



CMS HCBS Transition Plan Update

November 20, 2014

Comparison of Ohio's core values, rule requirements and current initiatives

Core Value	Rule Requirement	Examples of Current Initiative
<p>Individuals receive person centered care throughout the health care delivery system that addresses all of the individual's physical, behavioral health, long term care, and social needs.</p>	<p>Person-centered planning requirement</p>	<p>Employment First Adoption of the NCI-AD survey</p>
<p>Individuals have access to the services they need in the settings they choose.</p>	<p>Defines HCBS settings with emphasis on community integration.</p>	<p>Balanced Incentive Program</p>
<p>Individuals will be able to transition seamlessly among settings and programs as their needs change.</p>	<p>Ability to combine populations</p>	<p>Alignment of the NF-based waivers One case management system to support the NF-based waivers</p>

Ohio Approach

- Establish an interagency workgroup
- Develop a work plan for the state-wide transition plan.
- Conduct system-specific assessments
- Develop system-specific remediation strategies and timelines
- Develop and implement public input process

What's been accomplished so far

- Data collection and analysis of the current “as is” state in the waivers;
- Dialogue with sister agencies to identify shared and system-specific considerations.
- Researched possible strategies and timelines to comply with the regulation.
- Ongoing dialogue with CMS for additional guidance
- Dialogue with Office of Health Transformation to review pre-draft and proposed strategies.

What's Next

December 1st through January 8th: Public Comment Period, including 2 Public Hearings

- **January-February 2015**
- Revise the transition plan, as needed, based on the public comment
- **March 2015**
- Submission of the final transition plan to CMS

Considerations

- Person Centered Planning / Community Integration – Ensuring every individual is actively involved in person centered planning and integrated into their community.
- Person-Centered Service Delivery: Since the actual service delivery occurs at the provider level, modification of existing provider standards, service specifications, and oversight will be required in order to transition from the current model to one that is compliant with the regulation.

Considerations

- Residential Settings – Continued assessment of settings which may be “Presumed Not to Meet” the HCBS Settings definition.
- Adult Day Waiver Service Settings – Determine settings where segregated waiver services are currently provided, and what the future employment and non-work day services models may look like.

Resources

Center for Medicare and Medicaid

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>

Office of Health Transformation

<http://www.healthtransformation.ohio.gov>

Ohio Medicaid

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