

Home and Community Based Settings: Final Rule

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**OVERVIEW OF THE
CMS HOME AND COMMUNITY
BASED SERVICES AND
SETTINGS
FINAL RULE
JULY 28, 2014**

**NOTE: THIS MEETING WILL BE TAPE RECORDED AND THE
RECODING WILL BE POSTED TO THE HCBS WEBPAGE**

Goals of the Webinar Series

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- To provide stakeholders with information about the new CMS HCBS regulation
- To provide stakeholders with information about Idaho Medicaid's approach for developing the transition plan to ensure compliance with the new CMS HCBS requirements
- To gather information about potential barriers for success and how Idaho might address those barriers in the transition plan
- To provide an opportunity for stakeholders to help shape how Idaho proposes to transition to full compliance

Webinar Topics for Today

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- Intent of the CMS HCBS rule
- Highlights of what it covers
- Idaho's plans for analysis
- Coming into compliance
- Primary areas of focus for Idaho meetings
- What's next

Wherever you see this logo on a slide it means we are using language directly taken from CMS materials.



CMS HCBS Final Rule Title

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Published in the Federal Register on 01/16/2014

Title:

Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice (Section 1915(k) of the Act) and Home and Community-Based Services (HCBS) Waivers (Section 1915(c) of the Act); Final Rule

Who and What Does this Rule Impact?

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This new CMS HCBS rule impacts

- Participants receiving HCBS services
- Medicaid providers of HCBS services
- People involved in developing HCBS service plans
- Non-residential settings where HCBS services are provided
- Residential settings where participants receiving HCBS services live
- How HCBS service plans are developed
- The documentation HCBS service plans must contain

Intent of the CMS HCBS Final Rule

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- To ensure that individuals receiving long-term services and supports through home and community based service (HCBS) programs under the 1915(c), 1915(i) and 1915(k) Medicaid authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate
- To enhance the quality of HCBS and provide protections to participants



Idaho's Plans for Analysis

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- Determine where there are gaps in compliance
- Seek stakeholder input via use of two tools:
 - a series of webinars to be held in August
 - a website where stakeholders are encouraged to submit comments, discuss options for compliance and/or pose questions to the program
- Draft a transition plan and post for comment
- Gather comments on the transition plan and modify as needed
- Be ready to submit the transition plan to CMS by Dec., 2014

Things We are Looking at:

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- Service definitions
- Licensing and certification requirements
- Provider qualifications
- Quality assurance practices
- Person centered service plan processes and documentation
- Training requirements
- Waiver and state plan language
- Other: forms, business processes, state law, etc.

Coming Into Compliance

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- Once the areas in need of remediation are identified, a transition plan must be developed
- The transition plan must:
 - Include the results of the state's assessment
 - Ensure that HCBS are only delivered in settings that meet the new requirements
 - Detail any actions necessary to achieve or document compliance with setting requirements and the timeline for doing so

Coming Into Compliance cont.

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CMS Requires that the State must:

- post the transition plan for public comment for 30 days
- consider and modify the transition plan, as the State deems appropriate, to account for public comment
- submit to CMS, with the proposed transition plan:
 - (A) Evidence of the public notice
 - (B) A summary of the comments received during the public notice period, reasons why comments were not adopted, and any modifications to the transition plan based upon those comments.

Timeline for Compliance

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States may be allowed up to five years to transition to full compliance.

(CMS must approve the timeline)

To summarize, this work will require input from all stakeholders.

Together we must develop a workable plan to transition to full compliance.

Remember, we must ensure participants in Idaho have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

Primary Areas of Focus for Future Meetings

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- HCBS Settings Requirements
 - Requirements for all HCBS settings
 - Requirements specific to provider owned and controlled residential settings
- Person Centered Planning
 - Service plan development process
 - Service plan documentation
- Institutional Settings
 - Settings presumed not to be home and community based

CMS HCBS Setting Requirements

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- The home and community-based setting requirements establish an outcome oriented definition that focuses on the nature and quality of individuals' experiences
- The requirements maximize opportunities for individuals to have access to the benefits of community living and the opportunity to receive services in the most integrated setting



CMS HCBS Setting Requirements cont.

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- We will review each of the requirements including residential and non-residential setting requirements, at the August 4th webinar.
- Be aware the setting requirements apply to ALL HCBS settings, residential and non-residential
- Note that CMS has not yet provided guidance on the non-residential requirements. Detailed work on those will wait until that guidance is received.

Person Centered Service Plans

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- The CMS HCBS Rule codifies many requirements Idaho is already meeting
- It changes both the planning process and the written plan documentation required
- We will review each of the requirements for person centered planning at the August 11th webinar.

Institutional Settings

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Settings that are NOT Home and Community-Based

- Nursing Facilities
- Institution for mental diseases (IMD)
- Intermediate care facility for individuals with intellectual disabilities ICF/ID
- Hospital



Settings PRESUMED BY CMS NOT to Be Home and Community-Based

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- Settings in a publicly or privately-owned facility providing inpatient treatment
- Settings on grounds of, or adjacent to, a public institution
- Settings with the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS



Settings PRESUMED BY CMS NOT to Be Home and Community-Based cont.

- The state may submit evidence, including public input, demonstrating that the setting does have the qualities of a home and community-based setting and NOT the qualities of an institution.
- Idaho will look to stakeholders to assist in gathering this documentation where appropriate. More will be discussed during a later webinar.

Upcoming Webinars

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8/4

1-2:30

Setting requirements

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1-2:30

Person centered planning requirements

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1-2:30

Presumptive institutional settings

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Presumptive institutional settings

Important Resource

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CMS has published fact sheets, webinars and regulatory guidance at the following website:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>

It has everything and anything CMS has available on the new regulations.

How to Contact Us

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- You can email the program at:
HCBSSettings@dhw.idaho.gov
- We will have a webpage ready to go in the next few days. It will have an Ask The Program feature where you can link and email us as well. The web address will be posted under What's New at the following address. You can paste it your browser:
<http://www.healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx>

QUESTIONS?