

HCBS Settings Rule

New Federal Rules for Home and
Community-Based Services

April 30, 2015

Attendance and Sign In

- If attending in person, please make sure you sign in
- If attending via webinar, please send an email to Brian.Bennett@LA.GOV with the name of the individual(s) that attended and the name of your ADHC center

Purpose of Today's Meeting

- Introduce new federal rule for HCBS Settings
- Discuss OAAS' plan for compliance
- Review next steps for providers
- Review provider self-assessment process

Overview of the HCBS Settings Rule

- Placed into rule on March 17, 2014
- Provides CMS' definition and qualifications of a home and community-based setting for services delivered under our 1915(c) waivers
 - Adult Day Health Care waiver
 - Community Choices waiver
- Requires that each state submit a transition plan to describe how it will comply with the rule
 - Settings in which services are provided under a 1915(c) waiver must demonstrate compliance with this rule

Overview of the HCBS Settings Rule

42 CFR §441.301(c)(4)(5)

- The setting is integrated and supports full access to the community
- The setting is selected by the individual and reflects the individual's needs and preferences
- Ensures an individual's right to privacy
- Encourages individual initiative, autonomy, and independence in making choices

Louisiana's Transition Plan

- Agencies within DHH and every state were required to develop and submit a transition plan to CMS describing how they will comply with the rule.
- Our transition plan describes the steps we will take as a state to assess and gauge current compliance, how we will address non-compliance, and how we will monitor compliance going forward.
- Additionally, in the future CMS will be looking to see whether each state and its providers implemented their compliance activities as described in the transition plan

Louisiana's Transition Plan

Why is this important?

- Every state must have an approved transition plan to receive funding for home and community-based services (HCBS) provided under a waiver program, including Adult Day Health Care
- If it is discovered that we are not implementing our transition plan as approved OR providers are not compliant with the rule after the state's deadline, CMS may recoup money paid for HCBS

Louisiana's Transition Plan - Key Milestones

- Louisiana's plan submitted to CMS in March and is under review – posted to OAAS website
- ADHC providers will complete a self-assessment during the month of May
- Random site visits will begin in July and participant interviews in 2016
- Compliance Timeframes:
 - Early **2016**, providers must be in compliance or will be required to submit an action plan describing how and when they will achieve compliance
 - Early **2017**, all providers serving waiver participants must be in compliance with the HCBS Settings Rule

Provider Self-Assessment

- Will be made available online May 1st and must be completed by all OAAS ADHC providers by **May 31, 2015**
- Each provider will form a small stakeholder/work group to answer and complete the self-assessment. Members may include:
 - Center staff
 - Participants and family members
 - Other providers (e.g. support coordinators)
 - Advocates
 - Other community stakeholders
- During the month of June, OAAS will begin notifying those providers who may not be in compliance

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- PSH
- March is...
- LTC Partnership
- Lifespan

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