

Draft Waiver Specific Transition Plan

1915(c) Familial Dysautonomia Waiver

I. Purpose

The Centers for Medicare and Medicaid Services (CMS) published rule (CMS-2249-F) in January 2014 requiring all Home and Community-Based Services (HCBS) Waivers authorized under Section 1915(c) of the Social Security Act to comply with home and community based (HCB) settings requirements specified in the 42 CFR 441.301(c)4. The rule directed all states to evaluate their current HCB settings and develop a transition plan to demonstrate how the state plans to come into compliance with the requirements outlined in the rule. CMS also included in the rule a requirement for a public notice process for states in order to ensure transparency.

The purpose of this waiver specific transition plan is to ensure that individuals receiving home and community based services in the Familial Dysautonomia (FD) Waiver are integrated in, and have access to, supports in the community including opportunities to seek employment, work in competitive integrated settings, engage in community life, and control personal resources. The transition plan describes how the state will assess, determine compliance, remediate and monitor continued compliance with the HCB settings requirements.

II. Overview

The FD Waiver is administered by the Florida Agency for Health Care Administration (Agency). The program is being assessed to ensure individuals receiving HCBS have access to a home-like environment and community inclusion in compliance with the HCB setting rule requirements specified in 42 CFR 441.301(c)4.

The transition plan includes:

- FD Compliance Assessment
- Monitoring for Current and Future Compliance
- Public Notice Process

A. Familial Dysautonomia Compliance Assessment

The Agency has performed an assessment of the services and determined they are provided either in the recipients' own home or in community settings that comply with the HCB settings rule. Florida's first steps to determine compliance with the HCB settings rule included assessing recipient residential locations and all approved service locations. Table 1 provides the list of waiver services and approved settings. Upon completion of the assessment, the Agency has determined the recipient residential location and the approved service locations are compliant with the HCB setting rule requirements specified in 42 CFR 441.301(c)4. The Agency completed the assessment by reviewing the waiver requirements and enrolled recipient case files beginning May 1, 2014 and ending August 25, 2014.

Table 1 Familial Dysautonomia Waiver Service Crosswalk	
*Services	Settings
Respite	Recipient Home
Support Coordination	Recipient Homes/Community
Adult Dental Services	Community
Behavioral Services	Recipient Home/Community
Consumable Medical Supplies	Recipient Home/Community
Durable Medical Equipment	Recipient Home/Community
Non-Residential Support Services	Recipient Home/Community

* These services may be provided in the recipient’s own home or in the community at large.

B. Continued Compliance

To ensure the FD Waiver continues to comply with the provisions of the HCB settings rule, the Agency has established following monitoring plan:

- The Agency will assure continued compliance with the HCB settings rule prior to the submission of any waiver amendments and renewals.
- Waiver case managers will ensure recipients do not receive services in a setting that is not in compliance with the HCB settings rule.
- The Agency will ensure on-going monitoring of recipient residential locations and all approved service locations.

Table 2 provides the timeline for completing the ongoing monitoring of recipient residential locations and all approved service locations.

Table 2 FD Waiver Transition Plan – Ongoing Monitoring Timeline		
Services	Settings	Timeframe
Respite	Recipient Home	Annual
Support Coordination	Recipient Homes/Community	Annual
Adult Dental Services	Community	Annual
Behavioral Services	Recipient Home/Community	Annual
Consumable Medical Supplies	Recipient Home/Community	Annual
Durable Medical Equipment	Recipient Home/Community	Annual
Non-Residential Support Services	Recipient Home/Community	Annual

C. Public Notice Process

The Agency is required to have a 30-day public comment period to allow for meaningful public comment prior to submission of this transition plan. The Agency will provide two statements of public notice and public input for the transition plan. The Agency will summarize all comments

received during the public comment period and describe how the issues were address in the transition plan prior to submission to CMS.

Statements of Public Notice

- The Agency will publish a public notice of the comment period on the Florida Administrative Register and the Agency website. These statements of public notice will provide information on the upcoming public comment period for the draft transition plan, an active link to the transition plan, and the locations and addresses where public comments may be submitted.
- In addition, the Agency (or its designee) will send notice to the waiver support coordinators/case managers. The waiver support coordinators/case managers will be required to share the information with their current waiver participants.

Please Note: The Agency will also notify Florida's Federally Recognized Tribes in accordance with Florida's State Plan and federal regulations.

To provide public comment on this plan, please email all comments to FLMedicaidWaivers@ahca.myflorida.com.

You may also provide written comments to:
Agency for Health Care Administration
Bureau of Medicaid Services
2727 Mahan Drive, MS #20
Tallahassee, FL 32308