My Choice My Way Transition Plan

Overview of the
Home and Community Based Services Rule
from the Centers for Medicare & Medicaid Services (CMS)
Federal Intent of the Final Rule

- To ensure that individuals receiving long-term services and supports 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
Common Terms

**Individual or person who receives services**
- Participant
- Member
- Consumer
- Beneficiary

**Home where someone lives**
- Residential setting
- Provider owned/controlled setting
- Communality Care Foster Family Home
- DD-Dom
- Expanded ARCH or E-ARCH
- Adult Foster Home

**Place where someone receives services**
- Waiver provider
- Waiver agency
- Home and community based services provider
Who does this affect?

- Individuals receiving home and community based services (HCBS)
- Family member or friend of someone receiving HCBS
- Providers of HCBS
- State agencies
- Other stakeholders
Individuals - How does this affect me?

- I may be asked to respond to a survey (called an assessment) to let the State know how things are in my home or where I get services.
- If I live in a licensed home, my home may need to make changes.
- If I go to a day program, my day program may need to make changes.
- It may take some time for changes to happen but I should see them little by little.
- I can get information twice a year from the State on status of the changes.
- If I have concerns with my home or day program, I can let my case manager, service coordinator, or the Medicaid ombudsman know.
Family member or friend—How does this affect me?

- I may be asked to help my family member or friend respond to a survey (called an assessment) to let the State know how things are in their home or where they get services.
- If they live in a licensed home, their home may need to make changes.
- If they go to a day program, their day program may need to make changes.
- It may take some time for changes to happen, but I should see them little by little.
- I can get information twice a year from the State on the status of the changes.
- If I have concerns with their home or day program, I can let their case manager, service coordinator, or the Medicaid ombudsman know.
Providers- How does this affect me?

- I will be asked to respond to a survey (called an assessment) to let the State know how close I am to meeting the new rules
- I may be asked to make changes to meet the new rules
- It may take some time for changes to happen but I should be making them little by little
- I can get information twice a year from the State on status of the changes
- If I have concerns with these changes, I can contact the Office of Health Care Assurance (OHCA) if I am a licensed home, a health plan I contract with, or the Ombudsman for the DD Division
State Agencies- How does this affect me?

- My agency will need to complete our work to meet the requirements of the My Choice My Way transition plan
- My agency will need to be responsive to the community (individuals, families, friends, providers, and other stakeholders) on implementation of the My Choice My Way transition plan
- It may take some time for changes to happen but we should be seeing them occur little by little
- We need to provide information twice a year on status of the changes
- If we receive concerns with these changes, we need to respond to them timely
Other Stakeholders- How does this affect me?

- I need to participate in my role as a stakeholder to support those that I serve
- It may take some time for changes to happen but I should see them little by little
- I can get information twice a year from the State on status of the changes
- If I have concerns with how changes are occurring, I can let the Medicaid ombudsman, Office of Health Care Assurance (OHCA), or the Ombudsman for the DD Division know
We Will Address:

- Brief overview of the HCBS
- Overview of Hawaii’s draft transition plan called My Choice My Way
My Choice My Way Transition Plan

PART 1:
OVERVIEW OF NEW RULES FOR HOME AND COMMUNITY BASED SERVICES
Home and Community Based Settings (HCBS) Requirements

- Establish a definition that focuses on individuals’ experiences
- Increase the chances for individuals to have access community living and the opportunity to receive services in an integrated setting
HCBS Requirements

The Final Rule establishes:

1. What should be included in home and community based services

2. Settings that are not home and community-based

3. Settings presumed not to be home and community-based

4. State compliance and transition requirements
HCBS Features

The Home and Community-Based setting:

- Makes sure the individual receives services in the community to the same degree of access as people not receiving Medicaid home and community-based services

- Provides chances to look for employment and work, connect with community life, and control personal finances

- Is involved in and supports access to the whole community
HCBS Features

Picked by the **individual** from among different options

Person-centered service plan records the choices:
- based on the persons needs,
- Preferences, and
- for residential settings, the persons resources.
Additional Requirements in Provider-Owned/Controlled Settings

Specific unit/dwelling is owned, rented, or occupied under legally enforceable agreement

The person has a lease or other legal agreement providing the same protections as persons not in provider owned and/or controlled settings
### Additional Requirements in Provider-Owned/Controlled Settings

<table>
<thead>
<tr>
<th>Person has:</th>
<th>Choice of where to live</th>
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<tbody>
<tr>
<td></td>
<td>Choice of schedules and activities</td>
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<td></td>
<td>Choice of meals and snacks</td>
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<td>Choice of roommate</td>
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<td>Choice of provider</td>
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<td>Freedom to decorate room</td>
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<td>Right to privacy</td>
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<td>Right to choose who visits and what time</td>
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<td>Physical access in and outside of home</td>
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<td></td>
<td>Opportunity to find a job</td>
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<tr>
<td></td>
<td>Control of finances</td>
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Changes to the requirements

Must be:

◦ Supported by specific need
◦ Documented and explained in the person-centered service plan
◦ Example might be limits on access to food or visitors

Change is required to meet the persons needs, not the setting’s requirements.
HCBS Requirements

Settings **NOT** Home and Community Based:

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

Settings that are **PRESUMED NOT** to be HCBS:

- In a publicly or privately-owned facility providing inpatient treatment
- On grounds of, or next to, a public institution
- Settings that separate people receiving Medicaid home and community based services from people not receiving Medicaid home and community based services
Settings that May Isolate

Examples of types of settings that are presumed not to meet HCBS because they may isolate:

- Farmstead or disability-specific farm community
- Gated/secured “community” for people with disabilities
- Residential schools
- Multiple settings co-located and operationally related (same provider)
  - Examples are:
    - group homes on the grounds of a private ICF
    - numerous group homes co-located on a single site or close proximity
- CMS is not concerned about Community Care Retirement Communities (CCRC) since persons living independently are living with individuals who need services
HCBS Requirements

Settings PRESUMED NOT to be HCBS but *does* meet the requirements:

A state submits evidence (*including public input*) showing that the setting does have the qualities of a home and community-based setting and NOT the qualities of an institution; AND

The federal government finds, based on a *review* of the evidence, that the setting meets the requirements for home and community-based settings and does NOT have the qualities of an institution.
The “test” for any home and community based setting will include **the features of** the setting that make it home and community based and how the **person receiving home and community based services is involved in** the community **compared to other people in the community** who do not receive home and community based services.
My Choice My Way Transition Plan

PART 2:
OVERVIEW OF REQUIREMENTS AND DRAFT TRANSITION PLAN
CMS is giving states time to come into compliance with the new HCBS rules. States are required to submit a transition plan for coming into compliance. This includes an assessment, remediation, and communication plan.
Transition Plan

IMPORTANT DATES TO REMEMBER:

- Final rule in effect on March 17, 2014
- All states transition plans **due to CMS on or before** March 17, 2015
- All states expected to fully meet rule **within 5 years or sooner = on or before** March 17, 2019
Requirements for Public Input

The state must provide the public a chance to review the transition plan and comment on it.

- Consider public comments
- Change the plan based on public comment, as appropriate
- Submit plan that incorporates public comment to CMS
- State needs to keep and show CMS all public comments
State Transition Plan

The Plan must contain the following:

1. Assessment:
   Systems and Settings both must be evaluated

2. Remediation or Corrective Actions:
   Based on findings, what are you going to do?

3. Milestones and Timeframes:
   How are you going to get there?

4. Public Comment:
   Summary of comments with changes or reason if not changed
My Choice My Way Advisory Group

SAAC

SPIN

HCBS Associations

HWPA

My Choice My Way Transition Plan

Case Management Agencies

State Agencies
- OHCA
- MQD
- DDD
- DD Council
My Choice My Way Advisory Group

Developed Hawaii’s draft transition plan

Components of plan:

- Assessment
- Remediation
- Key Stakeholder Engagement and Public Comment
My Choice My Way Draft Transition Plan

Assessment (both residential and non-residential settings)

- Assess (both individuals and providers)
- Analyze
- Validate providers
- Update transition plan
Timeframe for Assessments

Individuals/Family/Friends
- Complete in March and April 2015
- Analyze in May and June 2015
- Revise transition plan in October and November 2015

Providers
- Complete in March and April 2015
- Analyze in May and June 2015
- Validate in July to September 2015
- Revise transition plan in October and November 2015
My Choice My Way Draft
Transition Plan

Remediation

Modify State Statutes, Rules, Regulations, Standards, or Other Requirements

Inform providers of room for improvement

Submits justification to CMS for settings that may isolate

Develop operational procedures with providers
My Choice My Way Draft Transition Plan

Timeframe for Remediation

**State Agencies**
- Change in rules and regulations July 2015 to July 2017
- Settings that may isolate to CMS July to December 2015

**Providers**
- Informed of room for improvement October to November 2015
- Develop operational procedures January to June 2016
Key Stakeholder Engagement and Public Comment

- Public Comment
- Public Forum
- Informational session twice a year (both participant and provider)
My Choice My Way Draft Transition Plan

Timeframe for Key Stakeholder Engagement and Public Comment

- Public Comment by January 30, 2015
- Attend informational sessions - twice a year (March and July 2015 and then January and July from 2016 to 2018)

Individuals
Family member or Friends
Providers
State Agencies
Other Stakeholders
My Choice My Way Draft
Transition Plan

Timeframe: December 16, 2014 to January 30, 2015

Send comments/questions/suggestions by January 30, 2015 to:

Email: mychoicemyway@medicaid.dhs.state.hi.us

Mailing address: Department of Human Services
Med-QUEST Division
Attention: Health Care Services Branch
P.O. Box 700190
Kapolei, Hawaii 96709-0190

Telephone: 808-692-8094

Fax: 808-692-8087
Additional Information
Centers for Medicare & Medicaid Services Website

The Centers for Medicare and Medicaid Services has a website with all of their materials, guidance, and the toolkit. They update this webpage as new materials are developed so watch the site regularly.

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

or search for “CMS HCBS toolkit”
Centers for Medicare & Medicaid Services Website – another path

1. Go to www.medicaid.gov

2. Click on “Medicaid” in the aqua colored bar at the top

3. Select “By Topic” from the drop down menu

4. Click on the link for “more information...” in the section titled “Long-Term Supports & Services “

5. On this page, the link to “Home & Community Based Services” is on the right column. Click that link to get to the page with all the materials the Centers for Medicare and Medicaid Services posts.
Look for Hawaii HCBS Transition Plan in the News and Events Section (middle of the webpage).
# Contact Information

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<thead>
<tr>
<th>Agency</th>
<th>Telephone</th>
<th>Online</th>
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| Medicaid Ombudsman             | Hawaii: 333-3053  
Kauai: 240-0485  
Maui and Lanai: 270-1536  
Molokai: 660-0063  
Oahu: 791-3467 | hilopaa.org                                              |
| DDD Ombudsman                  | Hawaii (808) 974-4000  
Kauai (808) 2 74-3141  
Maui (808) 984-2400  
Molokai, Lanai 1-800-468-4644  
Enter Extension: 3-6669  
Oahu 808-453-6669 | health.hawaii.gov/ddd                                    |
| QUEST Integration Health Plans | AlohaCare 1-877-973-0712  
HMSA 1-800-440-0640  
Kaiser Permanente 1-800-651-2237  
‘Ohana Health Plan 1-888-846-4262  
UnitedHealthcare Community Plan 1-888-980-8728  
Office of Health Care Assurance 808-692-7997 | alohacare.org  
hmsa.com  
kpinhawaii.org  
ohanahealthplan.com  
uhccommunityplan.com/hi  
health.hawaii.gov/ohca |