

CMS Posts Guidance to Transition Plan Reviewers on HCBS Web Page

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The Centers for Medicare and Medicaid Services (CMS) have added to the Home and Community Based Services (HCBS) page on their web site a document entitled “HCBS Basic Element Review Tool for Statewide Transition Plans and HCBS Content Review Tool for Statewide Transition Plans.” The document consists of two tools: one to help reviewers make sure that the state has included the basic required elements of the transition plan in their submission, and another to aid reviewers in assessing the content of the plan.

The HCBS Basic Element Review Tool largely contains yes or no questions regarding ascertaining the inclusion of certain elements of the transition plan. The document is divided into two columns, with requirements listed in the left hand column and questions to assess whether the requirements are met in the right. There are ten requirements related to the public notice process. These include ascertaining whether “the state provides evidence that the entire Statewide Transition Plan was available for comment,” whether the state describes a public comment timeframe of at least thirty days, whether the state provided two public notices, whether a summary of the comments received is included in the state’s submission, and whether a description of any changes the state made in response to the comments is included. There are also four requirement sections related to the state assessment of compliance, including whether “the state describes an assessment process that includes a systemic review.” A note to reviewers reads “It is fine if the assessment is planned or ongoing at the time of the Statewide Transition Plan. At this time, we are not evaluating the details of the assessment process. However, if the state indicates that its systemic review assessment will not be completed within 6 months, we need to flag that for CMS.” Another requirement addresses states that have chosen “to assess individual sites to determine whether or not they are in compliance” with the HCBS rule settings requirements, asking whether the state “includes a description of how the state conducted, or plans to conduct, its site-specific assessments and a list of specific settings that were, or will be, assessed.” A note to reviewers here indicates that “states are not required to conduct site-specific assessments. However, under this requirement, if the state opts to conduct site-specific assessments, it must provide certain information to CMS. It is fine if the site-specific assessments are planned or ongoing at the time of the Statewide Transition Plan.” There are four requirements related to remedial actions. A note points out that “if a state has not completed its

assessment(s), it is acceptable for the state to submit a description of the actions it anticipates taking regardless of the ultimate findings from the assessment (e.g., the state knows it will have to conduct provider training on the new settings requirements no matter what). This information should be more robust for transition plans submitted closer to March 17, and states may need to revise the transition plan later after completing the assessment.”

The HCBS Content Review Tool addresses the actual content of the plan and requires reviewers to make judgments about its adequacy. The eight questions under the heading “Systemic Assessment: Process” largely ask reviewers to answer basic questions about the assessment, such as whether the state included a detailed description of their assessment process, and what parts of the assessment the state indicates it has completed. However, the final question asks reviewers to assess whether those states who have not completed their system-wide assessment have indicated a time from for completion is “reasonable.” A series of nineteen questions about the outcome of the systemic assessment asks reviewers to check yes or no boxes to indicate the types of compliance issues the state identifies in its submission. There are similar sections for “Site-Specific Assessment” process and outcomes, with an accompanying note to reviewers that indicates that “states are not required to conduct site-specific assessments, but if they do conduct these assessments, CMS would like to collect this information about the site-specific assessments.” This section is followed by a series of questions focusing on “remedial actions related to bringing the state’s standards into compliance,” including questions such as “does the state include a detailed description of the remedial actions the state will use to assure full compliance with the requirements?” and a requirement that the reviewer “list each compliance issue the state identified with its state standards” and answer questions about specific remedial actions and timelines. A similar section focuses on remedial actions related to a site-specific assessment, if the state chose to do one. There are also sections focused on heightened scrutiny requests and provisions made in the transition plan for individuals who need to be relocated as a result of the state’s compliance efforts.

For More Information: The document is available at <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/hcbs-statewide-transition-plan.pdf>.