



My Choice My Way Transition Plan

Overview of the Home and Community Based Services Rule from the Centers for Medicare & Medicaid Services (CMS)



Federal Intent of the Final Rule

- To ensure that individuals receiving long-term services and supports have full access to benefits of community living and the opportunity to receive services in the **most integrated setting appropriate**
- To enhance the quality of HCBS and provide protections to participants



Common Terms

Individual or person
who receives services

- Participant
- Member
- Consumer
- Beneficiary

Home where someone
lives

- Residential setting
- Provider owned/controlled setting
- Community Care Foster Family Home
- DD-Dom
- Expanded ARCH or E-ARCH
- Adult Foster Home

Place where someone
receives services

- Waiver provider
- Waiver agency
- Home and community based services provider



Who does this affect?

- Individuals receiving home and community based services (HCBS)
- Family member or friend of someone receiving HCBS
- Providers of HCBS
- State agencies
- Other stakeholders

Individuals- How does this affect me?



- ❖ I may be asked to respond to a survey (called an assessment) to let the State know how things are in my home or where I get services
- ❖ If I live in a licensed home, my home may need to make changes
- ❖ If I go to a day program, my day program may need to make changes
- ❖ It may take some time for changes to happen but I should see them little by little
- ❖ I can get information twice a year from the State on status of the changes
- ❖ If I have concerns with my home or day program, I can let my case manager, service coordinator, or the Medicaid ombudsman know

Family member or friend- How does this affect me?



- ❖ I may be asked to help my family member or friend respond to a survey (called an assessment) to let the State know how things are their home or where they get services
- ❖ If they live in a licensed home, their home may need to make changes
- ❖ If they go to a day program, their day program may need to make changes
- ❖ It may take some time for changes to happen but I should see them little by little
- ❖ I can get information twice a year from the State on status of the changes
- ❖ If I have concerns with their home or day program, I can let their case manager, service coordinator, or the Medicaid ombudsman know

Providers- How does this affect me?



- ❖ I will be asked to respond to a survey (called an assessment) to let the State know how close I am to meeting the new rules
- ❖ I may be asked to make changes to meet the new rules
- ❖ It may take some time for changes to happen but I should be making them little by little
- ❖ I can get information twice a year from the State on status of the changes
- ❖ If I have concerns with these changes, I can contact the Office of Health Care Assurance (OHCA) if I am a licensed home, a health plan I contract with, or the Ombudsman for the DD Division



State Agencies- How does this affect me?

- ❖ My agency will need to complete our work to meet the requirements of the My Choice My Way transition plan
- ❖ My agency will need to be responsive to the community (individuals, families, friends, providers, and other stakeholders) on implementation of the My Choice My Way transition plan
- ❖ It may take some time for changes to happen but we should be seeing them occur little by little
- ❖ We need to provide information twice a year on status of the changes
- ❖ If we receive concerns with these changes, we need to respond to them timely


Other Stakeholders- How does this affect me?




- ❖ I need to participate in my role as a stakeholder to support those that I serve
- ❖ It may take some time for changes to happen but I should see them little by little
- ❖ I can get information twice a year from the State on status of the changes
- ❖ If I have concerns with how changes are occurring, I can let the Medicaid ombudsman, Office of Health Care Assurance (OHCA), or the Ombudsman for the DD Division know



We Will Address:



Brief overview of
the HCBS



Overview of
Hawaii's draft
transition plan
called My Choice
My Way

My Choice My Way Transition Plan

PART 1:

OVERVIEW OF NEW RULES FOR HOME AND COMMUNITY BASED SERVICES

Home and Community Based Settings (HCBS) Requirements



- Establish a definition that focuses on individuals' experiences
- Increase the chances for individuals to have access community living and the opportunity to receive services in an integrated setting



HCBS Requirements

The Final Rule establishes:

What should be included in home and community based services

Settings that are not home and community-based

Settings presumed not to be home and community-based

State compliance and transition requirements



HCBS Features

The Home and Community-Based setting:

- Makes sure the individual receives services in the community **to the same degree of access as people not receiving Medicaid home and community-based services**
- Provides chances to look for employment and **work, connect with community life, and control personal finances**
- **Is involved in and supports access to the whole community**



HCBS Features

Picked by the **individual** from among different options

Person-centered service plan records the choices:

- ❖ based on the persons needs,
- ❖ Preferences, and
- ❖ for residential settings, the persons resources.

Additional Requirements in Provider-Owned/Controlled Settings



Specific unit/dwelling is owned, rented, or occupied under legally enforceable agreement

The person has a **lease or other legal agreement** providing the same protections as persons not in provider owned and/or controlled settings

Additional Requirements in Provider-Owned/Controlled Settings



**Person
has:**

Choice of where to live

Choice of schedules and activities

Choice of meals and snacks

Choice of roommate

Choice of provider

Freedom to decorate room

Right to privacy

Right to choose who visits and what time

Physical access in and outside of home

Opportunity to find a job

Control of finances

Changes to the requirements



Must be:

- Supported by specific need
- Documented and explained in the person-centered service plan
- Example might be limits on access to food or visitors

Change is required to meet the persons needs, *not* the setting's requirements.



HCBS Requirements

Settings NOT Home and Community Based:

Nursing facility



Institution for mental diseases (IMD)



Intermediate care facility for individuals with
intellectual disabilities (ICF/ID)



Hospital



HCBS Requirements

Settings that are PRESUMED NOT to be HCBS:

In a publicly or privately-owned facility providing inpatient treatment



On grounds of, or next to, a public institution



Settings that separate people receiving Medicaid home and community based services from people not receiving Medicaid home and community based services



Settings that May Isolate

Examples of types of settings

that are PRESUMED NOT to meet HCBS because they may *isolate*:

- Farmstead or disability-specific farm community
- Gated/secured “community” for people with disabilities
- Residential schools
- Multiple settings co-located and operationally related (same provider)
 - Examples are:
 - group homes on the grounds of a private ICF
 - numerous group homes co-located on a single site or close proximity
- CMS is not concerned about Community Care Retirement Communities (CCRC) since persons living independently are living with individuals who need services



HCBS Requirements

Settings **PRESUMED NOT** to be HCBS but *does* meet the requirements:

A state submits evidence (**including public input**) showing that the setting does have the qualities of a home and community-based setting and **NOT** the qualities of an institution; **AND**

The federal government finds, based on a **review** of the evidence, that the setting meets the requirements for home and community-based settings and does **NOT** have the qualities of an institution



HCBS Rule Recap

The “test” for any home and community based setting will include **the features of** the setting that make it home and community based and how the **person receiving home and community based services is involved in the community compared to other people in the community** who do not receive home and community based services.

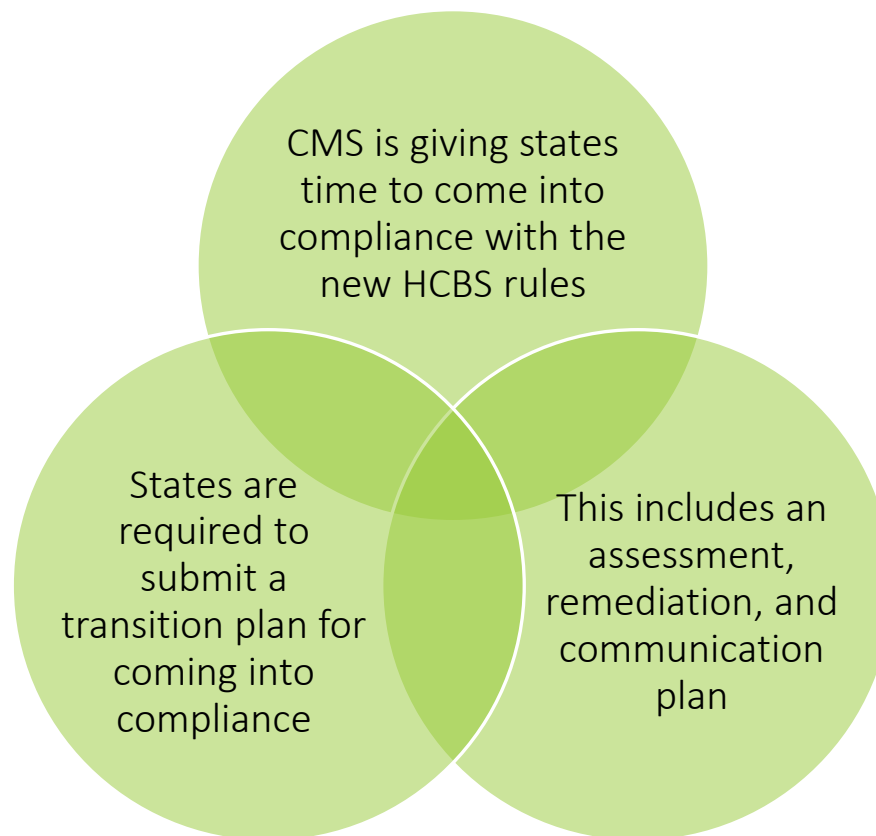
My Choice My Way Transition Plan

PART 2:

OVERVIEW OF REQUIREMENTS AND DRAFT
TRANSITION PLAN



State Transition Plan





Transition Plan

IMPORTANT DATES TO REMEMBER:

- Final rule in effect on March 17, 2014
- All states transition plans **due to CMS on or before** March 17, 2015
- All states expected to fully meet rule **within 5 years or sooner = on or before** March 17, 2019



Requirements for Public Input

The state must provide the public a chance to review the transition plan and comment on it.

Consider
public
comments

Change the
plan based
on public
comment,
as
appropriate

Submit plan
that
incorporates
public
comment to
CMS

State needs
to keep and
show CMS
all public
comments



State Transition Plan

The Plan must contain the following:

1.

Assessment:

Systems and Settings both must be evaluated

2.

Remediation or Corrective Actions:

Based on findings, what are you going to do?

3.

Milestones and Timeframes:

How are you going to get there?

4.

Public Comment:

Summary of comments with changes or reason if not changed

My Choice My Way Advisory Group

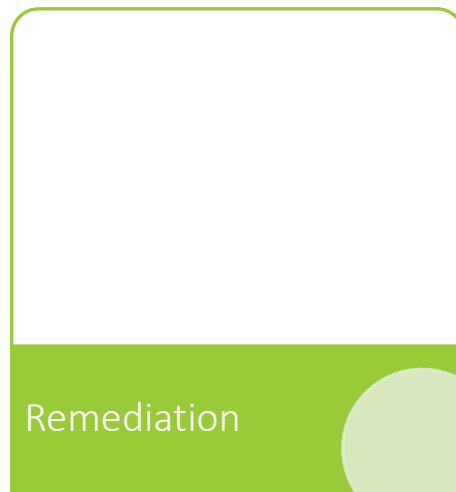
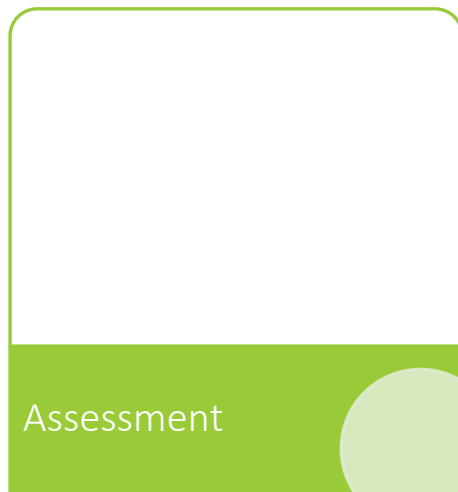


My Choice My Way Advisory Group



Developed Hawaii's draft transition plan

Components of plan:



My Choice My Way Draft Transition Plan



Assessment (both residential and non-residential settings)

Assess
(both
individuals
and
providers)

Analyze

Validate
providers

Update
transition
plan

My Choice My Way Draft Transition Plan



Timeframe for Assessments

Individuals/
Family/
Friends

- Complete in March and April 2015
- Analyze in May and June 2015
- Revise transition plan in October and November 2015

Providers

- Complete in March and April 2015
- Analyze in May and June 2015
- Validate in July to September 2015
- Revise transition plan in October and November 2015

My Choice My Way Draft Transition Plan



Remediation

Modify State
Statutes,
Rules,
Regulations,
Standards, or
Other
Requirements

Inform
providers of
room for
improvement

Submits
justification
to CMS for
settings that
may isolate

Develop
operational
procedures
with
providers

My Choice My Way Draft Transition Plan



Timeframe for Remediation

State
Agencies

- Change in rules and regulations July 2015 to July 2017
- Settings that may isolate to CMS July to December 2015

Providers

- Informed of room for improvement October to November 2015
- Develop operational procedures January to June 2016

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Key Stakeholder Engagement and Public Comment

Public
Comment

Public Forum

Informational
session twice
a year (both
participant
and provider)

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Timeframe for Key Stakeholder Engagement and Public Comment

Individuals
Family member
or Friends
Providers
State Agencies
Other
Stakeholders

- Public Comment by January 30, 2015
- Attend informational sessions- twice a year (March and July 2015 and then January and July from 2016 to 2018)

My Choice My Way Draft Transition Plan



Timeframe: December 16, 2014 to January 30, 2015

Send comments/questions/suggestions by January 30, 2015 to:

Email: mychoicemyway@medicaid.dhs.state.hi.us

Mailing address: Department of Human Services
Med-QUEST Division
Attention: Health Care Services Branch
P.O. Box 700190
Kapolei, Hawaii 96709-0190

Telephone: 808-692-8094

Fax: 808-692-8087

Additional Information

Centers for Medicare & Medicaid Services Website



The Centers for Medicare and Medicaid Services has a website with all of their materials, guidance, and the toolkit. They update this webpage as new materials are developed so watch the site regularly.

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

or search for “CMS HCBS toolkit”

Centers for Medicare & Medicaid Services Website – another path



1. Go to www.medicaid.gov
2. Click on “**Medicaid**” in the aqua colored bar at the top
3. Select “**By Topic**” from the drop down menu
4. Click on the link for “more information...” in the section titled “**Long-Term Supports & Services**”
5. On this page, the link to “**Home & Community Based Services**” is on the right column. Click that link to get to the page with all the materials the Centers for Medicare and Medicaid Services posts.



Hawai'i Med-QUEST Division

www.med-quest.us

FRAUD & ABUSE

PROVIDERS

- [Application Process](#)
- [Criminal History Record and Background Check](#)
- [Dental](#)
- [Electronic Health Record \(EHR\) Incentive Program](#)
- [EPSDT](#)
- [Health Plans](#)
- [Medicaid Fee Schedule](#)
- [Primary Care Physician \(PCP\) Increase](#)
- [Provider Bulletins](#)
- [Provider Exclusion/ Reinstatement List](#)
- [Provider Manual](#)
- [Provider Memos](#)
- [Archives](#)
- [Quick References](#)

PHARMACY

- [Pharmacy Clinical Newsletters](#)
- [Pharmacy P&T Meetings and Agendas](#)

MANAGED CARE

- [Quality Strategy](#)
- [Consumer Guides](#)
- [Enrollment Statistics](#)
- [CMS Reports](#)

QUEST INTEGRATION

- [General Information](#)

QUEST

NEWS AND EVENTS

[QUEST Integration](#) * [KOLEA](#) * [Hawaii HCBS Transition Plan](#)
[HIPAA Privacy Notice](#) * [QUEST Integration Contract Award](#)
[QUEST Integration Open Enrollment](#) * [MAGI](#) * [PERM](#)
[Quest Expanded Access \(QExA\)](#) * [Medicaid Provider Application/Change Confidentiality](#) * [QUEST Integration Recovery Audit Contractor \(RAC\) Bulletin](#)
[Primary Care Physician \(PCP\) enhanced reimbursement](#)
INFORMATION TO PROVIDERS FOR BILLING THE BREATHE NIOV™
[Notice of the Current Approved 1115 Waiver Effective 1/1/2014](#)
[Pre-existing Condition Insurance Plan](#) * [EHR Incentive Programs](#)

QUEST Integration ^{New}

QUEST Integration is effect on January 1, 2015. Please see Memos to all FFS Providers and Pharmacies regarding QUEST Integration.

[FFS M14-14](#)
[FFS M14-17](#)

KOLEA – On Line Eligibility Application

An easy and convenient way to apply for Medicaid, [click here](#) and you will be directed to our new secured Medicaid On - Line eligibility application (KOLEA).

When you are ready to apply, create your personal user account and follow instructions on the screens.

Hawaii HCBS Transition Plan ^{New}

The Department of Human Services (DHS) is required to submit a transition plan to CMS by March 17, 2015. Hawaii's transition plan will address areas of assessment, remediation, and public input. DHS is partnering with Medicaid waiver participants, families of individuals with disabilities, provider associations, advocates, other State agencies, and other stakeholders throughout this process to provide input into the plan. One goal of the plan is to assure that providers have access to needed information to assist with transition activities. There will be at least a 30-day public comment period before the statewide transition plan is submitted to CMS. The final outcome will be that Medicaid waiver participants will be served in a way that will enable them to live and thrive in truly integrated community settings.

[HCBS Final Rule Summary](#)

Look for **Hawaii HCBS Transition Plan**

In the News and Events Section (middle of the webpage)

Contact Information



Agency	Telephone	Online
Medicaid Ombudsman	Hawaii: 333-3053 Kauai: 240-0485 Maui and Lanai: 270-1536 Molokai: 660-0063 Oahu: 791-3467	hilopaa.org
DDD Ombudsman	Hawaii (808) 974-4000 Kauai (808) 2 74-3141 Maui (808) 984-2400 Molokai, Lanai 1-800-468-4644 Enter Extension: 3-6669 Oahu 808-453-6669	health.hawaii.gov/ddd
QUEST Integration Health Plans		
AlohaCare	1-877-973-0712	alohacare.org
HMSA	1-800-440-0640	hmsa.com
Kaiser Permanente	1-800-651-2237	kpinhawaii.org
'Ohana Health Plan	1-888-846-4262	ohanahealthplan.com
UnitedHealthcare Community Plan	1-888-980-8728	uhccommunityplan.com/hi
Office of Health Care Assurance	808-692-7997	health.hawaii.gov/ohca