• GA Association of AAAs</li><li>• GA Association of Community Care Providers</li></ul>	<ul style="list-style-type: none"><li>• Georgia Division of Aging Services</li><li>• GA Council on Aging</li><li>• Aging Disability Resource Connection of Georgia</li><li>• Georgia Advocacy Office</li><li>• Senior Connections</li><li>• Center for Positive Aging</li><li>• Long Term Care Ombudsman</li></ul>

### Identification of Policies and Regulations

The state has completed its initial identification of existing waiver policies and associated regulations that must be addressed to assure compliance with the Settings Rule and identify needed modifications. This includes:

- Policy manuals for each approved/active waiver (Appendix B)
- State licensure regulations required by provider-owned settings (Appendix C)
- Documents reviewed for Systemic Review electronic link (Appendix D)

The state had anticipated that additional analyses and/or recommendations related to provider-specific policies would be made as a result of STP implementation.



Specific policies identified are reviewed in Section Three: Assessment – Systemic Review and Remediation

## SECTION TWO – OUTREACH AND ENGAGEMENT

Outreach and Engagement are very important to the state's approach in designing, developing, implementing and monitoring the Statewide Transition Plan. Georgia is committed to ensuring the successful transition to compliance with the Settings Rule through communications and collaborative activities with stakeholders that are transparent and allow for meaningful involvement in informing the process and outcomes.

The State began its HCBS Rule transition work initially in July 2014. Letters of invitation were issued to over 30 associations and organizations representing HCBS stakeholders to attend the first public meeting on the Settings Rule. The invitations requested that each recipient identify and send representatives -- association leadership, individual waiver participants and family members, providers and/or advocates. The goal of this first meeting was to officially share information about the Rule with key stakeholders and begin to seek input into the process by which waiver-specific transitions plans should be developed and what the plans should include.

In November of 2014, public outreach continued by holding twelve (12) HCBS Statewide Transition Plan Public Forums in preparation for posting public notices regarding the development of the Statewide Transition Plan. These forums served as an opportunity for members, their families, advocates, and providers to understand the new Final Rule and to review the requirements of the statewide plan. It also served as an opportunity for participants to engage in face-to-face discussions and participate in focus groups with DCH staff. To assist in executing these meetings, the State contracted with a consultant, who is also a parent advocate. Direct outreach was conducted to 517 organizations and waiver specific advocates to notify them and their members of the public forums.

In addition to these forums, the state-supported other organizations to share information as well. The Aging and Disability Resource Connection (ADRC) Atlanta Office, Leading Age Georgia, Service Providers for Developmental Disabilities (SPADD) and Georgia Association for Community Care Providers (GACCP), some of our partnering associations, also held meetings to discuss the HCBS Settings Rule and the Statewide Transition Plan's components.

The state provided copies of all materials via the website and email. Materials were distributed via postal mail upon requests. Likewise, materials in alternative formats were made available to visually impaired stakeholders. During all public forums, a sign language interpreter was present. During the virtual meetings *Communication Access*, *Real-time* Translation (CART) services were provided. A total of 722 persons attended these events.

As public Town Hall meetings were conducted across the state and by webinar, questions were raised concerning the plan. The most frequently asked questions were placed into a FAQ and posted to the DCH website. Some of the FAQs and other feedback have been incorporated as applicable within the STP to address concerns as STP implementation continues.

The required public notices were posted, and the comment period was conducted for the initial transition plan. As required by CMS, DCH began a period of 30 days for Public Comment for the initial statewide transition plan. The original public notices and public notice schedule can be found in the original Statewide Transition Plan (12-16-14) posted at [www.dch.georgia.gov](http://www.dch.georgia.gov). Additionally, the public notice was distributed to all Waiver participants through their case managers. DCH made Public Comment opportunities available in via written and mailed submissions, an online survey, fax, a dedicated email site, direct contact to DCH staff, or verbally at one of the public meetings held in response to the regulations

In addition to the comments and suggestions by the 722 public forum participants, written feedback received from multiple advocates/advocacy organizations and other stakeholders was carefully



considered and incorporated as appropriate following the Public Comment period. Feedback has been categorized and summarized in Appendix B. All documentation from public forums (e.g., sign-in sheet, the PowerPoint presentation, audio, and visual recordings) as well as written feedback are retained in electronic and paper archives at the state office.

For successive outreach activities following the development and publishing of the initial STP, the Outreach and Engagement Plan for educating and informing stakeholders on the HCBS Settings Rule and the Statewide Transition Plan and process included the following elements:

- The HCBS Website
- Stakeholder Task Force
- Medicaid Operations and Waiver Advisory Committees
- Medicaid Fairs
- Webinars for Providers, Families, and Advocates
- Consumer Surveys
- Online Email Distribution Tool

**Statewide Taskforce** - Monthly Stakeholder Task Force meetings are held to update members and to provide a forum to discuss questions and concerns. The Task Force has 70 members with 43 regularly attending members and meets the second Friday of each month via conference call and/or in-person. The Task Force has the following workgroups: Communications, Regulatory, and Person-Centered that meet on an as-needed basis.

Following the Initial Approval from CMS, the State incorporated discussions about the STP during provider and member meetings.

**Medicaid Fairs** - The Medicaid Fairs hosted by the DCH bi-annually provide attendees the opportunity for providers to meet with DCH staff and ask questions concerning a variety of Medicaid topics. Since 2014, DCH has presented an update on the STP and its progress.

**Table 5: Georgia Medicaid Fair Attendance Numbers**

Location	Calendar Year 2017	Calendar Year 2018	Calendar Year 2019
Athens	357 attendees		394 attendees
Cobb		560 attendees	
Savannah			320 attendees
Tifton		431 attendees	

**Medicaid Operations and Advisory Committees** - DCH holds monthly meetings with our partnering agencies, DBHDD and DHS/DAS. Quarterly and bi-monthly meetings are held with the ICWP Advisory Committee and the Cross-Agency Waiver Planning Committee. During each of these collaborative meetings, progress on the STP is shared and additional feedback and ideas are obtained to assist with the development of the STP.

**Webinars** - Six webinars were held from November 2015- March 2016 to educate stakeholders on the HCBS Settings Rule and the Statewide Transition Process. Three webinars for providers were held in November to offer training on the submission of the self-assessment. In December 2015, Second Level Validation training was held via webinar, and in March two additional sessions for families and providers were held to report on the results of the provider assessments and validation efforts. Approximately 660 providers, advocates, and families participated in the six online training sessions.

**Online email distribution/Surveys** - Within the last reporting year, an online email distribution tool was utilized to create 11 email campaigns to promote DCH communication efforts on the HCBS Setting Rule. The stakeholder database holds approximately 2,000 emails that were collected from town hall meetings held in 2014. Segmented lists were created for providers and family members to support and measure communication efforts.

In email marketing, an “open rate” is the measure of how many people on an email list view a particular email campaign. According to March 1, 2016 reporting statistics from MailChimp, the average open rate for government agencies is 26.36%. Further discussion as it relates to Georgia’s email campaigns from November 2015 – March 2016 has been archived. The email open rates for STP-related email all surpass 26.36%.

Direct outreach to stakeholders and advocacy groups also played an important role in promoting HCBS activities. The Georgia Council on Developmental Disabilities, Leading Age, Service Providers Association on Developmental Disabilities, Arc of Georgia, Statewide Council on Independent Living, Shepherd Center, and Atlanta Regional Commission are examples of stakeholder organizations that were directly contacted to assist with communication efforts.

Outreach activities for 2016-2019 include:

- Monthly email communication to service providers, advocates, and providers on HCBS Settings Rule and Statewide Transition Plan following final approval **(IN PROCESS)**
- The effort to ensure that documents and other communications used and sent to members and other stakeholders contain “plain language” which will emphasize clarity, brevity, and avoid the use of technical terms when possible. **(COMPLETED)**
- Use of CART services for all webinars to maximize accessibility in addition to sign language interpretation. **(Ongoing)**
- Distribution of an annual survey to stakeholders using an online survey tool to capitalize on the success of the consumer survey and continue the feedback loop to the Department of Community Health. **(COMPLETED)**
- Producing a short 5-7 minute informational video on the Statewide Transition Plan and the HCBS Settings Rule and post on the Department of Community Health HCBS website. **(COMPLETED)**
- As a part of the Remediation process, conducting facilitated discussions via webinar for service providers on technical assistance needs. **(Ongoing)**
- Engaging Communication Workgroup in the family and advocacy “friendly” training curriculum on the Settings Rule. **(IN PROCESS)**
- Charting the progress of the stakeholder engagement activities via email analytics, webinar/event participation, evaluations, and survey submission **(COMPLETED)**
- Establishing an online dashboard to track progress toward STP milestones that can be easily followed on the public DCH HCBS website. **(COMPLETED)**

### *Current Public Notice and Comment*

The Statewide Transition Plan and/or Public Notice was posted for Public Comment using several methods:

- Website Placement:
  - DCH [www.dch.georgia.gov](http://www.dch.georgia.gov)
  - DBHDD [www.dbhdd.georgia.gov/developmental-disabilities](http://www.dbhdd.georgia.gov/developmental-disabilities)
  - Georgia Health Care Association
- Posted in all county offices of the Division of Family and Children Services (Medicaid eligibility determination sites)
- Distributed notice through the following HCBS partners:
  - The Georgia Council on Developmental Disabilities
  - Leading Age Georgia
  - Service Providers Association on Developmental Disabilities
  - Georgia Area Agencies on Aging (AAAs)
  - The ARC of Georgia

- The Statewide Council on Independent Living

Public Comments to this STP and the state's response will be summarized below and evidenced in detail in Appendix E. These documents will be redacted to protect members' privacy.

DCH is responsible for providing 30 days for Public Comment. The Public Comment period for this update to Georgia's HCBS Statewide Transition Plan began on Sunday, February 1, 2020. The official Public Comment period will end on March 2, 2020.

During the 2016 comment period, DCH received responses about services in general as well as about the Statewide Transition Plan itself. Common themes emerged. Several individuals voiced challenges with transportation. Others shared concerns related to individual choice and a desire for consideration of risk versus reward for members. Advocates and providers noted concerns or suggestions about policies and regulatory changes required to implement the HCBS Statewide Transition Plan successfully, the need for comprehensive technical assistance statewide to include specific trainings to address things such as person-centered planning, the dignity of risk, activity development and scheduling, staff and volunteer resources, and fair employment practices. In 2016, DCH received approximately 75 unique public comments during the official Public Comment period. The 2016 comments and responses have been archived and can be viewed under separate cover on the DCH website. The 2020 public comment will be included in this document.

## **PLACEHOLDER for 2020 PUBLIC COMMENT and RESPONSES**

## SECTION THREE – ASSESSMENT: SYSTEMIC REVIEW AND REMEDIATION

The state began its systemic review by utilizing the feedback of the HCBS Taskforce and subcommittee members who reviewed all relevant policies, programs and provider manuals for each of the four waiver programs. The subcommittees were additionally charged with reviewing applicable state licensure regulations and making recommendations of changes necessary to come into Rule compliance including the modifying of protocol, enrollment qualifications, and evaluation approaches and strengthening person-centered planning and person-centered service delivery. DCH Policy Specialists for each waiver program were assigned to Statewide Task Force subcommittees to facilitate research, coordination, and products and generally serve as a liaison back to the DCH. Each subcommittee submitted its recommendations to the state. Those recommendations are summarized in Appendix D and highlights of the most noteworthy recommendations are noted below.

### Review of Waiver-Specific Policies

In partnership with the Georgia Health Policy Center (GHPC), the state continued the systemic review beginning with reviewing recommendations made by the HCBS Statewide Taskforce on the relevant state policies for each of the five waiver programs and continuing with conducting a compliance review, comparing the policies for each of the five waiver programs and state regulations with the requirements of the federal Rule as outlined in 42 C.F.R. § 441.301 (c)(4)-(5). Recommendations for updating state policies to ensure compliance with the settings portions of the Federal Rule have also been developed. A crosswalk is provided in Appendix E that charts each of the five waiver programs, as well as applicable state regulations for HCBS recommendations for bringing policies and regulations into compliance with the Rule. Additionally, a “Supplemental Discussion” section, which aims to clarify areas of potential concern related to 42 C.F.R. § 441.301 (c)(4)-(5) compliance is included.

The systemic review examined the following documents:

#### Elderly and Disabled Service Program Manuals

- Part I - Policies and procedures for Medicaid/Peachcare for Kids, Chapters 100 through 500,
- Part II – Chapters 600 to 1400, Policies and Procedures for General Services
- Part II – Chapter 1100, Policies and Procedures for CCSP Adult Day Health Services
- Part II – Chapter 1200, Policies and Procedures for CCSP Alternative Living Services
- Part II – Chapter 1400, Policies and Procedures for CCSP Personal Support Services
- Part II – Chapter 1900, Policies and Procedures for CCSP Skilled Nursing Services by Private Home Care Providers

#### Comprehensive Waiver Supports Program (COMP) Manuals

- Part I - Policies and procedures for Medicaid/Peachcare for Kids, Chapters 100 through 500,
- Part II – Policies and procedures for New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP), Chapters 600 through 1200
- Part III – Policies and procedures for Comprehensive Supports Waiver Program, Chapters 1300 through 3300, and
- Provider Manual for Community Developmental Disabilities Providers for the Department of Behavioral Health and Developmental Disabilities (DBHDD), Fiscal Year 2018.

#### Independent Care Waiver Program (ICWP) Manuals

- Part I - Policies and procedures for Medicaid/Peachcare for Kids, Chapters 100 through 500,
- Part II - Chapter 1200<sup>1</sup>, Policies and Procedures for Independent Care Waiver Services, Chapters 600 through 1000, and
- Part II - Chapter 1200, Policies and Procedures for Alternative Living Services (ALS), Independent Care Waiver Services.

## New Options Waiver (NOW) Program Manuals

- Part I - Policies and procedures for Medicaid/Peachcare for Kids, Chapters 100 through 500,
- Part II – Policies and procedures for New Options Waiver Program (NOW) General Manual, Chapters 600 through 1200
- Part III – Policies and procedures for New Options Waiver Program (NOW) Program Services, Chapters 1300 through 3300, and
- Provider Manual for Community Developmental Disabilities Providers for the Department of Behavioral Health and Developmental Disabilities (DBHDD), Fiscal Year 2016.

All documents can be accessed using the Georgia Medicaid Management Information System (GAMMIS) web portal <https://www.mmis.georgia.gov/portal/PubAccess.Home/tabId/36/Default.aspx> and selecting the Provider Information/Provider Manual tab or refer to Appendix B for specific document links.

## Review of State Regulations

The following related state policies were also reviewed for compliance:

- Ga. Comp. R. & Regs. r. 111-8-1, Rules and Regulations for Adult Day Centers,
- Ga. Comp. R. & Regs. r. 111-8-31, Rules and Regulations for Home Health Agencies,
- Ga. Comp. R. & Regs. r. 111-8-62, Rules and Regulations for Personal Care Homes,
- Ga. Comp. R. & Regs. r. 111-8-65, Rules and Regulations for Private Home Care Providers, and
- Ga. Comp. R. & Regs. r. 290-9-37, Rules and Regulations for Community Living Arrangements.

The compliance review compared the policies for each of the four waiver programs and state regulations with the requirements of the Federal Rule as outlined in 42 C.F.R. § 441.301 (c)(4)-(5). Recommendations for updating of the state policies to ensure compliance with the settings portions of the Federal Rule were gathered. A crosswalk is provided in Appendix H that charts recommendations for where each of the five waiver programs and state regulations applicable to HCBS may or will require modification for achieving compliance with the new Federal Rule settings requirements. Additionally, a “Supplemental Discussion” section, which aims to clarify areas of potential concern related to 42 C.F.R. § 441.301 (c)(4)-(5) compliance is included.

The following are the recommendations in brief as it relates to Georgia’s policies and regulations:

The majority of Georgia’s current HCBS manuals and related regulations do not conflict with the settings Rule. Only a few areas are in direct conflict and will require changes, pending review and approval from DCH Executive Leadership. In addition, there are several areas that are not necessarily in conflict with the Rule but should be clarified in order to better reflect the intent and language of the Rule.

One manual and three sections of regulations are potentially in conflict with parts of the federal settings Rule.

- 1) The Elderly and Disabled Alternative Living Services manual §§ 1203.1 and 1253.1 provide for the scheduling of meals and snacks and is written in such a way that it could deny residents the right to have access to food at any time.
- 2) The regulations for Adult Day Centers allow them to be co-located with licensed long-term care facilities (Ga. Comp. R. & Regs. r. 111-8-1-.10); however, 42 C.F.R. § 441.301 (c)(5)(v) prohibits the co-location of HCBS with institutional care facilities.
- 3) Similarly, the regulations for Personal Care Homes allow a facility to be certified for the care of patients with dementia (Ga. Comp. R. & Regs. r. 111-8-62-.19(11)); however, the settings Rule specifies that an institution for mental diseases is not a home and community-based



setting (42 C.F.R. § 441.301 (c)(5)(ii)). These latter two discrepancies could subject some facilities to the heightened scrutiny requirements of the Rule (42 C.F.R. § 441.301 (c)(5)(v)).

- 4) Finally, the regulations for Home Health Agencies do not give the patient a role in their treatment plan or choice of provider (Ga. R. & Regs. r. 111-8-31-.06), in conflict with the settings Rule (42 C.F.R. § 441.301 (c)(4)(v)).

The most common areas that require clarification involve landlord/tenant law protections, access to food, and access to visitors. The federal settings Rule requires that residential agreements contain the same protections as those provided in applicable landlord/tenant law (42 C.F.R. § 441.301 (c)(4)(vi)(A)). Although most of the residential agreement provisions in the HCBS manuals and regulations provide some protections for residents they are not the same as those provided under landlord/tenant law.

The state has designed and provided a sample agreement for members residing in personal care homes and community living arrangements. The document (Appendix I) or more important the content should be used if the current agreement distributed by the provider does not have the required setting provisions in the agreement. The state during its continuing education and engagement process to providers and members will use the Georgia Landlord-Tenant Handbook. This document provides information for members and their circle of support with Georgia's landlord-tenant law. It is available to all members and providers at [https://www.dca.ga.gov/sites/default/files/georgia\\_landlord-tenant\\_handbook.pdf](https://www.dca.ga.gov/sites/default/files/georgia_landlord-tenant_handbook.pdf).

All 1915c waiver policies and sections relating to housing and rental agreements were updated to reflect that residents have all the rights that they would have under Georgia law for landlords and tenants. The settings Rule also requires that residents have access to food and visitors at any time (42 C.F.R. § 441.301 (c)(vi)(C) & (D)). However, current policies specify times that food must be provided and "mutually agreed upon times" for visitors. These provisions were updated to reflect that food must be available and visitors allowed "at any time" with certain exceptions specific to concerns of the health and safety needs of members. Other areas that were updated involved access to employment opportunities, lockable doors, choice of roommates, and procedures for exceptions to the settings requirements when necessary.

Finally, some policies have been updated to better reflect the intent of the federal settings rule in terms of community integration (42 C.F.R. § 441.301 (c)(4)(i)), choice of setting and appropriate documentation (441.301 (c)(4)(ii)), autonomy and independence (441.301 (c)(4)(iv)), and choice of services and supports (441.301 (c)(4)(v)).

As a part of the state's systemic remediation plan, the state revised all waiver General Services policy manuals to include the following language: *All services provided will be in accordance with the HCBS final settings rule to warrant that each setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. This will be demonstrated in each member's Individualized Plan of Care. However, if such autonomy presents a health and safety risk, settings should be modified to ensure such safety and mitigate any and all risk to the member. All settings modifications must be identified in the member's plan of care.*

The Statewide HCBS Taskforce also spent considerable time discussing and reviewing challenges related to a city, county, and state regulations that either create conflict at the HCBS setting level or that if addressed in a coordinated way could much more efficiently support the integration of individuals relying on public support to be integrated into their communities. Such issues include Fire Code regulations at the local level that don't align with Health Care Facility Regulation espoused by the state for residential settings in which some waiver members receive services. Much has to do with the definitions by which local ordinances are applied. If a provider agency purchases a home, it is considered commercial despite the intent for it to be a residence and despite the fact, it is indeed a home. But because of the fire code, the provider must accommodate sprinkler installation and universal access requirements even if the individuals for whom this setting is to be home don't need



ramps or widened doorways, for example. Coordination between regulatory officials is an identified activity in the STP to achieve the objectives of better alignment across the state’s policy-making offices and greater support of community integration for waiver members through alleviation or modification of ordinances/ regulations that were established for entities very different from human service providers.

Upon completion of the systemic analysis, the state incorporated these recommendations into its milestone document. The state will engage in a process of revising existing manuals, conducting provider education on the new policies, and engage the Healthcare Facility Regulation Division and Provider Enrollment area to ensure compliance. Additionally, the state has updated its contract with the sister operating agency for the ID/DD waivers. This contract incorporated STP elements as it pertains to provider education, enrollment, and auditing as well as new administrative deliverables to support oversight by the DCH. During the renewal/amendment process of all the 1915 c waivers, the state incorporated several aspects of the final settings rule within these waiver amendments as a part of its Quality Improvement process

**Table 6: Waiver Amendments to CMS**

Waiver	Status	Waiver Number
Elderly and Disabled	Approved 05/13/2019	GA.0112.R07.02
Independent Care Waiver Program (ICWP)	Approved 05/02/2017	GA.4170.R05.00
New Options Waiver (NOW) Comprehensive Supports (COMP)	Approved 11/09/2017	GA.0175.R06.00

### **Systemic Remediation Strategies**

DCH will apply the following systemic remediation strategy to all policies, procedures, and regulations as outlined in Table 7. Understanding that these regulatory changes will require legislative approval, it is the intent of the state to first update its waiver policy manuals for CCSP/SOURCE, ICWP, and NOW/COMP to include HCBS settings requirements. All manuals at this time contain some language to address person-centered strategies when developing care plans and providing choices to members. However, in order to specifically address the core of the HCBS settings rule the following language as applicable will be included:

*In order to ensure compliance with the HCBS final settings rule HCBS Providers (where applicable) must assure that there is a legally enforceable agreement that addresses eviction protections and that people have the right to:*

- *Privacy in their bedrooms, including a lockable door*
- *Choice of roommate*
- *Furnish and decorate their bedrooms or living units*
- *Access to their personal possessions*
- *Have visitors at any time*
- *Have access to food at any time*
- *Come and go at will*
- *If such autonomy presents a health and safety risk, settings should be modified to ensure such safety and mitigate any and all risk to the member. All settings modifications must be identified in the member’s plan of care.*

However, there is not any language that addresses non-compliance by a provider that will be added. Draft language added within the waiver manuals is as follows:

*Any HCBS providers and or its settings found to be noncompliant with the final settings rule will immediately submit and execute a remediation plan. Further evidence or continued noncompliance with the HCBS settings rule can and will make the Provider ineligible to provide services and is subject to further disciplinary action as prescribed by the state.*

The state will also strengthen existing training and education curricula to establish expectations for person-centered service delivery and how direct support providers carry out the Rule in their work.

#### HCBS Settings Rule Systemic Remediation Plan for Georgia Regulation

Specific remediation plans for each regulation and policy manual are outlined more specifically in the remediation charts in Appendix D and the Milestone document Appendix A.

**Table 7: Systemic Remediation Milestones**

Citation	Remediation Task	Start Date	Completion Date
Regulatory Changes		1/1/2017	8/1/2021
<ul style="list-style-type: none"><li>Ga. Comp. R. &amp; Regs. r. 111-8-1, Rules and Regulations for Adult Day Centers</li><li>Ga. Comp. R. &amp; Regs. r. 111-8-31, Rules and Regulations for Home Health Agencies</li><li>Ga. Comp. R. &amp; Regs. r. 111-8-62, Rules and Regulations for Personal Care Homes</li><li>Ga. Comp. R. &amp; Regs. r. 111-8-65, Rules and Regulations for Private Home Care Providers</li><li>Ga. Comp. R. &amp; Regs. r. 290-9-37, Rules and Regulations for Community Living Arrangements</li></ul>	Notify / discuss changes with stakeholders	1/1/2017	4/30/2021
	Draft new language	3/1/2017	7/1/2017
	DCH board / NPRM adopt language	10/1/2016	10/31/2017
	Open for comment	10/1/2017	10/31/2017
	Public Hearing	10/1/2017	10/25/2017
	Incorporate comment	10/25/2017	11/2/2017
	DCH board approves final rule	11/9/2017	11/9/2017
	Obtain legislative approval if necessary	1/1/2018	5/1/2021
	Publish Final Rule	7/1/2018	8/1/2018
Manual Changes		1/1/2018	9/1/2021
<ul style="list-style-type: none"><li>Elderly and Disabled Manuals (General Services Manual, Adult Day Health Manual, Adult Living Services Manual, Personal Support Manual, Skilled Nursing Manual, Care Coordination Manual)</li><li>COMP and NOW Manuals (Part II NOW and</li></ul>	Draft new manual language	1/1/2018	3/1/2021
		3/1/2018	6/1/2021

COMP, Part III Part III COMP, Part III Now, DBHDD Manual) • ICWP Manuals (Part II ICWP, Part II ALS)	Incorporate feedback	6/1/2018	7/1/2021
	Edit manual	7/1/2018	8/1/2021
	Release changes in quarterly manual update	8/1/2018	9/1/2021

Based on the findings from the reviewed policies of the Office of Inspector General/Provider Enrollment Division and Healthcare Facility Regulation Division, meetings will be held with these divisions throughout the process to address policy manual updates and revisions as well as regulation impact and resolution.

## SECTION FOUR – ASSESSMENT: SITE-SPECIFIC REVIEW AND REMEDIATION

### Provider Self-Assessment Tool

A pilot was conducted from November 2014-September 2015 to test the tool design. The pilot group was comprised of two-to-three volunteer provider agencies plus case manager representation from each of waivers. The pilot phase afforded the state the opportunity to receive feedback from the small test group and recommendations were made to adjust the tool's design and enhance questions logically. The state considered these concerns and refined the tool to address the issues concerning question logic. Other areas of concern were presented to the workgroup for further review and consideration as to how to best address. The revised tool was converted to an electronic format available through an online internet portal to facilitate ease of completion and submission on the front end and ease of data assembly and analysis on the back end. Appropriate user-interface security measures, limits, and edits established authentication measures and prevented duplicate entry.

Following the completion of the 2016 provider survey, the state received additional feedback around design and ease of use. The predominant issue was with question design. Some questions as presented in that survey produced false negatives and would lead to the setting being deemed non-compliant. In the 2018 survey, the state reviewed each question to determine if it was designed for Residential, Non-residential or both settings. The survey was then redesigned to ask the provider the type of setting they were providing survey responses for and populated questions relative to that type of setting. This question logic reduced the number of false negatives. Additionally, following demographic questions required with completion of the self-assessment tool, Residential providers were asked 47 questions and Non-Residential providers were asked 36 questions about whether the services that they provided complied with the new CMS community settings rules. The questions spanned 5 categories. This reduction proved beneficial as many took the additional time to provide written feedback in the areas provided. It also led to no false negatives.

The 2016 survey in which 55 questions were posed about whether the services that they provided complied with the new CMS community settings Rule. The questions spanned 19 categories and posed questions in alignment with exploratory questions found in CMS Settings Rule guidance. Was not as concise and provided results with false negatives. The 2018 tool asked if a provider was compliant by requesting either a "Yes, No, or Not Yet response. The 2016 tool attempted to establish if a particular setting or aspect of how services are delivered in that setting is a) fully compliant, b) would be able to comply within a specified period of time (six months-one year) with modifications, c) did not comply and will require remediation and finally, d) settings that could not meet the federal requirements and would require providers to be removed from the program and relocation of members. This was not used during the 2018 roll-out as all providers have been made aware of the Final setting rule and have begun activities towards compliance.

As discussed in the provider identification section, there were 2,329 settings to which the Settings Rule would apply. From the 2,329 settings, the state initially received 1,979 or 85% settings completed surveys. The remaining 350 or 15% received additional scrutiny to determine if the setting had clients receiving services (claims review), inaccurate contact information, or moratorium or other licensure issues. This second-level examination yielded 311 of the 350 or 89% in this area and was addressed using additional follow-up via phone call or use of alternate contact information to administer the provider survey. The other 39 or 11% were no longer active providers at the time of survey administration and were not subject to further review.

## Re-assessment Implementation

Implementation for the 2018 survey began with targeted notification to all providers subject to the rule. This targeted notification included the use of provider email addresses on file with the Provider Enrollment area and media material sent to provider organizations.

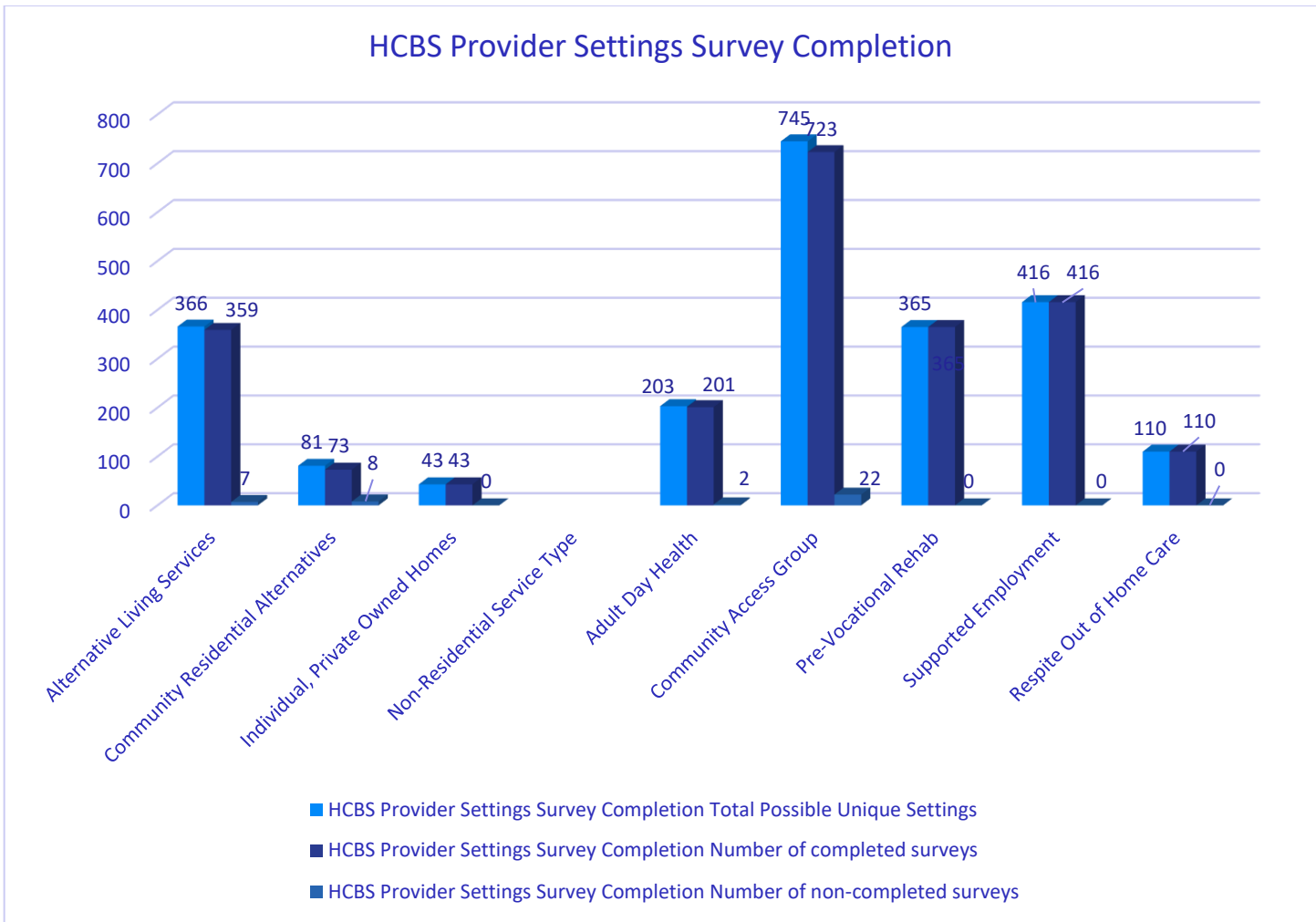
The email sent to each provider indicated that failure to complete the assessment would result in the provider's enrollment to be set to "pre-payment review" to indicate the importance of completing the assessment and implications for not doing so.

DCH conducted two webinars to provide education on the administration of the tool. The webinar included the purpose of the assessment, mock-demonstrations and the electronic link to instructions for completion of the survey and a supporting FAQ document with technical assistance guidance based on feedback from the pilot and the 2016 survey. Providers had 15 days to complete the submission of the assessment. If providers indicated that they were experiencing technical difficulties, DCH provided troubleshooting assistance which required some granted extensions for survey completion. Providers, upon request, could complete the survey via a fillable PDF. In 2016 Sixty-eight (68) such surveys were then manually entered into the tool by DCH administrative staff. In 2018, the state only received 5 paper copies.

The survey design was different than those implemented previously. The 2018 design consisted of two (2) separate surveys housed within one (1) tool. Each survey had specific questions related to those providers and members that either are receiving or performing services in a residential or non-residential setting. A question logic was used to either include or exclude questions that were either residential or non-residential in nature. The state was very deliberate in the formulation of questions as both groups had noted in previous surveys that some questions would lead to false-negatives or false positives. Member experiences were captured during the case management/support coordinator's monthly contacts and reviewed by the DCH staff. Sample surveys for both residential and non-residential are housed within Appendix G.

## **Results**

As of the 2018 survey, 2,329 settings with 1,287 unique providers completed a total of 2,286 surveys. An additional four (4) surveys were received from providers in our Georgia Pediatric In-Home Nursing Program. These surveys were reviewed but not validated as these settings are not subject to the rule. As shown in Table 1, the majority of providers rendered services through Medicaid's Comprehensive Supports Waiver Program (COMP, n=1,357, 59.4%) followed by the Elderly and Disabled waiver Program (EDWP=587, 25%). Approximately thirteen (13%) percent of providers rendered services through the New Options Waiver Program (NOW, n=297, 13%). Approximately two (2%) percent of providers rendered services through the Independent Care Waiver Program (ICWP, n=45) and just 0.2% of providers rendered services through the Georgia Pediatric Program Medical Day Care program (GAPP, n=4, .01%)\*\*.



**Figure 2: HCBS Provider Survey Completion by Specialty**

**Table 8: Provider Surveys by the Medicaid Waiver Program**

Program Name	Frequency	Percent
Elderly and Disabled Waiver Program (EDWP)	587	25.7%
Comprehensive Supports Waiver Program (COMP)	1,357	59.4%
Georgia Pediatric In-Home Nursing program (GAPP)*	4	0.2%
Independent Care Waiver Program (ICWP)	45	2%
New Options Waiver Program (NOW)	297	13%

As shown in Table 9, most providers rendered services in a residential setting (n=1,815, 81.0%). The remaining 19% of providers rendered services in a non-residential setting (n=475, 19.0%).

**Table 9: Provider Surveys by Medicaid Site Type**

Site Type	Frequency	Percent
Non-residential	475	21.0%
Residential	1815	79.0%



## Validation

Staff review: DCH waiver staff, its contractors, and Case Management entities who regularly visit providers and settings reviewed surveys to identify areas where they did not think the provider and settings were compliant. Additional validation was conducted by staff through desk-audits. These audits consisted of a review of documentation provided through Case Management monthly visits, inspections, and investigations conducted by the Healthcare Facility Regulation and Office of Inspector General. Findings and remediation recommendations are discussed during the agency's Moratorium meetings. Results of these findings can be found at [forms.dch.georgia.gov/HFRD/](https://forms.dch.georgia.gov/HFRD/) website



**Figure 3: Healthcare Facility Regulation Find a Facility website screenshot**

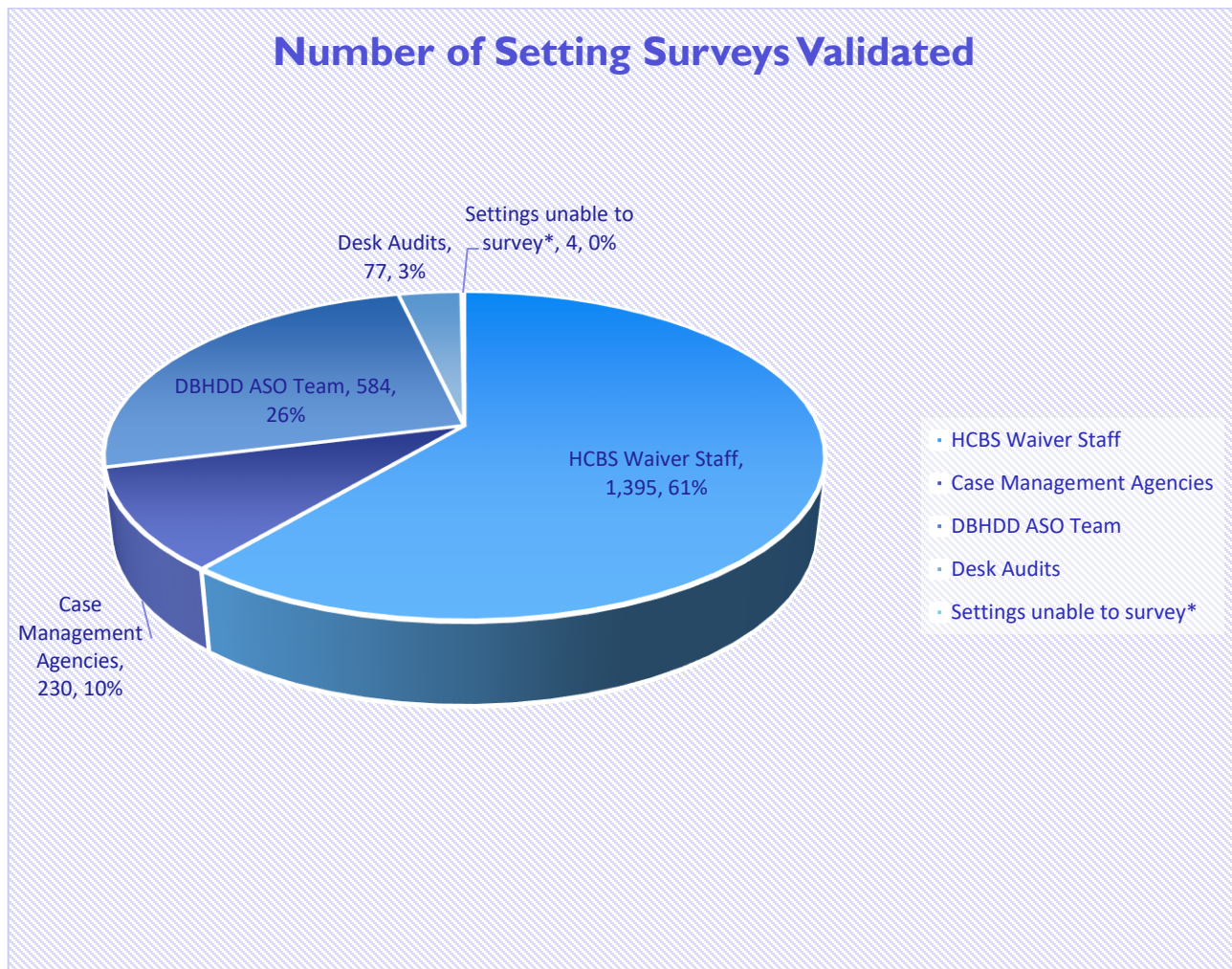
**Mapping:** As discussed earlier in the identification section, each setting location of the provider was mapped to determine its proximity to any institutional settings as well as if the provider had multiple settings co-located and operationally related

**On-Site Visits:** Each site identified by staff or claim review or self-reporting presumed not to be subject to the rule yet exhibiting institutional-like characteristics, received a site visit from state staff to obtain information related to its location and observations and interviews of the experiences of the individuals receiving services at the setting

**On-going Monitoring:** Each setting in the state where individuals receive HCBS will be audited consisting of on-site visits prior to the credentialing and recredentialing processes. The state has designed a monthly report that identifies these sites and notification will be made to those providers, case management agencies as well as to members that a site visit/survey will be conducted within the next ninety (90) days.

The state-administered a multi-faceted approach to site-specific assessment validation with 100% application of a provider self-assessment survey. The state also modified existing quality tools to incorporate STP setting requirements used within the HCBS waiver unit. DCH waiver unit members, HFRD and OIG team surveyed 1,395 different settings for validation. This included the 43 individual and privately-owned homes. For ID/DD populations, 584 setting surveys were validated using the ASO quality review team results which had built into its existing review processes settings requirements. The review also included the results of 230 member interviews. The state performed the remaining 77 desk audits by reviewing examinations from monthly and quarterly quality, HFRD, and provider enrollment reviews. Four (4) surveys were not validated as the settings were not subject to the rule.

This approach requiring multiple stakeholder perspectives and most importantly including the perspective of the member and/or their representative was employed as the best way to accurately assess the extent to which the service delivery system might already accommodate compliance as well as the extent to which remediation might be necessary. This multi-faceted approach is complex, yet it provided the state with a thorough overview of how future reviews could be implemented.



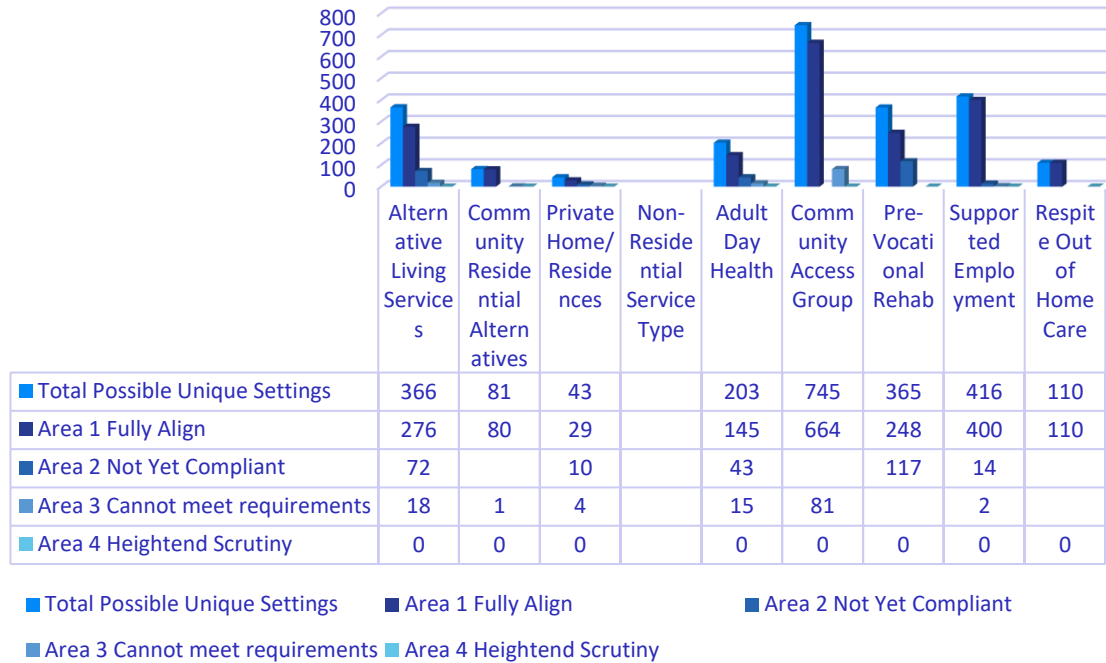
**Figure 4: Survey Validation**

## Results

After completing survey validation, DCH categorized providers into one of four levels of compliance as defined by CMS

- Fully align with the federal requirements (Area 1)
- Do not comply with the federal requirements and will require modifications (Area 2)
- Cannot meet the federal requirements and require removal from the program and/or the relocation of individuals (Area 3)
- Are presumptively not HCBS settings but for which the state will provide evidence to show that those settings do not have the characteristics of an institution and do have the qualities of HCB settings (to be evaluated by CMS through the heightened scrutiny process) (Area 4)

## HCBS Provider Settings Compliance



**Figure 5: Provider Settings Compliance**

All providers who answered questions that met the criteria of Area 2 (not yet compliant and will require modification) will receive some type of remediation beginning with general education. Providers also were asked to provide a timeline and plan of action in which areas of concern would come into compliance. DCH has identified these settings for follow-up within the designated times indicated on the milestone document.

For all providers who are not in 100% compliance, the remediation platform detailed below will be enacted. These strategies serve to enforce the Final Rule and have included actions such as

- Online Report Card or Performance Dashboard (for public access),
- Sanction (remove from referral/rotation list if applicable)
- Adverse Action (assign fine/fee schedule)
- Suspension (with a period of time to correct deficiencies to avoid termination, further suspension period, and prepayment review) and
- Termination.

## Site-Specific Remediation Process Flow

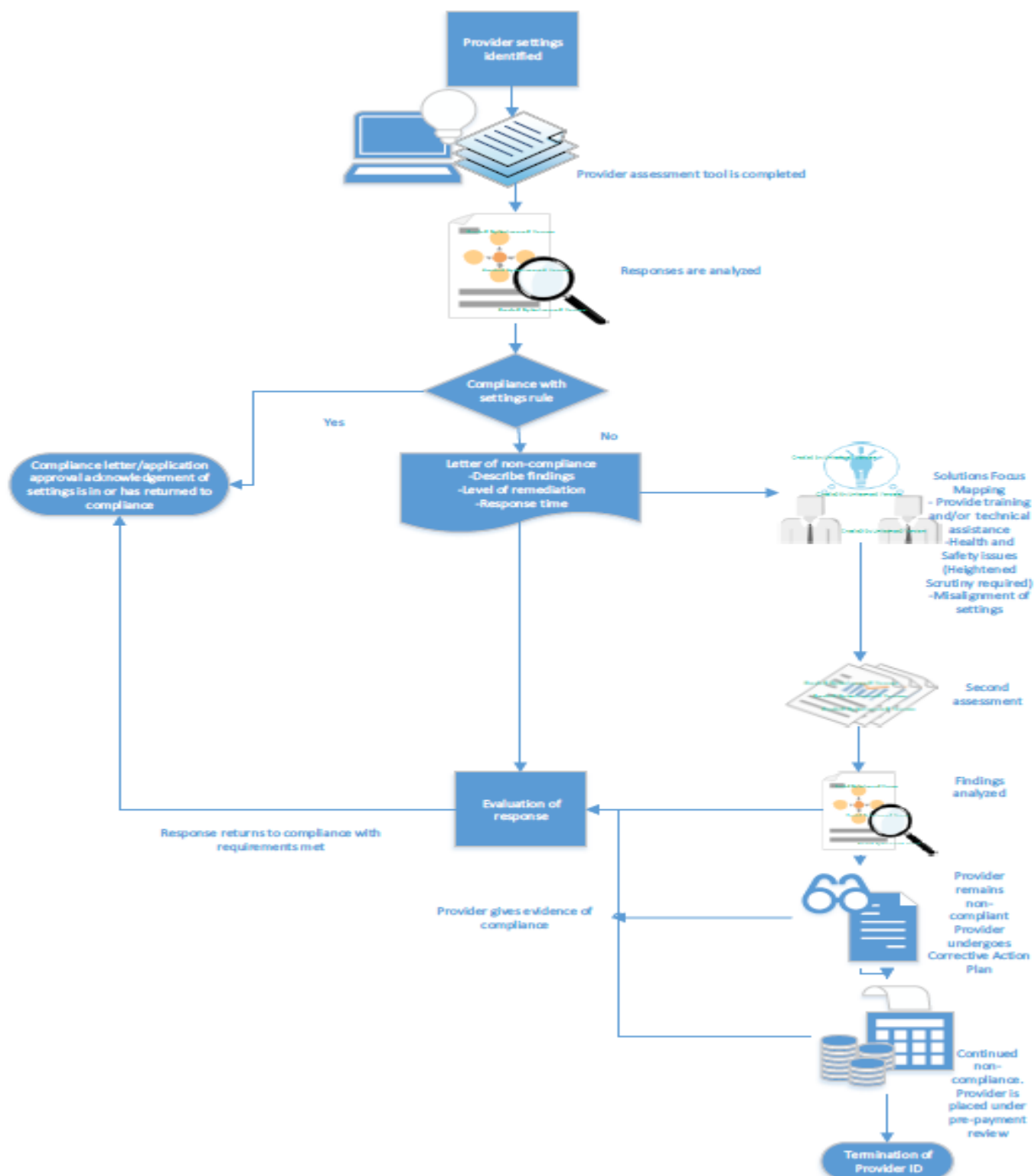


Figure 6: Solution Focus Mapping

During the survey analysis phase, the state conducted a stratification process within the tool in order to address areas of non-compliant commonality and misalignment between providers, case managers, and members. Stratification was based upon the number of the questions that were identified in areas 2 and 3 between the provider and member surveys as well as case manager validation. The state focused on those characteristics of HCBS deemed to be most critical to compliance with the Rule. The following are those areas that had the most misalignment between respondents and will require deeper training and education to ensure compliance. The state looked for each setting to demonstrate the following:

1. Exercise of a full spectrum of choice in residence and activities of daily living
2. Ability to modify the day's activities and freedom to make requests for changes in the way services or supports are delivered
3. Familiarity with and role in the person-centered plan development process
4. Sufficient environmental, physical, and emotional accommodations (available to individuals who need them)
5. Residential rights including a lease or written residency agreement for the setting?

While the majority of settings were either in compliance or were in the process of becoming compliant (Compliant-1,809 or 78%) The remaining 481 or 12% were deficient in the following areas. The 481 is a total number of unique settings that were not compliant. During the survey process, the state identified that a setting may be noncompliant in more than one area.

**Table 10: Compliance Level- Residential Settings**

<b><i>Compliance Level</i></b>	<b><i>Number of Providers not yet or non compliant</i></b>	<b><i>Main Areas of Non-Compliance</i></b>
Provider only has settings that fall under Category (1) Fully align with the federal requirements		<b>N/A</b>
Provider only has settings that fall under Category (2) Do not comply with the federal requirements and will require modifications	Alternative Living Services, Community Residential Alternatives and Private Home Residences- <b>311</b>	<b>Individual Rights-</b> Members either do not hold a formal lease or the existing agreement does not include language that provides protection against eviction and/or remedy for appeals of an eviction discharge.
	Alternative Living Services, Community Residential Alternatives and Private Home Residences- <b>80</b>	Individuals or caregivers are not made aware as to whom to make a request for a new provider or service type or make a complaint
	Alternative Living Services, Community Residential Alternatives and Private Home Residences- <b>86</b>	Individuals or caretaker cannot describe his/her role in the person-centered plan development process and do not routinely participate in service planning meetings

	Alternative Living Services, Community Residential Alternatives and Private Home Residences - <b>84</b>	<b>Settings Experience I-</b> Individuals feel that they do not have a choice of housemate/roommates or how to request a roommate change when warranted.
	Alternative Living Services, Community Residential Alternatives and Private Home Residences - <b>154</b>	Individuals cannot close and lock bedroom doors when health and safety is not an issue
	Alternative Living Services, Community Residential Alternatives and Private Home Residences - <b>152</b>	<b>Settings Experience II-</b> Residential Facility is not free of locked doors or gates and does not have panic release exit doors.
	Alternative Living Services, Community Residential Alternatives and Private Home Residences - <b>303</b>	Individuals do not have their own keys to the residence

Survey responses in non-residential settings differed in some aspects from those in residential. Primary concerns were

1. Individuals choosing when and where to eat or having the ability to request an alternate meal
2. Facilities free of locked doors or gates that only the provider controls
3. Facilities do not have panic release exit doors

**Table 11: Compliance Level-Non-Residential Settings**

<b>Compliance Level</b>	<b>Number of Providers not yet or non compliant</b>	<b>Main Areas of Non- Compliance</b>
	Adult Day Health and Community Access Group- <b>52</b>	Individuals choosing when and where to eat or having the ability to request an alternate meal
	Adult Day Health and Community Access Group- <b>43</b>	Facilities free of locked doors or gates that only the provider controls
	Adult Day Health and Community Access Group- <b>89</b>	Facilities do not have panic release exit doors

The state has determined that these significant areas are where more Education and Training are needed. This will include interactive dialogues between providers and the state to strengthen understanding of the requirements of the rule as well as how the state is expecting them to achieve compliance in routine activities and in overall auditing purposes. Education sessions began in early 2017 to discuss specific survey responses. Waiver staff members routinely meet with provider associations to review specific areas relating to the Statewide Transition plans and policy implementation.



All non-compliant HCBS providers will be instructed to undergo comprehensive training on the HCBS settings rule provided by the state.

Upon completion of the appropriate prescribed activity(s), providers will receive a second assessment and the data will be analyzed for compliance. If it is again determined that a setting continues to be noncompliant, Providers will need to engage in the *Corrective Action Plan (CAP)* process. This process requires the provider to submit a CAP addressing the concern, what their plan is to comply, responsible parties and anticipated date(s) for completion. Once the CAP is approved by the state, the provider will have thirty (30-90) infraction based, days to meet all requirements. When the provider cannot comply within the designated time-frame, all subsequent claims submitted to the state will go into a pre-payment status. The provider will remain in a pre-payment status as they continue to make adjustments to settings. If the provider is not making substantial improvement or discontinues the process to come into compliance, the Provider ID will be terminated and members will be relocated.

1) *Solution Focused Mapping*. Settings determined not to be compliant in one or more areas will first undergo Solution Focus Mapping which relies on the probability that the solution to a problem inherently lies within the capacity and resources that already exist where the problem is being experienced. The state wants to reinforce that the service system and provider network can be reengineered to achieve mutual goals. To begin this process, providers that are found not to meet the HCBS settings rule will receive a letter indicating areas of concern including a copy of their actual survey responses that are being highlighted for further review and recommended remedies to come into compliance. The state will provide one or more of the following solutions to assist the provider and setting with coming into compliance.

- a. Education and Training on how to be more compliant with the Final Rule
- b. Site-visit conferences to provide one-on-one assistance to providers in identifying areas with deficiencies
- c. Technical Assistance to facilitate identification of resources that can be converted, modified, etc., to achieve compliance.
- d. Technical Assistance with using the assessment tools

As a result of this comprehensive analysis, the state determined that to adequately support the monitoring process, these unique settings would need to be individually identified and tracked on an ongoing bases – a new function that will require development in the Georgia Medicaid Management Information System. For example, in the oldest waiver, the Elderly and Disabled Waiver, enrolled providers were allowed to expand to add new locations of service under the same provider identification number and the operating agency kept records of the multiple approved service sites. Therefore, the Medicaid system could not discreetly identify each unique setting independently. The correction for this will require a few phases. The state is beginning by designing a report that will be produced monthly with input from external systems that will identify all active providers within these specialty services by setting location and will also design and implement system modifications.

## Relocation Process

Based on the state's assessments, there are no settings that have been identified as being institutional. There are settings that have had significant areas of concern that the state has had to begin the remediation process. Some of those facilities after failure to make significant process within the agreed upon CAP immediately close the facility and relocate members. As of January 31, 2020, The following are the number of facilities that are currently under Corrective action or have had provider numbers suspended or facility closed for failure to comply.

**Table 12: HCBS Provider Correntive Action Plan Status**

HCBS Service Type	Number of Facilities	Waiver Members Serving/Served	Action Taken
Adult Day Health	0	N/A	N/A
Alternative Living Services	1	4	CAP imposed
Community Access Group	0	N/A	N/A
Community Residential Alternatives	3	42	Provider Numbers suspended August 2019, Failure to make progress with CAP; Povider number terminated January 2020
Pre-Vocational Services	0	N/A	N/A
Supported Employment	1	18	CAP imposed
Respite Out of Home Care	0	N/A	N/A
Individual, Private Homes	2	4	Closed members relocated

Through remediation and heightened scrutiny as necessary, it is the intent of the state to afford all providers the opportunity to become compliant with the Final Rule through the remediation process. However, if a member has to be relocated due to inability of the setting to come into compliance, the provider, the member and/or designee, and assigned case management agency will be notified via certified mail at least 30 days in advance that the facility has not met the current HCBS settings requirements and the member(s) must be transitioned to a compliant setting. The state has a protocol for the relocation process involving not only this official notification, but also an established timeline of 45 days to conduct transition, support by the state to identify alternative providers to facilitate relocation, processes to update service plans and prior authorizations, and, if necessary, on-site assistance for residential relocations. The state will work with the respective case management agency to assist the member with making an informed choice, continuing the objectives contained within the person-centered plan and ensuring that all critical services and supports are available and set-up prior to the member's transition.

## SECTION FIVE – HEIGHTENED SCRUTINY PROCESS

The State understands that to be successful in implementation of a Statewide Transition Plan that assures compliance with the HCBS Settings Rule, we must have standards, practical guidelines, that can be applied equitably and fairly across the HCBS provider network for the purposes of assessment, remediation, and particularly for heightened scrutiny. The development of those standards must begin with shared understanding of core definitions that serve as the “bones” of what are HCBS.

### Settings that Isolate Survey

With this in mind, the state implemented an additional tool to engage all stakeholders with a survey about settings that are isolating. The survey was designed to develop an initial framework for ultimately determining what waiver settings Georgia will consider to be isolating. The survey put forth several descriptive scenarios to help define what settings and circumstances for the individuals receiving services in those settings are and are not isolating. Not only does the survey establish the foundation from which the state will continue to mold and refine those definitions, but it also served to directly ascertain stakeholder levels of understanding of settings that isolate. The survey results will help the Department begin to establish understanding among stakeholders on the characteristics of isolation and remediation strategies. Ultimately, the framework will inform the protocol for assessing and determining what settings are in compliance and which ones are not and the definitions the state will use in home and community based waiver services policy. DCH presented the survey scenarios to tease out responses to the following questions:

- What are the characteristics of an isolated setting?
- Are there circumstances or situations that inherently make a (non-institutional) setting isolating?
- What supports and situations would keep a setting from being isolating?

An example of one of the survey questions is:

- Q. A group activity in which more than two individual HCBS waiver recipients travel together on the same outing, to the same destination, on the same schedule is not isolating or segregating if the group activity adheres to all of the following criteria:
- a) Individuals choose the type of activity;
  - b) Individuals determine with whom they travel and when;
  - c) The activity is in a documented person-centered care plan;
  - d) The activity is outside of the home;
  - e) The activity goal is to increase independence and related skills.

The full tool is archived can be found as 2017-Appendix L. The summary of responses to all questions can be found archived as 2017-Appendix M.

The tool was distributed electronically to all providers and members. The option was also made available for stakeholders to call a 1-800 number to complete surveys.

### Settings that Isolate Survey Results

The 2017 Isolation Survey was relatively condensed with only 8 questions, in its question narrative DCH was able to further tease out exactly what people in Georgia's communities consider to be an isolated setting. In studying the survey results, there are some key factors.

When asked if a gated community or group home where majority of members residing there have a disability and most services and supports are provided on property is isolating. We had a disagreement score of 21.11%, and there was an agreement score of 72.22%. What this suggests is that people recognize that currently some of our programs are not community integrated based on the STP standards.

When asked if communities are integrated if the following can be accounted for: a lease agreement, residents freely come and go as they please, residents set their own schedules for the day, meal time is anytime, and resident is given the opportunity to pick his/her roommate and/or apartment/community in which to live. Only 67.87% agreed with this logic. This is an area where DCH recognizes much more education and training is needed, to ensure that providers are making changes and taking seriously personal choice for members, as well as members learning to self-advocate.

In 2017, the exploratory survey was distributed to 4,500 stakeholders (members, families, advocacy groups, and providers, and state agencies). The state received 10% (n=458) responses. The results demonstrated combined agreement (strongly agree and agree) in the majority of the 8 questions posed in the survey.

During the 2018 review, these same questions were incorporated into the survey matrix. Upon completion they yielded similar results of 10% (n=229) responses from members surveyed. The results also correlated with public comment received in 2017 in which many in specific waiver populations did not feel that it was not isolating to have activities with those who are similar to them and to have scheduled activities as long as there was some input on the member's part.

Strong agreement was evidenced in the areas of Adult Day Health (87.33% n=325) in 2017 and (81.33% n=187) in 2018, Group activities based upon choices of those participating (85.81% n=381) in 2017 and (88% n=201) in 2018, Employment focused group activities in a provider setting that is integrated within the community (81.63% n= 360) in 2017 and (83.25% n=191) in 2018, and those that are receiving personal support services in a licensed home when the setting is a part of the community at large (88.97% n=395) in 2017 and (86% n=197) in 2018. However, in both surveys there was significant combined disagreement (strongly disagree and disagree) for questions about gated communities and group homes where services may be received entirely within the gated community and is not integrated in the community at large (21.11% n=95) in 2017 and (25.38% n=58) in 2018. There was also combined disagreement among survey participants in the same area of gated communities and lease agreements (20.9% n=93).

These results suggest there is a solid foundation of understanding about what settings are institutional like and what settings afford full community integration, if not a complete understanding of what may be segregating and isolating. This survey experience was informative on several counts: it will allow the state to identify improvement opportunities within the HCBS settings framework and design educational tools to assist providers, members and their supporters with understanding HCBS settings that isolate; it will inform evaluative monitoring tools and quality measurement standards; and it will also help the

state begin to cultivate remediation strategies during ongoing compliance and monitoring of HCBS settings.

Secondly, the state will continue to utilize the exploratory questions from CMS guidance, which have been incorporated into the provider self-assessment, and which address:

- ☐ Full access to the community
- ☐ Setting does not isolate
- ☐ Exercising choice
- ☐ Controls own schedule
- ☐ Has unrestricted access of setting (as appropriate per health and safety needs)
- ☐ Right to dignity and privacy is respected

The provider self-assessment will be required in the provider application and re-credentialing/revalidation process the Medicaid agency's Provider Enrollment Section. Providers will be required to complete the assessment for new or expanded applications which will be validated through the Provider Enrollment site-visit prior to approval and enrollment. As part of the every-three-year revalidation process, each provider will be required to sign and attest to ongoing compliance.

### Settings that are not HCBS

No Georgia setting has been identified as being institutional or having institutional qualities. It remains critically important to identify those settings that have the effect or perception of isolating individuals who are receiving Medicaid services but are not fully integrated and included in the broader community. It is this area that the state will focus its continued review of and remediation with current home and community-based settings.

Quality/Characteristic	Assessment Findings
Institutional in Nature Nursing Facilities, Institution for Mental Disease, Intermediate Care Facility for Individuals with Intellectual Disabilities, Hospitals and other locations that have qualities of an institutional setting	None
Presumed to Have Institutional Qualities Facility that also provides inpatient institutional treatment and facilities that are on the grounds of or adjacent to a public institution or settings	None
Settings that are Isolating or Segregating Settings that have the effect or perception of isolating individuals and are not fully integrated and included in the broader community	None

The state has taken a two-pronged approach in its efforts to identify those settings for which heightened scrutiny would be applied. First, the state will continue to use geo-mapping to compare locations of currently licensed institutions to current licensed home and community-based settings. As stated previously, the state has access to validated locations through the data collected from Provider Enrollment and Healthcare Facility Regulation Division (HFRD) during their initial enrollment, site-visits and recertification processes.

The state has not identified any settings that are adjacent to or on the grounds of the current 367 licensed nursing facilities or the 2 remaining ICF-ID/DD. However, the state will continue to perform geo-mapping for periodic checks and validation as part of the monitoring process. In collaboration with HFRD and Provider Enrollment to incorporate this check into current site-visits.

## SECTION SIX – OVERSIGHT AND MONITORING

The Department of Community Health as the state's Medicaid agency will serve as the lead in providing oversight and monitoring of the Statewide Transition Plan as well as implementation of the plan itself. A monitoring schedule will be created and vetted through the Statewide Task Force. The Statewide Task Force will continue to serve as the primary oversight partner to the state for STP activities. The schedule will address the following activities:

*Continued refinement of tools to support compliance* -- The original provider self-assessment tool will be redesigned to support appropriate question logic, more efficient case management validation, and better align with current and future member quality and compliance initiatives.

*HCBS guidance incorporated in provider enrollment, credentialing and revalidation* -- These additional requirements will be incorporated into the new provider application and credentialing process every three years as providers revalidate. Providers will be required to complete a self-assessment for every location with each application. This assessment will then be used to conduct training and familiarize providers with the settings requirements during application and subsequently serve as a measurement tool during prescribed audits and site visits conducted by Provider Enrollment. The state will also include a geo-mapping proximity review during application of each setting requesting certification to determine its possible proximity to institutional settings.

*Achieve regulatory changes needed to support compliance* -- The state's oversight and monitoring process includes working with its Healthcare Facility Regulation and Provider Enrollment divisions to establish additional procedures for HCBS providers to ensure ongoing compliance. For example, this may take the form of a modification to the tool that the HRFD field staff use when they conduct site visits to Personal Care Homes or Community Living Arrangements according to regulatory frequency for those licensure types.

*HCBS guidance incorporated into all consumer satisfaction surveys* -- Each waiver has a quality measurement requirement. Members are surveyed to determine their level of satisfaction with the services they are currently receiving. A review of each of these tools will be conducted as outlined in the milestone document to determine how to enhance these existing tools with HCBS requirements and maximize the data received by DCH and respective providers. Information will also be used from these tools to validate providers' self-assessments and identify areas of misalignment.

*HCBS guidance incorporated into program integrity audits* -- Through the Georgia Office of Inspector General (OIG), tenets of the final settings rule have been reflected into waiver policy. During program audits, the OIG will determine if the program has continued to meet the requirements through appropriate policy documentation and revisions, response to inquiries, providing guidance to providers and members as well as claims analysis.

*Corrective Action Plans (CAP) for non-compliant providers* -- If during the remediation process it is identified that a provider requires a corrective action plan, DCH will work with that provider to initiate, develop, and track to resolution a CAP that will address the area(s) of concern. DCH staff and its contracted operating agency personnel, will be responsible for executing oversight of CAPs in addition to provision of technical assistance.



*Waiver Operations and Amendments* – Through waiver management, the state will leverage requirements in waiver operations to provide oversight and monitoring including those provided through quality measurement reviews and assurances conducted in each waiver. Additionally, the state will request waiver amendments as needed to accommodate modifications to support and align with responsibilities under the Rule.

*Heightened Scrutiny* – As part of its responsibility for applying the defined characteristics of HCBS to Georgia's service settings and fully vetting all settings to be compliant, the DCH has determine which settings heightened scrutiny is required and has followed the necessary procedures for making such a request to CMS if required. If no need for heightened scrutiny is identified, the DCH will have assured rule implementation in the spirit of which it was intended.

#### *Additional Resources required for oversight and monitoring*

Georgia will require additional resources to assure sufficient oversight and to perform necessary monitoring of HCBS settings and to support member community integration. A thorough analysis has not yet been performed to assess impact, but the state anticipates that additional resources will include:

- 1) **Staffing** – The DCH estimates that additional staff will be required to provide adequate controls for monitoring HCBS waiver activities including field staff within whose role it will be to perform observation and to conduct on-site technical assistance and training. Additional business enterprise supplementation may be required to address the additional needs for support of activities involving decision support services and finance and budget as well as the additional space for personnel. In 2018, DCH established the Performance and Quality Outcomes Unit. Led by a Physician and other key staff in data analysis, this unit was established to review and analyze Medicaid performance measures and provide guidance on its deliverables.
- 2) **Infrastructure Supports** – The state envisions the need to create standardized, cross-waiver training and certifications, tools for supporting person-centered planning and service delivery, and centralized resources for tracking waiver provider performance and member outcomes. The state will need to engage consultation to develop training strategies and establish a Quality Management System which incorporates Settings Rule criteria as well as correlated information tracking system. Consultation would be an initial expense while infrastructure maintenance would be ongoing. In 2019, the state launched the first training module for Case Management agencies, to provide standardization in training and establish educational benchmarks. Modules will be added to include specific final setting requirements for providers.
- 3) **Reimbursement Rate Methodologies** -- Rate studies may need to be performed to inform rate methodology based on expectations of providers to conform to the Rule.

The total of all additional resources needed may be tempered by some efficiencies that might be ultimately be garnered through revisiting administrative responsibilities that can be shifted or alleviated through application of automation and information technology. This will be an objective in completing the full analysis of impact to resources.

The DCH will incorporate additional resource projections into its internal work plan implementation activities through the design of a study/budget focused plan.

## SECTION SEVEN – APPENDICES

Documents relating to previous Statewide Transition Plans (2014-2017) are archived and is available on the DCH website. The following are appendices related to the current version for submission for Final approval to CMS.

Appendix Title	Description	Document Link
A. Milestone Document	Outlines each task to be completed for the Final Rule	
B. Policy Manual link	Policy manuals for all 1915 c waiver programs	<a href="https://www.mmis.georgia.gov">https://www.mmis.georgia.gov</a>
C. State Licensure Regulations	Official Code of Georgia Annotated (O.C.G.A.)	<a href="http://dch.georgia.gov/hfr-laws-regulations">http://dch.georgia.gov/hfr-laws-regulations</a>
D. Systemic Review Recommendations	Review of State's current policies, procedures and regulations	
E. Public Comment 2020		
F. Landlord-Tenant Handbook	A landlord-tenant guide to the State's Rental Laws	<a href="https://www.dca.ga.gov/sites/default/files/georgia_landlord-tenant_handbook.pdf">https://www.dca.ga.gov/sites/default/files/georgia_landlord-tenant_handbook.pdf</a>
G. Residential and Non-Residential Sample Surveys	Electronic survey tool administered to Providers and members	
H. Electronic References for Systemic Remediation Documents		
I. Sample Agreements for Residential Settings	Sample agreements for providers of Alternative Living Services,	
J. Georgia Rules and Regulations/Citations Subject to the Rule		

