

North Carolina DHHS HCBS Final Rule Transition Plan (Person First)

(42 CFR Section 441.301 (c) (4) (5) and Section 441.710(a) (1) (2)

North Carolinians who get Medicaid waiver services and supports must have all the same benefits of living in a community as others do. Having those benefits means each person can:

- exercise legal and human rights;
- live in a home that is in the community and of the community;
- lead a life of their choice, at home and away from home;
- work, for a living wage, side by side with everyone else;
- control personal resources;
- have a choice about services and supports and who provides these;
- be with friends and loved ones;
- feel safe and be healthy;
- be treated with the dignity and respect that we all deserve; and
- be a valued member of the community.

In 2014, the Centers for Medicare and Medicaid Services (CMS)  put out new rules about what it means to live in a community setting. The rule is for programs funded under the Home and Community Based Services (HCBS) waivers. North Carolina's HCBS Transition Plan will make the rule a reality by 2018. Our Plan will actively engage people who receive waiver services; families; Local Management Entities-Managed Care Organizations/Local Lead Agencies (Case Management Entities); providers; and other valued stakeholders. The Plan will build on each individual's person-centered plan. It will also build on our system's strengths and support providers to meet all requirements of the rules.

Purpose

The purpose of the Transition Plan is to comply fully with the HCBS Final Rule (effective March 17, 2014) and improve personal outcomes for North Carolinians who receive waiver services.

North Carolina DHHS Statement of Progress and On-Going Plan of Action

Outreach, Engagement, and Public Notice/Comment:

DHHS has information on its website about this rule. The website explains how the rule will be put in place over the next four years. Providers, across the state, will start by comparing their waiver services with the CMS HCBS rules. This is called a "provider self-assessment." The State and the Local Management Entities-Managed Care Organizations (LME-MCOs)/Local Lead Agencies (Case Management Entities) will develop ways to be sure that all providers are following the rule. There will be deadlines for meeting the rule requirements. The State will offer providers help ("technical assistance"). You can learn more about the State's Plan from the links on the website. The website will be updated when there is new information.

The State has an HCBS Stakeholder Committee. It includes people who receive Medicaid HCBS waiver services; family members; advocates; providers; and provider associations. It also includes staff from the North Carolina Department of Health and Human Services (DHHS). The Committee includes:

STAKEHOLDERS

Anna Cunningham
Jean Anderson
Kelly Beauchamp
Kelly Melage
Sam Miller
Yukiko Puram
Johnathan Ellis
State Consumer Family Advisory Committee (SCFAC)
ABC Human Services (Provider)
Developmental Disabilities Consortium
Enrichment Arc (Provider)
Monarch (Provider)
Easterseals UCP (Provider)
North Carolina Housing Finance Agency
SembraCare (Home Care Software Company)
Disability Rights of North Carolina
Arc of North Carolina

PROVIDER ORGANIZATIONS

NC Provider Council
Benchmarks
North Carolina Adult Day Services Association
The Provider Council
North Carolina Developmental Disabilities Facilities Association

LME-MCOs

East Carolina Behavioral Health
Cardinal Innovations
Smoky Mountain Center
CoastalCare

LOCAL LEAD AGENCIES

RHA Howell
Home Care of Wilson Medical Center
Resources for Seniors

STATE GOVERNMENT



Division of Medical Assistance
Division of Mental Health/Developmental Disabilities/Substance Abuse Services
Division of Health Service Regulation
NC Council on Developmental Disabilities

This Committee worked with DHHS to develop a draft Transition Plan and draft Self-Assessment, from October, 2014 to January, 2015. The Transition Plan and Self-Assessment were posted for 30 days so all interested persons could carefully review. The 30 day public comment period was announced on the Division website. The LME-MCOs/Local Lead Agencies (Case Management Entities), provider organizations, and the broader stakeholder community also helped to get the word out. The comment period made sure that all stakeholders as well as the general public knew about and understood DHHS's plan for meeting the HCBS rule. Public comments were studied. Changes were made to the initial draft plan in early March, 2015.

During the public comment period, six listening sessions were held to share information about the HCBS Final Rule; the Provider Self-Assessment and the Transition Plan. Stakeholders shared their input. These sessions were held in the following locations:

Location	Number in Attendance

Common themes from public comment and listening sessions included the following:

Concern/Suggestion	Frequency

DHHS and the LME-MCOs/Local Lead Agencies (Case Management Entities) will keep asking stakeholders for their input. This will help the State to meet the requirements of the rule; make needed changes; and find out what is working well. This will help the State plan for its future waivers.



State Self-Assessment and Remediation (April 1, 2015 - March 16, 2018):

The HCBS Final Rule on Community will apply to three 1915(c) waivers in North Carolina. Those waivers and the services that this rule may change are:

- NC Innovations: Residential Supports, Day Supports, and Supported Employment
- CAP/DA waiver: Adult Day Health
- CAP/C waiver - Currently services are not affected by this rule as they are home based.

The State will look at the current LME-MCO/Local Lead Agency (Case Management Entity) contracts/agreements to see if changes are needed to meet the requirements of the rule. There will be a way to be sure that everyone is following the new rule.

The State will also study current rules and regulations that could be changed to support this new rule from CMS.

The Department of Health and Human Services (DHHS - Division of Medical Assistance and the Division of Mental Health/Developmental Disabilities and Substance Abuse Services) will update waiver policy. New policies will include the requirements in the HCBS Final Rule. The changes will be added to the next Technical Amendment to the waiver. CMS will review and approve these changes. CMS may tell us we still have work to do.

The State worked with stakeholders to develop a Provider Self-Assessment tool. This tool helps providers see if they are meeting the requirements of the HCBS Rules. It includes the type of setting; what services are provided; whether or not a provider is meeting the rule's requirements; and what steps the provider will take if it is not meeting all rule requirements.

The State will test the Self-Assessment with a group of providers. The State (DHHS) will check to be sure that the tool addresses all parts of the rule. It will be sure that people who receive waiver supports, (as beneficiaries), providers, LME-MCOs/Local Lead Agencies (Case Management Entities) and DHHS all understand the tool. The State (DHHS) will make needed changes to the tool. Once the tool has been tested, it will be used across the state. Providers will give their self-assessment to their LME-MCO/Lead Local Agency (Case Management Entity).

The LME-MCO Quality Management Teams/Local Lead Agencies (Case Management Entities) look at the self-assessment data to determine those providers who meet or do not meet the rule requirements. This will help the LME-MCOs/Local Lead Agencies (Case Management Entities) understand which providers need help (technical assistance). Each LME-MCO/Local Lead Agency (Case Management Entity) will share this information with DHHS.

The State and the LME-MCOs/Local Lead Agencies (Case Management Entities) will use a Monitoring Review Process to be sure that the sample of Provider Self-Assessments was done correctly. LME-MCO/Local Lead Agency (Case Management Entity) personnel and the Department will take a very close look at the assessments to ensure that providers understood and provided correct answers.

LME-MCO/Local Lead Agency (Case Management Entities) Self-Assessment and Remediation (April 1, 2015- September 30, 2015):



Each LME-MCO will review the following things:

- policies;
- procedures;
- practices;
- training requirements;
- contracts;
- billing practices;
- person-centered planning requirements and documentation; and
- information systems

This will help LME-MCOs/Local Lead Agencies (Case Management Entities) decide if they are meeting the requirements of the HCBS Rule. Each of the previously mentioned entities will submit its assessment, and evidence to support it, to the State. The State will require that each LME-MCO/Local Lead Agency (Case Management Entity) decide what it must do to comply with the rule. The State will review each LME-MCO/Local Lead Agency (Case Management Entity) Self-Assessment to be sure that its system is fully in line with CMS's rule. Any needed changes needed will be put in the Transition Plan, with timeframes and milestones.

All revisions to materials needed to achieve compliance will be submitted to the State for review and approval. Upon approval, final versions will be completed and distributed to providers. Provider education/training will be conducted as appropriate. All education and training materials will be developed or approved by the State.

Provider Self-Assessment and Remediation (March 17, 2015- March 16, 2018):



The State will conduct statewide provider education and training sessions on how to complete the Provider Self-Assessment. It will use webinars and conference calls. These will be held between March 17, 2015 and May 31, 2015.

Providers will get the Self-Assessment tool, instructions and timelines. Individuals served, family members, advocates and other stakeholders must be included in this assessment process. Providers will be required to show proof of meeting this requirement.

Providers will give their Self-Assessments and supporting information to the LME-MCO/Local Lead Agency (Case Management Entity). More information may be requested by the LME-MCOs/Local Lead Agencies (Case Management Entities).

Providers who are not meeting the requirements of the HCBS Final Rule must provide a plan. That plan will explain how they will meet the requirements and the dates by which they will do so.

All provider plans will be reviewed by the LME-MCO/Local Lead Agency (Case Management Entity). They will be monitored based on approved timeframes. The State will oversee this.

Providers may request help from the State (DHHS), LME-MCO/Local Lead Agency (Case Management Entity) or other providers that are in compliance.

Providers who cannot or will not meet the requirements of the HCBS Rule by 2018 will be required to accept help from the LME-MCOs/Local Lead Agency (Case Management Entities) and the State (technical assistance). With this help, all of the people served by these providers will be moved to another provider. Services will be continued. The State and the LME-MCOs/Local Lead Agencies (Case Management Entities) will oversee any moves. A 60 days' notice will be given to all persons who need to change providers. More notice may be granted when the person needs residential services. A description of the process and choice of providers will be included if you are told that you have to change providers, but this is only if they cannot meet the rule. The Care Coordinator, designated personnel or Case Manager will meet face-to-face with anyone who has to move as soon as possible to discuss what happens next. The Care Coordinator, designated staff, or Case Manager will be sure that each person understands their rights ("due process").

Initial Compliance and Update to Transition Plan:

The State will review and validate (say if they accept and agree) the Self-Assessments of the State, LME-MCOs/Local Lead Agencies (Case Management Entities), and providers. No later than January 1, 2016, the State will change ("amend") this transition plan to meet the requirements of the HCBS Rule. After CMS approves the changes, the State will make Technical Amendments to its waivers. The waiver will include the full transition plan.

For providers that need help to meet the rule requirements, the State will do the following between July 1, 2015 and June 30, 2018:

- Offer peer support focus groups. Those providers who are meeting the rule's requirements will work with those who are not.
- Provide help (technical assistance) to providers as needed.

Ongoing Compliance:

Once we meet the Rule requirements, we must continue to do so, and to help us make sure this happens we will:

- Ask people who receive waiver services how things are going and to share experience(s);
- Request input through satisfaction surveys;
- Consider the need for a personal individual assessment to be done at the time of your planning meeting;
- Looking at the LME-MCOs/Local Lead Agencies (Case Management Entities) to see if they are doing all they need to do;
- Consider other ways to "get the word out", possibly a public service announcement;
- Continue the Monitoring Process to see that we are meeting the rules;
- Include quality measures (that we all agree with) to help us meet the rules; and
- Work with the Stakeholder Committee to be sure we hear what people have to share.

Conclusion:

North Carolinians who receive Medicaid waiver services and supports must have all the same benefits of living in a community as anyone does. We, the State of North Carolina, see a new future for improved community access and quality of life for people receiving waiver services. We will work with those who use home and community based services, their families, allies and others to become the change. Together, we will make this vision real.

DRAFT - For Public Notice