Draft Waiver Specific Transition Plan

1915(c) Model 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 Model 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 Model 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:

- Model Waiver Compliance Assessment
- Monitoring for Current and Future Compliance
- Public Notice Process

A. Model Waiver Compliance Assessment

The Agency has performed an assessment of the services and determined they are provided 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 Model Waiver Service Crosswalk			
Services	Settings		
Assistive Technology and Service Evaluation	Recipient Home		
Environmental Accessibility Adaptation	Recipient Home		

Table 1 Model Waiver Service Crosswalk		
Services	Settings	
Respite	Recipient Home	
Transition Case Management	Nursing Facility*	

*The typical starting point for model waiver applicants is the nursing home. To ease the transition to the community setting, transitional case management is available to assist applicants with their move into the community. Payment for transitional case management services is made only when waiver applicants are successfully transitioned into a community setting.

B. Continued Compliance

To ensure the Model 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 Model Waiver Ongoing Monitoring Timeline			
Services	Settings	Timeframe	
Assistive Technology and Service Evaluation	Recipient Home	Annual	
Environmental Accessibility Adaptation	Recipient Home	Annual	
Respite	Recipient Home	Annual	
Transition Case Management	Nursing Facility*	Annual	

*The typical starting point for model waiver applicants is the nursing home. To ease the transition to the community setting, transitional case management is available to assist applicants with their move into the community. Payment for transitional case management services is made only when waiver applicants are successfully transitioned into a community setting.

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 <u>FLMedicaidWaivers@ahca.myflorida.com</u>.

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