









## Appendix A: GA Milestones for HCBS Statewide Transition Plan

Milestone	Current Due Date	Page No. /Validation
<b>Milestone 1. Complete Systemic Review.</b> Complete review of changes required to update provider qualification standards, licensure regulations, enrollment education and provider training, and other related policies, etc. to conform to HCBS rule.	12/31/18	Pgs. 31-36    HCBS Final Rule    HCBS Settings Rule    HCBS Policy Regulatory Change R&P Policy Review Final.pd Remediation Plan Fina
<ul style="list-style-type: none"> <li>➤ Identify, with stakeholder input, a comprehensive set of provider standards (credentialing, licensing, policies, training curricula, etc.) to be reviewed and validated to conform to HCBS rule.</li> </ul>	05/31/15	
<ul style="list-style-type: none"> <li>➤ Policies and provider standards reviewed by staff and key stakeholders including each individual waiver policy manual, healthcare facility regulations, department of labor regulations, state and local fire code regulations, and outside credentialing.</li> </ul>	12/31/15	
<ul style="list-style-type: none"> <li>➤ Recommendations for updates to policy and regulations from committees/ stakeholders reviewed and vetted by DCH.</li> </ul>	03/31/16	
<ul style="list-style-type: none"> <li>➤ Modifications made to existing policy manuals to conform to HCBS rule.               <ul style="list-style-type: none"> <li>➤ Draft policy and procedures released to key stakeholders for comments.</li> <li>➤ Policy and procedures updated based on public comment.</li> <li>➤ Final polices and procedure incorporated.</li> </ul> </li> </ul>	09/01/18	
<ul style="list-style-type: none"> <li>➤ Strategies identified to address modifications needed for regulations and standards to conform to/align with HCBS Rule.</li> </ul>	04/30/17	

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➤ Proposed regulatory changes discussed with various Medicaid, Healthcare Facility Regulations, and operating agencies for incorporation.	09/02/18	
➤ Revise/implement strategies as indicated.	12/31/18	
<b>Milestone Waiver Amendments.</b> Submit to CMS: DCH will submit a waiver amendment that outlines remediation strategies for those HCBS providers not in compliance with HCBS regulations. Outcome: Waiver amendment with fully developed remediation strategy	12/01/17	Pg. 36
➤ Waiver amendments submitted and approved with initial waiver-specific transition plans	09/18/14	
➤ Waiver amendments drafted containing Statewide Transition Plan for ICWP and COMP renewals. ➤	12/31/17	
➤ Waiver amendment provided to key stakeholder for comments.	01/31/18	
➤ Revision to waiver amendments made based on 2016 public comment.	08/31/17	
➤ Finalized waivers submitted to CMS.	12/01/17	
<b>Milestone 2. Complete site-specific assessments of HCBS Rule Compliance:</b> All active enrolled adult day health, alternate living services, community access group, community residential alternative, medically fragile daycare, pre-vocational services, and supported employment HCBS providers will submit the provider self-assessment tool to DCH. Outcome: 100% of HCBS providers complete self-evaluation.	04/15/16	Pgs. 37-52   F:\HCBS Transition Plan Work\GHPC Rep <a href="https://waiverprod.dbhdd.ga.gov/surveys/HCBSForm.aspx">https://waiverprod.dbhdd.ga.gov/surveys/HCBSForm.aspx</a>
➤ DCH researches CMS HCBS guidance.	12/31/15	
➤ DCH researches other state assessment tools.	09/30/15	

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➤ Obtain comprehensive active provider list to establish survey pool	09/30/15	 Adobe Acrobat Document
➤ DCH drafts provider assessment tool for providers to evaluate conformity to and compliance with HCBS rules.	09/30/15	  Adobe Acrobat Document      Adobe Acrobat Document
➤ DCH drafts companion instructions and cover letter to assessment tool.	10/14/14	
➤ Member survey drafted.	10/14/14	
➤ DCH seeks input on draft tools from providers, advocates, and members at statewide task force and public input meetings and makes appropriate changes to assessment tools based on stakeholder feedback.	08/14/15	
➤ Test and refine assessment tool: Pilot self-administration of tool to ensure it adequately captures needed elements and is easily and accurately completed by providers. Outcome: Validated tool	09/30/15	
➤ Assessment tool completed by 40 waiver providers subject to Rule for pilot	04/30/15	
➤ Feedback on pilot of provider assessment gathered by DCH.	08/31/15	
➤ DCH modifies tool, instructions, and cover letter based on key stakeholder pilot experience.	09/11/15	
➤ Develop electronic version of tool for efficient collection and analysis of data.	09/30/15	<a href="https://waiverprod.dbhdd.ga.gov/surveys">https://waiverprod.dbhdd.ga.gov/surveys</a>
➤ Revisions made to electronic tool following pilot and provider input.	08/31/15	
➤ Final electronic tool developed and made available for full assessment rollout.	09/30/15	

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➤ Full Assessment Rollout – 100% of providers required to complete assessment tool. Provider notifications issued.	12/01/15	
➤ Member survey notifications issued.	12/31/15	
➤ Member surveys completed including telephonic support.	12/31/15	
➤ Returned provider self-assessments reviewed for completeness and follow up.	12/31/15	
➤ Non-responsive providers contacted for compliance.	02/15/16	
➤ Remediation initiated for remaining non-responsive providers who did not complete assessment to include suspension of provider ID, corrective action plan, and termination.	04/31/17	
➤ Case management entities validate a representative sample (5%) of provider self-assessments:	02/29/16	
➤ Validated self-assessment data is compiled and analyzed: Initial provider self-assessment data compared to validation data.	02/29/16	
➤ DCH collects and analyzes member survey data. Provider self-assessment data compared to member survey data.	02/29/16	
➤ DCH compiles analysis and findings in draft report.	03/10/16	
➤ Assessment results presented to stakeholders and posted on relevant websites.	03/31/16	
➤ DCH posts final validation report and makes available for key stakeholders. DCH available to present finding to associations and at other relevant meetings.	04/15/16	
<b>Milestone 3: Complete Heightened Scrutiny Review.</b>	04/30/17	Pgs. 52-55

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➤ Identify settings by site which do not conform to HCBS definition.	03/31/16	
➤ Develop consensus with Task Force on heightened scrutiny recommendations.	04/15/16	
➤ Apply for heightened scrutiny for those settings which the state has determined to be vital to HCBS delivery of services based on health and safety of members but could be considered to have the effect of isolating or segregating individuals receiving the services.	04/30/17	
➤ Modify remediation strategies as needed based on CMS response to state's request for heightened scrutiny.	03/31/17	
<b>Milestone 4. Remediation (Relocation)</b>	06/30/17	Pgs. 51-52
➤ Ensure that settings located in institutional setting or on the grounds of an institutional setting are removed from HCBS services with movement of the members to a compliant service of their choice.	05/30/17	 Remediation Strategy Flow.pdf
➤ Develop a provider guide to compliance for sites with ongoing health and safety concerns.	04/30/17	
➤ Establish compliance hierarchy and associated remediation activities (policy/protocol/process changes, corrective action, suspension, termination) based on nature of non-compliance.	04/30/17	
➤ Provide notice to provider settings deemed to be non-compliant with direction on required remediation.	04/30/17	
➤ Corrective action plans initiated and reviewed for non-compliant providers.	06/30/17	
➤ Adverse action per policy is applied based on continued provider non-compliance.	09/01/17	

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➤ Members are transferred to compliant settings as necessary.	09/01/17	
➤ Non-compliant providers are terminated per results of adverse action and any subsequent appeals determinations.	09/31/17	
<b>Milestone 5. Monitoring</b>	Ongoing	Pgs. 56-58
➤ Establish adverse action and appeals processes applicable to providers who fail to comply with HCBS rule	03/01/19	
➤ Update policies to incorporate adverse action and appeals processes.	05/31/17	
➤ Incorporation of assessment tool into Provider enrollment policy and application, credentialing, and validation processes. Outcome: Expectations for compliance are clearly outlined in policy and compliance validated routinely.	06/30/17	
➤ Revise consumer satisfaction surveys to track areas of non-compliance.	05/01/17	
➤ Update Program Integrity and Provider Compliance Audits to incorporate HCBS rule.	05/31/17	
➤ HCBS guidance incorporated in provider re-credentialing.	05/31/17	
➤ HCBS guidance incorporated into all consumer satisfaction surveys.	05/01/17	
➤ HCBS guidance incorporated into program integrity audits	04/31/17	
➤ Re-administer assessment of compliance to track progress	12/31/17	
➤ Re-administer final assessment of compliance across all settings subject to rule to confirm compliance	12/31/18	

<b><i>Milestone</i></b>	<b>Current Due Date</b>	<b>Page No. /Validation</b>
➤ HCBS Quality Assurance staff provide consistent monitoring and oversight	Ongoing	