

From: Damon Terzaghi <DTerzaghi@nasuad.org>

To: @nasuanasua@nasuad.org

Date: 9/10/2014 1:56:19 PM

Subject: RE: CMS Guidance on HCBS Settings Transition Plans - All-state Call

Attachments: CMS Public Notice for HCBS 9-11-14.pdf

Statewide Transition Plan Alignment with HCB Settings Regulation\_CMS Tem....pdf



\*\*\*All recipients Bcc'd\*\*\*

Good Afternoon,

We are writing to provide you with some more information about the CMS all-state call on HCBS transition plans and public comment. I offer apologies for the multiple e-mails on this topic; however, CMS just provided us with advance copies of the slides for tomorrow's call. I have attached them to this e-mail. The call is tomorrow (September 11) from 1:30 to 3:00 pm eastern time. The call-in information is: (877) 267-1577 with PIN: 994 498 082.

Thank you. As always, please feel free to contact us with any questions or concerns.

Damon

Damon Terzaghi  
Senior Director  
NASUAD  
1201 15th Street, NW  
Suite 350  
Washington, DC 20005  
[www.nasuad.org](http://www.nasuad.org)  
Phone: 202-898-2578  
Fax: 202-898-2578  
E-mail: [dterzaghi@nasuad.org](mailto:dterzaghi@nasuad.org)



From: Damon Terzaghi  
Sent: Tuesday, September 09, 2014 3:20 PM

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**To:** @nasua

**Subject:** CMS Guidance on HCBS Settings Transition Plans - All-state Call

We wanted to make sure that you are aware of a call that CMS will be hosting on this upcoming Thursday to discuss the recently-released guidance on HCBS transition plans and to provide more detail regarding their expectations around public input. For reference, I have attached the guidance and included the e-mail we sent on Friday summarizing CMS' release.

Call information is:

**Date/Time: Thursday (September 11) at 1:30 – 3:00 PM ET**

**Phone: (877) 267-1577**

**PIN: 994 498 082**

Please feel free to forward this information to any state staff who are working on HCBS settings transition plans or related issues.

Regards,

Damon

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**From:** Damon Terzaghi

**Sent:** Friday, September 05, 2014 2:39 PM

**To:** @nasua

**Subject:** CMS Guidance on HCBS Settings Transition Plans

Good Afternoon,

We wanted to alert you that CMS just released additional information on their expectations for the transition plans that required by the January HCBS regulation. I have attached the guidance to this e-mail, and it is also available online at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Statewide-Transition-Plan-Toolkit-.pdf>

The document, and other relevant information about the HCBS regulation, are also available at: <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>

As a reminder, these transition plans are expected to describe how a state will come into compliance with the new requirements around what a “home and community based setting” should look like. We note that today’s guidance is specifically targeted to the statewide transition plan, which is different from the waiver specific transition plan. As a quick refresher:

- A waiver specific transition plan: this transition plan is used to describe how **one specific** HCBS program (ie: 1915(c) waiver, 1915(i) benefit package, etc) will be brought into compliance with the regulation. This plan must be submitted with any “action” performed on the option, which includes a renewal or an amendment. The renewal and/or amendment will not be approved until the waiver-specific transition plan is approved. For example, if the state submits a waiver amendment increasing the number of individuals, the program specific transition plan must be submitted as part of the amendment. All public notice requirements should be completed at the time of submission.
- A statewide transition plan: this transition plan is used to describe how **every** HCBS program will come into compliance with the requirements. This plan must be submitted either within 120 days of the first HCBS action in the state, or March 17, 2015 – whichever is first. This transition plan should be more comprehensive and encompass the entire statewide HCBS program and all associated services, providers, and residential settings.

In this guidance, CMS provides more detail on what they expect to see in a transition plan. They also describe in more detail their expectations for determining whether providers are in compliance with the regulations. According to the document, a state must perform a review of their standards, rules, regulations, or other requirements placed on providers to determine the extent to which these policies are aligned with the new regulation. A state may then do provider-specific reviews. We note that CMS does acknowledge that surveys of providers (ie: Self-assessments) are allowable, but that CMS is strongly encouraging on-site reviews of a statistically significant sample of providers at a minimum.

We also wanted to highlight the public input process required during the plan development. During our conversations with CMS, they have repeatedly stressed that public input processes were one of the major factors preventing approval of many state transition plans. The document includes detailed discussion of the requirements for public input, including the following:

Prior to filing with CMS, a state must seek input from the public on the state's proposed Statewide Transition Plan, providing no less than a 30-day period for that input. CMS encourages states to seek input from a wide range of stakeholders representing consumers, providers, advocates, families, and other related stakeholders. The process for individuals to submit public comment should be convenient and accessible for all stakeholders, particularly individuals receiving services. CMS requires states to post the Statewide Transition Plans on their website in an easily accessible manner and include a website address for comments. At least one additional option for public input, such as public forums, is required.

CMS also stresses that "substantive modifications" to a transition plan will require an additional public input period, even if the above requirements have already been met.

As always, please feel free to contact us with questions or concerns.

Damon