

STATE OF GEORGIA STATEWIDE TRANSITION PLAN

Transition Plan to Implement the Settings Requirement for Home and
Community-Based Services Adopted by CMS on March 17, 2014, for
Georgia's Home and Community –Based Waivers

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Foreword

Summary – HCBS Settings Rule

Effective March 17, 2014, the Centers for Medicare and Medicaid Services (CMS) issued new regulations that require home and community-based waiver services to be provided in community-like settings. The new rules¹ define settings that are not community-like and cannot be used to provide federally-funded home and community based services. The purpose of these rules is to ensure that people who live in the community and receive home and community-based waiver services have opportunities to access their community and receive services in the most integrated settings. This includes opportunities to seek employment and work in competitive settings, engage in community life, control personal resources and participate in the community just as people do who live in the community and do not rely on home and community-based services. The new rules stress the importance of ensuring that people choose service settings from options and are able to exercise rights and optimize independence. Services must reflect individual needs and preferences as documented by a person-centered plan.

Georgia submitted four 1915(c) waiver amendments within the first year of the effective date of the rule and was therefore required to develop a transition plan specific to each waiver to ensure the settings requirements are met. Within 120 days of the submission of the first 1915(c) waiver amendment, the state is required to submit a plan that establishes timeframes and benchmarks for all the state's approved 1915(c) waiver HCBS programs to come into compliance with the new HCBS Settings Rule – a Statewide Transition Plan.

Background-1915 (c) Waivers

Section 1915(c) of the Social Security Act (the Act) authorizes the Secretary of Health and Human Services to waive certain requirements in the Medicaid law in order for states to provide home and community-based services (HCBS) to meet the needs of individuals who choose to receive their long-term care services and supports in their home or community, rather than in institutional settings. The Federal government authorized the “Medicaid 1915(c) Home and Community-Based Services (HCBS) Waiver program” in 1981 under Section 2176 of the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35). It is codified in section 1915(c) of the Social Security Act.

In order to contain costs, the federal legislation limited waiver services to individuals who would be institutionalized if the services were not provided. However, the costs of those waiver services cannot be higher than what they would cost in an institutional setting. The law permitted states to waive certain Medicaid program requirements and in doing so, deviate from Medicaid requirements, such as providing services only in certain geographic areas (“waive statewideness”). The HCBS Waiver program also allowed states flexibility to offer different types of services to individuals with chronic disabilities. Prior to this, with the origin of Medicaid in 1965, beneficiaries could only receive comprehensive long-term care in institutional settings.

¹ <https://federalregister.gov/a/2014-00487>

An initial waiver application is approved by the Centers for Medicare & Medicaid Services (CMS) for three years with additional renewal applications needing to be approved every five years. The waiver can be designed for a variety of targeted diagnosis-based groups including individuals who are elderly, and those who have physical, developmental, or mental health disabilities, or other chronic conditions. Across the country, waivers have been designed to meet a variety of needs by providing services including, but not limited to, adult health care services, case management, day treatment services, habilitation services, psychosocial rehabilitation services, mental health services, and other services as identified by the state. 1915(c) HCBS waivers have subsequently been utilized in Georgia to provide a variety of Medicaid-funded community based, long-term care services and supports for eligible members.

Transition Plan

Georgia has developed the following Transition Plan to follow in response to the new HCBS Settings Rule. This Statewide Transition Plan will present ways in which the State of Georgia will develop a tool(s) and implement evaluations of its home and community-based (HCBS) settings where 1915(c) waiver program services are currently available. It will also address methodologies used to maximize and enhance the public input process and ongoing compliance monitoring. If it is determined that there are settings that do not meet the final regulations' HCBS settings requirements, such HCBS settings will be required to make changes that will bring them into compliance.

Overview of Georgia's HCBS Programs

Waiver programs help people who are elderly and/or have disabilities and need help to live in their home or community instead of an institution such as a nursing home or Intermediate Care Facility for people with intellectual/developmental disabilities. Common services are provided across waivers though each waiver may title them differently:

- Service coordination (a case manager to help with managing care needs and services)
- Personal support (assistance with daily living activities, i.e. bathing, dressing, meals and housekeeping)
- Home health services (nursing and occupational, physical and speech therapies)
- Emergency response systems
- Respite care (caregiver relief)

Currently, Georgia has five (5) waiver programs under the 1915 (c) authority. They are:

1. Georgia Pediatric Program (GAPP)
2. Independent Care Waiver Program (ICWP)
3. New Options Waiver
4. Comprehensive Supports Waiver
 - #4 and #5 are Developmental/Intellectual Disabilities Waiver Programs
5. Elderly and Disabled Waiver

- Community Care Service Services Program (CCSP)
- Service Options Using Resources in a Community Environment (SOURCE)

CCSP – The Community Care Services Program is a program under the Elderly and Disabled Medicaid waiver program that provides community-based social, health and support services to individuals who have significant physical functional limitations as an alternative to institutional placement in a nursing facility. The Georgia Department of Community Health's (DCH) Division of Medicaid partners with the Division of Aging Services (DAS) within the Department of Human Services (DHS) for the operational management of the program. While DCH is responsible for provider reimbursement, enrollment and utilization review, DAS executes the day-to-day operations of the CCSP waiver program. There is currently an active wait list.

SOURCE – Service Options Using Resources in a Community Environment (SOURCE) links primary medical care and case management with approved long-term health services in a person's home or community. All SOURCE clients must meet nursing home level of care. SOURCE is operated by the Department of Community Health and is another program available under the Elderly and Disabled waiver. SOURCE provides services to frail elderly and physically disabled people who meet the Intermediate Nursing Home Level of Care. There is an active wait list.

GAPP – The Georgia Pediatric Program (GAPP) of the Georgia Department of Community Health (DCH) serves children who are medically fragile and in need of skilled nursing care. The program provides services either in-home or in a medical day care as an alternative to full-time skilled nursing facility care or institutional setting such as a hospital. Skilled nursing services are provided as a state plan benefit. Medically Fragile Day Care services are authorized through the waiver. There is not an active wait list for this program.

ICWP – The Independent Care Waiver Program (ICWP) offers services that help adult Medicaid members with physical disabilities or traumatic brain injury to live in their own homes or in the community instead of a hospital or nursing home. The program is operated by the Georgia Department of Community Health (DCH). There is an active wait list.

NOW/COMP – The New Options Waiver (NOW) and the Comprehensive Supports Waiver Program (COMP) offer home- and community-based services for people with intellectual disabilities (ID) or developmental disabilities (DD). The waivers are operated by the Department of Behavioral Health and Developmental Disabilities. A diagnosis of developmental disability includes intellectual disability or other closely related conditions, such as cerebral palsy, epilepsy, autism or neurological problems. These disabilities require a level of care provided in an intermediate-care facility (ICF) for people diagnosed with ID/DD. There are active wait lists for these programs.

Additionally, there are other Federal grants that the State has been awarded that are directly related to the waivers listed above. They are: Balancing Incentive Program (BIP), Money Follows the Person (MFP) and Testing Experience and Functional Tools in Community-Based Long Term Services and Supports (TEFT).

BIP – Enhanced earnings on HCBS expenditures which are then spent to increase access to and/or improve HCBS.

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MFP – Enhanced match on expenditures to support the transition of eligible individuals from residing in institutions to the community.

TEFT – Funding to test quality measurement tools and demonstrate e-health in Medicaid community-based long term services and supports

State’s Responsibility

Under the new HCBS Settings rule, Georgia must submit a “statewide transition plan” to CMS that addresses how it will comply with the HCBS Settings requirements for all five 1915(c) HCBS waivers.

Georgia was also subject to regulation which required not only the submission of a Statewide Transition Plan, but waiver-specific Transition Plans as well.

Four individual waiver transition plans were submitted for all waivers except GAPP. The transition plans were required to be submitted in conjunction with waiver amendments. The waiver amendments were necessary to achieve BIP objectives to increase waiver slots and select rates.

While the state has up to five years to come into compliance with the new Settings rule, the Statewide Transition Plan is due 120 days after the submission of the first waiver amendment.

The state also has an obligation related to affording meaningful public input into the process. Toward that end, the state has established a HCBS Settings Task Force to stretch our outreach and guide decision-making. The Task Force will continue very actively throughout implementation of the Statewide Transition Plan and will evolve to add workgroups and members as needed to ensure appropriate representation.

New CMS HCBS Rules Requirements

The final rule does not specifically define HCBS settings; rather it describes characteristics of HCBS vs. non HCBS settings. The final rule requires that “community-like” settings be defined by the nature and quality of the experiences of the individual receiving services and applies to both residential and day services settings.

The HCBS settings requirement and the state’s plan will ensure certain qualifications are met. These include:

- The setting is integrated in and supports full access to the greater community;
- Is selected by the individual from among setting options;
- Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Optimizes autonomy and independence in making life choices; and
- Facilitates choice regarding services and who provides them.

There are additional requirements for provider-owned or controlled HCBS residential settings. These requirements include:

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- The individual has a lease or other legally enforceable agreement providing similar protections to a lease;
- The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;
- The individual controls his/her own schedule including access to food at any time;
- The individual can have visitors at any time; and
- The setting is physically accessible.

The setting does not have the effect of isolating or discouraging integration of individuals in the broader community.

Current Waiver Amendments and Transition Plans

Georgia submitted four 1915(c) waiver amendments within the first year of the effective date of the rule and was therefore required to develop a transition plan specific to each waiver to ensure the settings requirements are met. Within 120 days of the submission of the first 1915(c) waiver amendment, the state is required to submit a plan that establishes timeframes and benchmarks for all the state's approved 1915(c) waiver HCBS programs to come into compliance with the new HCBS Settings Rule – a Statewide Transition Plan.

Georgia's Department of Community Health has created transition plans for the following waiver services: Elderly and Disabled (E&D) SOURCE and CCSP programs, Independent Care Waiver Program (ICWP), and Developmental/Intellectual Disabilities Waivers NOW and COMP.

It was through public comment and stakeholder input that a cross-waiver transition plan template was developed. The template established the foundation for each waiver-specific transition plan and this Statewide Transition Plan. Each waiver-specific Transition Plan was rolled up into the development of the Statewide Transition Plan. The Statewide Transition Plan will provide the framework for establishing appropriate timelines to assess and remediate of waiver services settings that do not meet the expectation of community-like or lack sufficient exercise of choice and person-centeredness, to address areas that need further analysis, to develop methods to engage stakeholders, and to determine a long-term plan for ongoing compliance and monitoring.

Specific transition plans by waiver programs can be found at <http://dch.georgia.gov/waivers>

Each waiver-specific transition plan has been approved by CMS as of December 11, 2014.

The original draft of this Statewide Transition Plan was posted on the DCH website on 10/31/2014 and will remain available for public comment in its current and each successive version for the duration of implementation of the plan.

Existing Settings in HCBS Programs – Review and Analysis

The standards, rules, regulations and other requirements for the following HCBS settings will be analyzed and reviewed by DCH, DBHDD and DHS/DAS to determine the extent to which they comply with federal regulations. DCH and its operating agencies will be responsible for ensuring

appropriate provision of HCBS by all providers that serve Medicaid members. The following services provided in provider-owned and operated settings will be assessed:

- Adult Day Health
- Alternative Living Services
- Community Access Group
- Community Residential Alternatives
- Pre-Vocational Services
- Supported Employment

The State of Georgia has reviewed several assessment tools that would allow for members and providers to complete and return the assessments to the state. After developing a Georgia-specific assessment tool, the state is piloting the administration of the tool to test the design and establish validity. The process for using the tool will consist of a provider self-assessment, followed by an independent validation process by case managers of those assessed. Additionally, members will complete surveys which have been developed to mirror the questions posed in the provider self-assessment. Data from all of these tools will be reviewed by State Administrative and Policy teams with results compiled and placed into a report to all stakeholders.

Georgia Plan for Determination of HCBS Setting Compliance

The compliance determination process includes all of the following:

- An initial State-level assessment of standards, rules, regulations, and other requirements will be conducted to determine alignment with the federal requirements.
- This State-level assessment will be conducted jointly by DCH and the State Department(s) responsible for operating each Waiver with stakeholder input, specifically through a designated work group that reports to the Task Force.
- Results of this assessment will be available for public comment and will be used to determine and develop the remedial strategies that may be necessary to ensure that all HCBS settings conform to the federal requirements.
- In addition to the State-level standards and policy assessment, site-specific evaluations of provider-owned and operated settings will be conducted as follows:
 - Assessments will be conducted for all HCBS settings via a provider self-assessment
 - A statistically significant representative random sample of setting assessments will be conducted by case managers.
 - It is anticipated that the on-site evaluations will be completed within one year of CMS approval of the assessment tool.
- Failure by a provider to participate in the self-assessment, will result in an on-site evaluation conducted by a survey team that includes one or more of the following: State personnel, service recipients or their family members, case managers or other representatives of case management entities, representatives of consumer advocacy organizations, and/or other stakeholders.
- DCH has developed and is currently testing an assessment tool for use in both the provider self-assessment and the on-site evaluations of HCBS settings. The assessment tool includes key questions guided by CMS' exploratory questions and is classified into categories which address the overarching requirements, characteristics, and

qualifications of a HCBS setting. The assessment results will be used to determine if the setting meets or does not meet the required federal rule and whether remediation can correct the compliance issue.

- All assessment tools will be completed electronically and the data will be maintained, archived, and extracted for reporting to verify compliance throughout the assessment process.
- The provider self-assessment tool was posted online and distributed through the Task Force for public comment. Several iterative modifications were made based on feedback.
- The assessment tool pilot began December 8, 2014. Volunteer providers were identified through the Task Force. Orientation to the tool was provided to volunteer providers and Task Force members. In addition, a technical assistance guide with instructions was disseminated with the tool to reduce the potential for misinterpretation and increase reliability among users.
- Upon completion of the provider self-assessment, case managers will be organized and dispatched to complete the validation of the provider self-assessment.
- Upon completion of the case manager assessment, or concurrently to, members will be asked to complete a survey that mirrors the questions being posed in the provider self-assessment, but phrased from a first-person perspective. Members and/or their families/authorized representatives or selected advocates will assist in administering the Individual HCBS Assessment as needed. However, in agreement with stakeholders, we will only rely on case manager assistance with member completion of the survey as a last resort in reaching a statistically significant sample. The state is guarded in protecting the integrity of the member survey results and has thus made this commitment.
- Upon completion of the pilot, which will assemble feedback from over 30 representative settings, DCH will share the data results with the Task Force and volunteer providers and will debrief with participants. Opportunities for improvement to the tool and the process will be identified and the changes adopted prior to the official roll-out of the assessment process.
- With the full roll-out, a similar process will be conducted, but with concurrent administration of the tool(s) by each of the three parties.
- Again, the results of the completed assessments will be compiled into a report and shared amongst all stakeholders.
- Any identified outliers for settings requiring a more heightened scrutiny will be reviewed with the HCBS Transition Plan Task Force for further consideration and additional recommendations.
- An appeal process will be developed, which allows the HCBS provider to dispute the HCBS setting's compliance or the need to comply with the specific requirement when the HCBS setting determines the requirement is not applicable to the particular setting.
- The state is proposing to complete analysis of the assessment process by April 30, 2015, report out by May 31, 2015 and establish a comprehensive cross-waiver remediation plan by 12/15/15 by which time waiver amendments will be submitted to incorporate remedies.
- Progress on implementation of this Statewide Transition Plan will be monitored regularly through Task Force meetings (at least quarterly) and through public posting on the status with opportunity for public input at least annually and will include.

Record Retention

Pursuant to the requirements of 42 C.F.R. § 434.6(a) (5) and 42 C.F.R. § 434.38, all books, documents, papers, electronic files and other materials in the creation and implementation of this Statewide Transition Plan will be retained by the Department of Community Health (DCH) and its operating agencies for the prescribed number of years.

Public Notices, Transition plans and survey results are available on the DCH website at www.dch.georgia.gov/waivers

Methodology for Implementation of Statewide Transition Plan

Outreach and Engagement

In addition to the public notices regarding the development of the Statewide Transition Plan, the DCH conducted twelve (12) HCBS Statewide Transition Plan Public Forums. These forums served as an opportunity for members, their families, advocates and providers to review the statewide plan, engage in face-to-face or virtual discussions, and participate in focus groups with DCH staff. To assist in executing these meetings, the State contracted with a parent advocate to assist in outreach and coordination. Direct outreach was conducted to 517 organizations and waiver specific advocates to notify them and their members of the public forums. A total of 722 persons attended these events. From those that chose to self-identify, the following participant data was gathered:

Participants	Number of attendees	Percentage
Recipients	51	7%
Family members	266	37%
Providers	231	32%
Unidentified	157	22%
Advocates	7	1%
State Employees	10	1%
Totals:	722	100%

Waiver	Participation
COMP	118 participants
E&D	77 participants
NOW	75 participants
ICWP	24 participants
GAAP	16 participants

In addition to the formally hosted DCH public forums, additional opportunities for providing education and receiving feedback were made available through:

- DCH presentations specific to the HCBS Settings rule to –
 - The Aging Disability Resource Connection (ADRC) Atlanta Office

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- Leading Age Georgia
- Service Providers for Developmental Disabilities (SPADD), and
- Georgia Association for Community Care Providers (GACCP)
- DBHDD Statewide Conversations that Matter (multiple city locations across the state where HCBS Settings rule was on the agenda)
- DHS/Division of Aging Services Annual Strategic Plan public meetings where the HCBS settings Rule Fact Sheets and public forum schedule were shared. Additional Town Hall meetings will be held beginning in January of 2015 to which we anticipated having dedicated time on the agendas.

The state provided copies of all materials via the website, email and postal mail upon requests and accommodated one request for alternative format of printed materials. Each DCH hosted public forum afforded sign language interpretation and the virtually conducted meetings offered Communication Access Real-time Translation (CART) services.

Public Comment Process

Georgia's Statewide Transition plan was developed with stakeholder input including public comment through multiple modes.

Georgia, in accordance with and related to the new Home and Community-Based Services Settings regulations found at 42 C.F.R. §441.301(c) (4)-(5) requiring transition planning per 42 C.F.R. §441.301(c) (6), posted public notices and conducted a comment period of no less than 30 days for the each waiver-specific transition plan as well as the Statewide Transition Plan. Public notice was achieved according to the following schedule:

Initial Public Notices for Waiver-specific Transition Plan Development

- Public notice was distributed to waiver participants through their case managers.
- July 2, 2014 on the Georgia Department of Community Health Website www.dch.georgia.gov/waivers
- July 2, 2014 on the Georgia Health Care Association website <http://ghca.info/2014/07/hcbs-transition-plan-to-comply-with-cms-community-setting-rules/>
- July 7, 2014 in every county office of the Division of Family and Children Services
- July 12, 2014 published in the Atlanta Journal-Constitution
- July 23, 2014 on the Georgia Department of Behavioral Health and Developmental Disabilities website <http://dbhdd.georgia.gov/developmental-disabilities>

Statewide Transition Plan Specific Public Notices (see call to stakeholders flyers attached on page 38)

- Public Forum Notices distributed through email by DCH and partners

From: HCBSevents [mailto:hcbssevents@gmail.com]
Sent: Friday, October 17, 2014 12:05 PM
To: Ivy, Catherine
Subject: Urgent Department of Community Health Meetings

Please distribute to your email network ASAP. First event October 28th!

From: Ivy, Catherine
Sent: Friday, October 17, 2014 1:33 PM
To: Alter, Marcey
Subject: FW: Urgent Department of Community Health Meetings

Sent to the DD Advisory Council and SPADD this afternoon.

From: Diane Wilush <dwilush@ucpga.org>
To: "Alter, Marcey" <mAlter@dch.ga.gov>
Sent: Thursday, October 23, 2014 8:28 AM
Subject: Community Meetings

Good Morning All!

SPADD has provided the attached meeting announcement to its membership last week. In addition, yesterday at our general membership meeting, all in attendance (about 70 agencies) were provided a hard copy of the information. Membership has been encouraged to share the information with the individuals they support and their families.

From: Unlock The Waiting List [mailto:gcdd@ciclt.net]
Sent: Saturday, November 08, 2014 10:45 AM
To: Alter, Marcey
Subject: Critical Public Notice - New Virtual Meeting - New Home and Community Based Services

- October 31, 2014 Posted on dch.georgia.gov/waivers
- October 31, 2014 Posted on dch.georgia.gov/public-notice
- November 6 & 8, 2014 Posted on URLs below: DBHDD (through contractor All About Developmental Disabilities) posted update to Conversations that Matter agendas:
 - <http://aadd.org/event/conversations-that-matter-valdosta/> (November 11)
 - <http://www.venuedog.com/rome/events/conversations-that-matter> (November 6)
- November 8 & 12, 2014
 - E-alert to approximately 2,142 individuals on the Unlock the Waiting List listserv
- November 14, 2014 published in Atlanta Journal Constitution

As meetings were conducted, frequently asked questions were tracked to develop an official FAQ document for placement and posting to the DCH website. The document will be added to and modified as needed to address other concerns as the implementation continues.

DCH made public comment opportunities available in via written and mailed submissions, an online survey, fax, a dedicated email site, direct contact to DCH staff, or verbally at one of the public meetings held in response to the regulations. In anticipation of development of the Statewide Transition Plan and to support waiver amendment transition planning, a key stakeholder planning session was held on July 30th, 2014. The planning session reviewed the regulations, introduced the transition work plan, and split into working groups to provide input and propose modifications to the work plan. From this planning session the HCBS Transition Task Force was developed.

The HCBS Transition Plan Task Force is comprised of members, their families, advocates, providers, and other partnering State agencies (DBHDD, DHS/DAS) that serve in an advisory capacity to DCH. Through bi-weekly meetings beginning in early October 2014 all parts of the plan were reviewed with recommendations on plan and assessment tool development, implementation and remediation strategies. This Task Force is ongoing as the State continues to implement the plan. Several work groups will be assembled to address plan-specific components such as for Communications, Policy Review, and Training. Each work group will report to the Task Force.

All comments and suggestions by the 722 participants were carefully considered and incorporated as appropriate following the public comment period. The state has documented feedback garnered through these forums and will retain the sign-in sheets, Power Point presentations, Audio and Visual recordings of virtual Town Hall public meetings and participant and facilitator notes in its record archives along with all recorded feedback.

Written feedback was received from multiple advocates/advocacy organizations and other stakeholders. Feedback has been categorized and summarized below:

Compilation of Public Comments to Statewide Transition Plan

What component(s) of the plan do you like?

- Overall Plan & Concepts: 21 Responses
- Accountability: 7 Responses
- Freedom of Choice: 7 Responses
- Community Integration: 10 Responses
- Outreach and Training for Stakeholders: 9 Responses
- Person Centered Focus: 14 Responses
- Emphasis on Quality: 7 Responses
- Realistic Timeline: 5 Responses
- Effectiveness of Assessment Tool: 6 Responses

(See graphic charts to follow on page 17)

Recommendations and Comments on the Draft Statewide Transition Plan

- **Overall Plan Format & Concepts: 71 Responses**
Terminology needs to be better defined; needs more examples to explain intent. Too much room for interpretation, too broad. More detail needed, more clarity in details, needs to be written for average families, too legal and complicated; needs actual

strategies. Need exact dates on the plan.

Georgia's Response: We agree more detail is needed, but our stakeholder informed plan has not yet evolved sufficiently to specifically identify strategies and details associated with those strategies. First we must assess our settings, establish our baseline against compliance, and then know better what types of strategies will respond best to needed areas for improvement. As for presenting the plan in more laymen's terms, we will be establishing a Communication work group to assist us in determining better methods for communicating: what we say, how we say it, the mode of delivery, etc. We also in recognition of this need during the process revised the PowerPoint overview posted online and developed the fact sheet to boil down the message to the essential points. The fact sheet is depicted on pages 36-37.

- **Outreach and Training: 54 Responses**

Page 13 needs more details. How will training and stakeholder engagement take place? Where is the plan for training? Add additional input from providers on specific oriented services, send communication to family- not just provider and case manager, find easier ways to give input, more time for input, on-going input opportunities need to be included at every level pre/post, specificity concerning training so providers are ready to meet the challenges, gain provider buy-in by providing educational services. More community meetings; have task force with the people who live it, provide public education to communities about the benefits of inclusion, publish notices in newspapers, more inclusion of real people and family members- not exclusively for legislators who make the decisions. Detail specifics on training subjects and timeline. Remediation specific training for providers on person-centered services (ex. Michael Smull)

Georgia's Response: We agree education and training will be essential to the success of our plan. However, we have not fully gathered sufficient input from stakeholders to guide us in what education and training should look like. This will be captured in the next iteration of the plan that is informed by a Training Work Group. We anticipate that we will rely heavily on the expertise of Mr. Smull, Beth Mount and others who are recognized as pioneers in person centered design. We are also committed to growing representation on the Task Force and ensuring ample and cross-representation on the work groups that are formed to assist in guiding this work.

- **Implementation: 24 Responses**

More guidance needed, less paperwork, needs more checks and balances, enforcement seems overwhelming. More detail in how providers will implement, more specifics about exceptions for each individual. Spot check homes, have fewer (best trained staff) to manage subtasks- then streamline subtasks, involve parents as volunteers. Does this mandate person-centered planning for all?

Georgia's Response: We agree the overall task(s) can be overwhelming. As the plan evolves, more specificity will be available to address enforcement, checks and balances/monitoring, expectations for impact to providers, and what resources we can

leverage (even volunteers) to meet our charge. We can't say whether this plan will result in a person-centered planning mandate for all, but it will be an inherent part training and education to facilitate successful implementation of the plan. Through this process opportunities to leverage administrative simplification will be explored as well.

- **Funding: 15 Responses**

What is going to fund the plan? Will this pull resources away from the individual? How will enhanced services be funded? How will it affect an individual's allocation? Cover costs up front. Financial stability for the provider must be considered.

Georgia's Response: It is difficult to project this early in the process what the funding implications will be. The state must first assess and then identify remediation strategies to begin to analyze associated costs. It is certainly not the intent of the state in implementing this federal regulation that any decision would be made to redirect funding away from an individual's budget. However, it is always necessary to consider where applying administrative simplifications might through efficiencies assist in offsetting any new costs.

- **Provider Support: 14 Responses**

Unclear guidelines for providers, no mention of changes to provider manuals, a "one size fits all" approach. The expectations from CAG service providers, the scope of impact on providers. What are the next practical steps for providers?

Georgia's Response: We did not in the plan specifically address provider manuals; however, when listing "Make policy modifications...", the intent was to include modifying policy as outlined in Provider Manuals, (i.e., Part II and III Policies and Procedures Manuals as applicable). We have made this change to specify in the plan (Remediation/Policy Development).

- **Communication: 13 Responses**

More needed on communicating to stakeholders. Publish the Q&A, need more notice on future meetings, better communication to providers and families, make plan more "readable", use webinars, and use emails to get families involved.

Georgia's Response: We heard this feedback in multiple forms and will be assembling a Communications Work Group to help guide a Communications plan. Under Identification/Task Force Development, we have specified three work groups including one for Communications.

- **Timeline: 8 Responses**

Confusion over start and end dates, timing too tight, timeline unrealistic for 3,000 providers.

Georgia's Response: We agree and have attempted to make modifications to make the

timelines more reasonable.

- **Health and Safety: 6 Responses**

Needs time frame on how to address health and safety concerns. Lack of emphasis on safety and community integration. Doesn't tell providers/families guidelines for assuring safety while balancing freedom and risk.

Georgia's Response: Oral feedback at public meetings made it clear this was a common concern. Our response is that health and safety always comes first and through the work of implementing this plan, we will with stakeholders develop and/or make available a guide for members, providers, and families about balancing choice and health/safety.

- **Assessment Tool: 5 Responses**

Full participation of providers for the self -assessment tool; identify what evidence is there that the assessment tool works in the real situation. Need public input on tool design.

Georgia's Response: We will be requiring all providers subject to the Rule to complete the provider Self-Assessment. The draft of the tool was disseminated to the public through the Task Force and posted on the DCH website for comment. We are conducting a pilot to test the tool specifically because it is a new instrument and desire to evidence that the tool works in real situations. We are committed to re-tooling the tool as needed based on feedback and data analysis from the pilot experience.

- **Compliance/ Enforcement: 6 Responses**

Lack of measures for compliance. What will happen with individuals in services when providers don't comply? More detail on how to enforce and who will monitor.

Georgia's Response: We recognize that the development of a monitoring and compliance protocol including the specificity of how providers will be evaluated, the ramifications for non-compliance, and inadvertent consequences will all need to be spelled out in extreme detail. However, this must be a collaborative and iterative process and this, too, will be a product of future work between the state and stakeholders.

- **Outcomes: 3 Responses**

More detail on overall goals. How does this affect our loved ones?

Georgia's Response: As part of our Communications Plan we will revisit how to best articulate the overarching goals of policy as well as the expected outcomes at the individual level. We did attempt to summarize the impact to individual members in the Fact Sheet.

- **Person Centered Planning: 2 Responses**

Not enough emphasis on the education specifics for providers on Person Centered Planning. What is it and who owns it?

Georgia's Response: The Institute on Disability describes Person Centered Planning in this way: Person-centered planning is a unique, individually-focused approach to planning for persons who are in need of services and supports. It is an important vehicle for empowering individuals to have a voice in the planning process and to actively shape their futures. It is a structured way of organizing planning that focuses on the unique values, strengths, preferences, capacities, needs, and desired outcomes or goals of the individual. There are tools created by consultants and companies that are owned by them that support the practice of Person Centered Planning.

We do envision that intensive training on Person Centered Planning and Person Centered Service Delivery for all involved in the system will be a recommendation that comes out of this planning.

- **Formatting: 2 Responses**

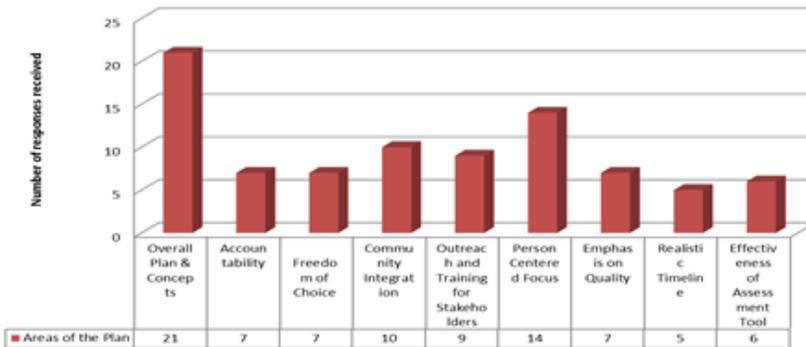
Hard to follow; each plan section should be on a different page; don't understand the subtasks.

Georgia's Response: The state has chosen to color code the work plan to make it easier to follow and to demarcate one plan section from another. In the narrative of the plan, we discuss subtasks as those activities that must be completed as a prerequisite for the larger task above it to be successfully accomplished.

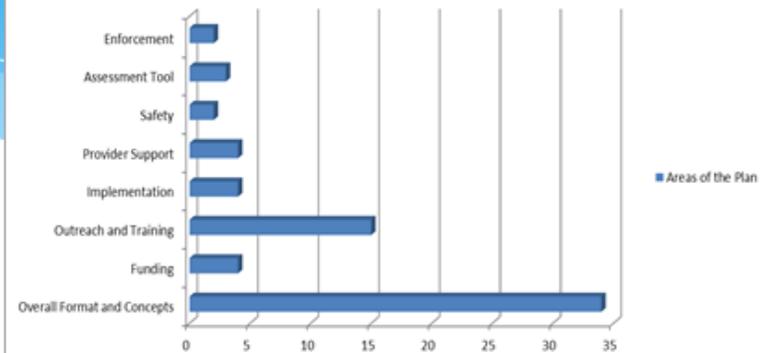
The Statewide Transition Plan reflects Georgia's early status in systemic review and implementation of the plan. There were comments and questions posed by commenters that the state could not yet answer because we have not yet completed our assessment to understand our compliance baseline and have not yet developed collectively with stakeholder input our statewide remediation recommendations. We do anticipate that over the next year, Georgia will have made significant progress on this development path. When significant updates to the plan can be made, it will be re-released for public comment. For now, the Statewide Transition Plan reflects an overarching design for planning and implementation.

HCBS Transition Plan Group Recommendations

Q1: Liked Plan Components



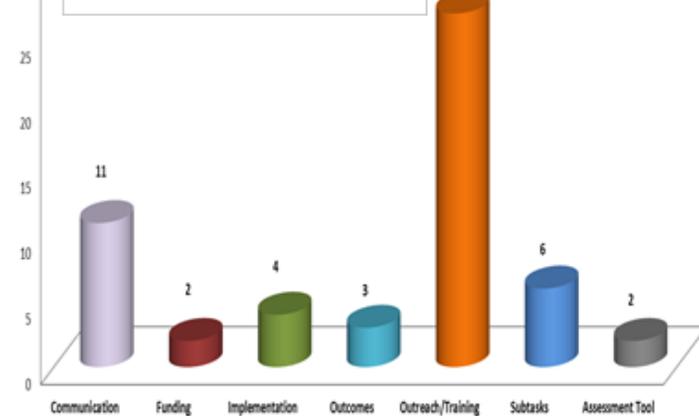
Q3: Areas of further Plan Detail



Q2: Opportunities for Improvement



Q4: Areas of need for in-depth detail on implementation of subtasks



Statewide Transition Plan Work Plan Matrix

The Department of Community Health has created a comprehensive home and community based services transition plan which is demonstrated in the matrix below. This Statewide Transition Plan outlines the following:

- Identifies required tasks and resources per waiver required for effective plan development
- Demonstrates methods used in the development of the assessment tool
- Outlines the process for continual compliance monitoring
- Engages system stakeholders in evaluation of those areas; and
- Establishes time frames for assessment and remediation of areas that do not meet the expectation of “community like”

Transition Plan Sections

The following sections are included within the Statewide Transition Plan:

- Outreach and Engagement
- Identification
- Assessment
- Remediation
- Monitoring and Evaluation

Each section will contain specific tasks with subtasks required to be completed to accomplish each larger task. Each task includes further detail of responsible entities, dates for implementation and expected outcomes. Narrative explanations detailing each tasks/subtasks and progress notes will be developed as transition plan is implemented.

Outreach and Engagement – The plan will describe how DCH will engage stakeholders in the transition planning, assessment tool and policy development processes.

Identification – Review existing state standards, policies, regulations, and code to determine changes needed to align with the federal requirements, such as:

- Regulations and facility licensure
- Person-centered planning requirements and documentation
- Oversight and monitoring

Assessment – Survey all residential and nonresidential providers

- Providers will complete a self-assessment for each setting (Fall 2014)
- Georgia will defer surveys of non-residential providers until CMS issues additional guidance about requirements for nonresidential settings

Remediation -- Outline strategies that DCH will implement to bring all settings into compliance

Monitoring and Evaluation – The plan will describe how DCH will monitor and evaluate providers to assure compliance

Statewide Transition Plan – Work Plan Matrix

Applicable waiver	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders	Outcome
Regulatory Compliance Area -- Outreach and Engagement							
All Waivers Outreach and engagement	Initial plan developed	Immediate stakeholder input gathered to adjust this originally drafted plan.	6/23/14 *	8/30/14	CMS written guidance and TA; DCH staff	DCH Policy Unit, DAS, SOURCE Quality Committee, DBHDD, ICWP Provider Network, ICWP Advisory Committee, and ICWP Case Managers,	Consensus and adoption of initially proposed plan methodology
Subtasks							
<ul style="list-style-type: none"> • Guidance researched • Review of other states materials • Initial plan drafted • DCH staff review and edit material 							
* Statewide Transition Plan work began concurrently with other waiver transition plan development							
All Waivers Outreach and Engagement	Public Notice-- Assessment Plan Review	DCH makes public notice through multiple venues to share overarching Transition Plan	07/3/14	08/30/14	Section 1 of Proposed HCBS Transition Plan	Members, Advocates, DCH Policy Unit, GMCF, ICWP Provider Network, ICWP Advisory Committee, ICWP Case Managers, DAS, Elderly and Disabled, DD, GAPP and other Provider Networks, SOURCE Quality Committee, and Care and Support Coordination	Public Notice with transition plan
Subtasks							
<ul style="list-style-type: none"> • Post E&D, ICWP and NOW/COMP public notices in DFCS offices • Post transition plan to DCH website • Publish all public notices in the <i>Atlanta Journal Constitution</i> • Hold key stakeholder task force meetings • Hold statewide public forums 							

State of Georgia Statewide Transition Plan

Applicable waiver	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders	Outcome
All Waivers Outreach and Engagement	Public Comment--Transition Plan	DCH commences collection of public comment through multiple methods and makes appropriate changes to assessment tool and plan. Comments will be taken in person, via fax, email, or website submission.	10/1/14	12/5/14	Section 1 of Proposed HCBS Transition Plan	DCH Policy Unit, DCH Communications, DAS and DBHDD	Public notice posted with transition plan
Subtasks							
<ul style="list-style-type: none"> • Written comments from face to face meetings summarized • Email, fax, web submitted comments summarized • Survey monkey results summarized 							
All Waivers Outreach and Engagement	Task Force Development	Establish a task force and supporting work groups to inform and advise Statewide Comprehensive Transition Plan Planning and implementation. Work groups: Communication, Policy, and Training	8/17/14	Ongoing	DCH Policy Unit, DAS, SOURCE Quality Committee, Medicaid members, Advocacy Groups, DCH Policy Unit, DAS, Elderly and Disabled Provider Network, SOURCE Quality Committee, Care Coordination	DCH Policy Unit, DAS, SOURCE Quality Committee and Care Coordination, Medicaid members, Advocacy Groups, DCH Policy Unit, DAS, Elderly and Disabled Provider Network,	
Subtasks							
<ul style="list-style-type: none"> • Develop subcommittees to address areas of policy, funding, regulation and training 							
All Waivers Outreach and Engagement	Public Comment--Collection and plan revisions	DCH incorporates appropriate changes to the initial transition plan based on public comments.	10/26/14	12/15/14	Section 1 of the Proposed HCBS Transition Plan	DCH Policy Unit, DAS, DBHDD, GMCF, ICWP Advisory Committee, and SOURCE Quality Committee	Completed transition plan
Subtasks							
<ul style="list-style-type: none"> • Public comments summarized into one document • Modifications made in track changes to each transition plan • Modifications reviewed by internal and external stakeholders • Transition plan finalized 							
All Waivers Outreach and	Public Comment--Retention	DCH will safely store public comments and state responses for CMS and the	8/15/14	Ongoing	Public Comments and State Response documents	DCH Policy Unit	Public comments stored

State of Georgia Statewide Transition Plan

Applicable waiver	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders	Outcome
Engagement		general public.					
Subtasks							
<ul style="list-style-type: none"> Secure file folder opened on DCH IT platform Electronic public Comments stored on platform Paper public comments stored by DCH Aging and Special Populations Unit 							
All Waivers Outreach and Engagement	Posting of revisions to initial document	DCH will post rationale behind any substantive change to the transition plan.	8/1/14	Ongoing	Public Comments and State Response documents	DCH Policy Unit, and DCH Communications	Posted rationale
Subtasks							
<ul style="list-style-type: none"> DCH IT posts each modified HCBS transition plan to DCH website with rationale for changes DCH posts final statewide HCBS transition plan to website with rationale for changes 							
All Waivers Outreach and Engagement	Stakeholder training and education	Design, schedule, and conduct training for individual recipients of waiver services, their families and similarly situated stakeholders on waiver compliance, changes they can expect to see and which will affect their services.	9/15/14	4/30/2015	Statewide Transition Plan and resulting products	Members, Families, and Advocates	Member understanding of changes to expect
Subtasks							
<ul style="list-style-type: none"> HCBS transition plan training developed for providers HCBS transition plan training developed for members Statewide member/family public forums held Training sessions held at various provider association meetings 							
All Waivers Outreach and Engagement	Public Comment—Ongoing input	DCH will leverage various stakeholders groups to periodically present and seek feedback to comprehensive Transition Plan development in preparation for Waiver	9/15/14	Ongoing	Public Comments and State Response documents	Members, Advocates, DCH Policy Unit, GMCF, ICWP Provider Network, ICWP Advisory Committee, ICWP Case Managers organizations, DAS, Elderly and Disabled DD, GAPP and other Provider Networkss, SOURCE Quality	Public comments for incorporation into policy and regulations

State of Georgia Statewide Transition Plan

Applicable waiver	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders	Outcome
						Committee, and Care and Support Coordination	
Subtasks							
<ul style="list-style-type: none"> DCH meet with and gather feedback from ICWP Advisory Committee DCH meet with and gather feedback from SOURCE Policy Committee DCH meet with and gather feedback from CCSP Quality Committee DCH meet with and gather feedback from DD Council DCH meet with and gather feedback from various provider organizations DCH to develop HCBS Transition Plan Communication work group 							
Regulatory Compliance Area – Identification							
All Waivers Identification	Obtain active provider breakdown by site	State identifies HCBS service provider listing by site to include contact information and service by site using category of service.	7/1/14	8/1/14	Department of Community Health Decision Support Services (DSS) system,	Division of Aging Services (DAS), DCH Policy and Information Technology units, DCH, and DBHDD	Consolidated and verified HCBS Setting Inventory
Subtasks							
<ul style="list-style-type: none"> DCH provide specifications for data pull to DSS system by category of service DCH obtain a comprehensive spreadsheet of all relevant HCBS providers 							
All Waivers Identification	Development of Provider Self-Assessment tool	State develops self-assessment tool for providers to evaluate conformity to and compliance with HCBS rules.	7/1/14	12/31/14	HCBS guidance, State developed assessment tools (Iowa/Nevada), CMS Guidance	DCH Policy Unit, DBHDD,E&D, ICWP Provider Networks, ICWP Advisory Committee, ICWP Case Managers, SOURCE Quality Committee, Care Coordination, and Division of Developmental Disabilities	Assessment tool vetted by key stakeholders
Subtasks							
<ul style="list-style-type: none"> DCH researches CMS HCBS guidance DCH researches other state assessment tools DCH drafts initial provider assessment tool DCH drafts companion instructions and cover letter to assessment tool 							

State of Georgia Statewide Transition Plan

Applicable waiver	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders	Outcome
<ul style="list-style-type: none"> DCH seeks input from providers, advocates, and members DCH modifies tool, instructions, and cover letter based on key stakeholder input DCH finalizes provider tool, cover letter, and instructions 							
All Waivers Identification	Submit E&D, ICWP, NOW & COMP Waiver Amendments	Submit Waiver Amendments to Centers For Medicare and Medicaid Services (CMS) following public comment period on transition plan.	7/15/14	8/30/14	CMS Waiver Document	DCH Policy Unit, DAS, DBHDD, DD, Elderly and Disabled, ICWP Provider Network, ICWP Advisory Committee, SOURCE Quality Committee, Care Coordination ICWP Case Managers, and Support Coordination	Initial Waiver Amendments
Subtasks							
<ul style="list-style-type: none"> Waiver amendments drafted Public comment submitted for each waiver amendment Waiver amendments provided to key stakeholders Revisions to waivers made based on public comments Waiver amendments submitted to CMS 							
All Waivers Identification	Test and refine Assessment tool	Pilot self-administration of tool to ensure it adequately captures needed elements and is easily and accurately completed by providers.	11/15/14	12/31/14	HCBS guidance, public input, key stakeholder input	ICWP Advisory Committee, DD Provider Network, Provider Organizations, G4A, SOURCE Quality Committee, Family Members and other advocates	Validated tool
Subtasks							
<ul style="list-style-type: none"> Assessment tool sent to a specified number of providers to cover each waiver and area of state Feedback on pilot of provider assessment gathered by DCH Revisions made to assessment tool based on provider feedback Assessment tool finalized 							
All Waivers Identification	Other standards identification	Design with stakeholder input a comprehensive set of provider standards (credentialing, licensing, policies, training curricula,	8/16/14	Ongoing	Key stakeholder input, existing provider standards	DCH Policy Unit, ICWP Provider Network, ICWP Advisory Committee, ICWP Case	Provider Standards for enrollment and continued participation

State of Georgia Statewide Transition Plan

Applicable waiver	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders	Outcome
		etc.) to be reviewed and validated to conform to HCBS rule.				Managers, DBHDD, DCH, DAS Provider Enrollment, DBHDD Provider Network, Management, DAS, and SOURCE Quality Committee	
Subtasks							
<ul style="list-style-type: none"> • Current policies and provider standards reviewed by staff and key stakeholders • Modifications made to existing policy and standards to conform to HCBS rule • Additions to policy made to conform with HCBS rule 							
All Waivers Identification	Design electronic tool	Develop electronic version of tool for efficient collection and analysis of data.	10/1/14	12/31/14	Contracted DCH IT tool	DCH Policy Unit, DCH IT, and DSS experts	Electronic tool
Subtasks							
<ul style="list-style-type: none"> • Draft assessment tool provided to DBHDD for development of electronic tool • Pilot electronic tool developed • Revisions made to tool following pilot • Final electronic tool developed by DBHDD 							
All Waivers Identification	Identify funding streams for implementation of HCBS settings rule	State addresses required resources for becoming compliant with Office of Planning and Budget, Georgia Legislature and other State agencies	1/1/2015	Ongoing	DCH Financial Unit	DCH Policy Unit, ICWP Provider Network, ICWP Advisory Committee, ICWP Case Managers, DBHDD, DCH and DAS Provider Enrollment, DBHDD Provider Network, DAS, and SOURCE Quality Committee	Funding streams identified

State of Georgia Statewide Transition Plan

Applicable waiver	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders	Outcome
All Waivers Identification	Incorporation of Assessment tool into Provider enrollment policy and application	State incorporates self-assessment requirement into provider enrollment and policy at DCH, DAS and DBHDD.	9/1/14	1/31/15	HCBS Guidance, Healthcare Facility Regulations, Existing provider enrollment policy at DCH, DAS and DBHDD	DCH Policy Unit, ICWP Provider Network, ICWP Advisory Committee, ICWP Case Managers, DBHDD, DD Provider Network, Advocacy Organizations, DAS, Elderly and Disabled Provider network, SOURCE Quality Committee, and Care Coordination	Expectations for compliance are clearly outlined in Policy.
Subtasks							
<ul style="list-style-type: none"> Finalized tool introduced to various provider enrollment agencies Provider assessment tool adopted into policies and procedures for enrollment 							
Regulatory Compliance Area – Assessment							
All Waivers Assessment	Enrolled active HCBS Providers complete self-assessment	All active enrolled HCBS providers will submit the provider self-assessment tool to DCH.	12/8/14	3/31/15	Assessment Tool, HCBS Provider Network staff	DCH Policy Unit, DAS, Elderly, Disabled and ICWP Provider Network, ICWP Advisory Committee, SOURCE Quality Committee, Care coordination, ICWP Case Managers and Provider Organizations	100% of HCBS providers complete self-evaluation
Subtasks							
<ul style="list-style-type: none"> All providers sent assessment tool Returned assessment tool reviewed for completeness and follow up Non responsive providers contacted for compliance Remediation initiated for remaining non responsive providers 							

State of Georgia Statewide Transition Plan

Applicable waiver	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders	Outcome
All Waivers Assessment	Other standards Assessment	Assess what changes are required to update provider qualification standards, licensure regulations, enrollment education and provider training, and other related policies, etc. to conform to HCBS rule.	10/1/14	3/31/15	Key stakeholder input, existing provider standards	DCH Policy Unit, DBHDD Training and Education, DCH Healthcare Facilities, DAS, SOURCE Quality Committee, DAS and DCH Provider Enrollment ICWP Provider Network, ICWP Advisory Committee, ICWP Case Managers	Provider Standards for enrollment and continued participation
Subtasks							
<ul style="list-style-type: none"> • Current policies and provider standards reviewed by staff and key stakeholders • Modifications made to existing policy and standards to conform to HCBS rule • Additions to policy made to conform with HCBS rule 							
All Waivers Assessment	Self-assessment data is compiled and analyzed	DCH Policy Unit compiles the self-assessment data to determine those HCBS services providers who meet, do not meet, and could come into compliance with HCBS guidance.	3/31/15	4/30/15	Self-assessment tool, SharePoint	DCH Policy Unit, DAS and DBHDD	Report of findings and augmented Setting inventory to include compliance status
Subtasks							
<ul style="list-style-type: none"> • Self-assessment data is collected • Assessment data is compiled by waiver type and provider type • Report of findings is drafted • Draft report of findings is reviewed by key stakeholders • Final report of findings is posted to DCH website and released to key stakeholders 							
All Waivers Assessment	Case management entities validate a representative sample of self-assessments	Care and Support coordination, Regional Offices SOURCE case management agencies validate a state determined percentage of provider self-assessments for validity.	1/1/15	3/3/15	Self-assessment tool, SOURCE case managers, Community Care Services Program (CCSP) Care and Support Coordinators, tool,	DCH Policy Unit, DAS, SOURCE Case Management agencies, CCSP Care Coordinators, Georgia Medical Care Foundation (GMCF), Case Managers, and	Minimum 5% random sampling of assessment data collected to test reliability

State of Georgia Statewide Transition Plan

Applicable waiver	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders	Outcome
					ICWP Case Management Agencies and case managers, Regional Office Evaluation	Direct Service Providers	
Subtasks							
<ul style="list-style-type: none"> DCH runs a random sample of providers by waiver and provider type DCH coordinates with case management entities to conduct validation of findings Case management entities conduct validation 							
All Waivers Assessment	Validated self-assessment data is compiled and analyzed	Initial assessment data compared to validation data. DCH Policy Unit compiles the self-assessment data to determine those HCBS services providers who meet, do not meet, and could come into compliance with HCBS guidance.	3/31/15	4/30/15	Self-assessment tool, SharePoint	DCH Policy Unit, DAS, and DBHDD	Report of finding, accuracy, and reliability of tool and outcome data.
Subtasks							
<ul style="list-style-type: none"> DCH gathers data from case management validation DCH compares validated tool versus provider self-assessment DCH initiates remediation on non-compliant providers as appropriate 							
All Waivers Assessment	Assessment Results and Report Presentation	State will formally present the results of the assessment data to stakeholders and post on relevant websites.	5/1/15	5/31/15	Self-assessment tool, SharePoint, data analysis	DCH Policy Unit, DCH Communications, GMCF, ICWP Advisory Committee, DAS and DBHDD	Public distribution/ awareness of the state of the state of HCBS setting compliance

State of Georgia Statewide Transition Plan

Applicable waiver	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders	Outcome
Subtasks							
<ul style="list-style-type: none"> • DCH compiles report findings in draft report • DCH releases draft report to key stakeholders for input • DCH completes final validation report • DCH posts final validation report and makes available for key stakeholders • DCH presents final report at council meetings and provider association meetings. 							
Regulatory Compliance Area – Remediation							
All waivers Remediation	Statewide Transition Plan	Develop a Transition Plan package to include a project management plan and narrative white paper that summarizes the state of the state at the end of the initial assessment period, establishes a plan for comprehensively addressing all components of compliance with HCBS rule and describes the state's related mission and values.	7/1/14	12/15/14	Assessment results, key stakeholder input results, waiver document	DCH Policy Unit, GMCF, ICWP Provider Network, ICWP Advisory Committee, ICWP Case Managers, Members, Advocacy Groups, DAS, Elderly and Disabled Provider Network, SOURCE Quality Committee, Care Coordination, DBHDD, DD Provider Network, Support Coordination, DBHDD Statewide Quality Improvement Council	Fully developed statewide transition plan
Subtasks							
<ul style="list-style-type: none"> • HCBS individual waiver plans combined • Narrative report drafted • Subtasks entered • Timeline adjusted for individual subtasks • Statewide transition plan posted on DCH website and provided to key stakeholders for comment • Modifications to report and transition plan made based on public comment • Finalized report and Statewide transition plan posted and provided to key stakeholders 							

State of Georgia Statewide Transition Plan

Applicable waiver	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders	Outcome
All Waivers Remediation	Submit Waiver Plan Amendment to CMS	DCH will submit a waiver amendment that outlines remediation strategies for those HCBS providers not in compliance with HCBS regulations.	12/15/15	12/15/15	Assessment results, key stakeholder input results, waiver document	DCH Policy Unit, GMCF, ICWP Provider Network, ICWP Advisory Committee, ICWP Case Managers, DAS, SOURCE Quality Committee, and DBHDD	Waiver amendment with fully developed remediation strategy
Subtasks							
<ul style="list-style-type: none"> • Waiver amendment drafted containing Statewide Transition plan • Waiver amendment provided to key stakeholders for comments • Revision to waiver amendments made based on public comment • Finalized waivers submitted to CMS 							
All Waivers Remediation	Policy Development	State will develop revised policies and procedures to address ongoing monitoring and compliance. Revised policies will be reflected in updated Part II Policies and Procedures Medicaid Manuals and may require changes to provider internal policy manuals as well.	1/1/15	3/31/15	DCH and DHS Legal	Members, Advocates, DCH Policy and Program Integrity Units, DAS, DBHDD, GMCF, ICWP and Elderly and Disabled Provider Network, and Performance Units, ICWP Advisory Committee, ICWP Case Managers, SOURCE Quality Committee, Care Coordination, DBHDD Human Rights and Advisory Councils	Establish adverse action and appeals processes applicable to providers who fail to comply with HCBS rule
Subtasks							
<ul style="list-style-type: none"> • New policy and procedures drafted for compliance with HCBS rule setting per waiver • Draft policy and procedures released to key stakeholders for comments • Policy and procedures updated based on public comment • Final polices and procedure incorporated 							

State of Georgia Statewide Transition Plan

Applicable waiver	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders	Outcome
All Waivers Remediation	Other standards Remediation	Design, adopt, and implement plan for achieving comprehensive compliance of provider standards with HCBS rule (credentialing, licensing, policies, etc.)	1/1/15	6/30/15	Key stakeholder input, existing provider standards	DCH Policy Unit, DAS Provider Enrollment, DBHDD Policy Training Units, DBHDD Provider Network, GMCF, ICWP Advisory Committee, DCH Provider Enrollment, GMCF, and SOURCE Quality Committee	Provider Standards for enrollment and continued participation
Subtasks							
<ul style="list-style-type: none"> • Current policies and provider standards reviewed by staff and key stakeholders • Modifications made to existing policy and standards to conform to HCBS rule • Additions to policy made to conform with HCBS rule • Develop a provider guide for sites with ongoing health and safety concerns 							
All Waivers Remediation	Provider Training and Education	Design and implement plan for incorporating necessary training and education into provider enrollment orientation and provider employee training and policy manuals. Provide training to providers on implementation	1/15/15	6/30/15	Key stakeholder input, existing provider standards	DCH Policy Unit, DAS, SOURCE Quality Committee, DCH and DAS Provider Enrollment , Provider Network ICWP Provider Network, ICWP Advisory Committee, ICWP Case Managers, DBHDD Policy Unit and training Units, and Provider Professional Organizations	Educated providers on new rule
Subtasks							
<ul style="list-style-type: none"> • HCBS transition plan training developed for providers • HCBS transition plan training developed for members • Statewide member/family public forums held • Training sessions held at various provider association meetings 							

State of Georgia Statewide Transition Plan

Applicable waiver	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders	Outcome
All waivers Remediation	Ongoing Monitoring of compliance	State will incorporate HCBS requirements into policy and consumer satisfaction surveys to identify areas of non-compliance.	02/15/15	Ongoing	DCH policy manuals, Consumer satisfaction surveys	DCH Policy Unit, DCH Program Integrity, DAS, and DBHDD Quality Improvement Council	Ongoing Program Integrity and Provider Compliance Audits
<p style="text-align: center;">Subtasks</p> <ul style="list-style-type: none"> • HCBS guidance incorporated into all consumer satisfaction surveys • HCBS guidance incorporated into program integrity audits • Corrective action plans initiated for any non-complaint provider • Non-compliant providers suspended and/or terminated based on continued non-compliance • HCBS guidance incorporated in provider re-credentialing 							

DRAFT

Work Breakdown Structure

The work breakdown structure (WBS) excerpt below provides an alternative view into the Statewide Transition Planning process and serves as an internal step-by-step project planning tool. This tool will be used to structure and communicate the work and processes involved to execute the project. DCH will use the WBS to develop the project schedule, resource requirements and costs.

1. Project Initiation

- 1.1. Request to GA Legislature for increase in waiver slots and rates
 - 1.1.1 Gather information for BIP Sustainability Plan
 - 1.1.1.1 Meet with DCH Budget
 - 1.1.1.2 Meet with DAS for review
 - 1.1.1.3 Meet with DBHDD for review
 - 1.1.1.4 Meet with OPB for approval of funding
 - 1.1.1.5 Sustainability plan submitted to CMS Project Officer
 - 1.2 Request to CMS to amend GA Waivers
 - 1.3 Response received back from CMS to include transition plans with all HCBS 1915(c) waiver amendments

2. Outreach and Engagement

- 2.1 Preliminary survey of waiver members
- 2.2 Initial plan developed
- 2.3 Public Notice--Assessment Plan Review
- 2.4 Public Comment-- Transition Plan
- 2.5 Public Comment--Collection and plan revisions
 - 2.5.1 Summarize public comments into one document
 - 2.5.2 Modifications made in track changes for transparency to each transition plan
 - 2.5.3 Review of modifications by stakeholders
 - 2.5.4 Transition plan finalized
- 2.6 Public Comment-- Retention
 - 2.6.1 Developed secure DCH file folder within DCH IT platform
 - 2.6.2 Store all public comments on electronic platform
 - 2.6.3 Storage of Hard Copies
- 2.7 Posting of revisions to initial document
 - 2.7.1 Posting of Specific Waiver Transition Plans
 - 2.7.2 Posting of Final Statewide Transition Plan to DCH website
- 2.8 Stakeholder training and education
 - 2.8.1 HCBS Transition Plan Training for Providers
 - 2.8.2 HCBS Transition Plan Training for Members, Families with Public forums
 - 2.8.3 Public Forums held Statewide for members and their families
 - 2.8.4 Training sessions conducted by Provider Associations
- 2.9 Public Comment—Ongoing input
 - 2.9.1 Gather feedback from ICWP Advisory Committee
 - 2.9.2 Gather feedback from SOURCE Policy Committee
 - 2.9.3 Gather feedback from CCSP Quality Committee

- 2.9.4 Gather feedback from DD Council
- 2.9.5 Gather feedback from various provider organizations
- 2.9.6 Develop HCBS Transition Plan Communication Work group

3. Identification

- 3.1 Obtain active provider breakdown by site
 - 3.1.1 Provide data specifications to DSS
 - 3.1.2 Obtain comprehensive list of all providers
- 3.2 Development of Provider Self-Assessment tool
 - 3.2.1 Consult CMS for further guidance on HCBS transition plans
 - 3.2.2 Review of other States' assessment tool
 - 3.2.3 Complete 1st draft of provider assessment tool
 - 3.2.4 Companion instructions and cover letter to assessment tool drafted
 - 3.2.5 Obtain input from providers, advocates, and members
 - 3.2.6 Modify tool based upon feedback from stakeholders
- 3.3 Submit E & D, ICWP, NOW & COMP Waiver Amendments
 - 3.3.1 Draft waiver amendments
 - 3.3.2 Open opportunity for public comment
 - 3.3.4 Waiver amendments provided to key stakeholders
 - 3.3.5 Revisions to waiver amendments based upon public feedback
 - 3.3.6 Waiver amendments submitted to CMS
- 3.4 Test and refine assessment tool
 - 3.4.1 Assessment tool sent to provider sample
 - 3.4.2 Compile feedback from providers on assessment tool
 - 3.4.3 Revised tool based upon provider feedback
 - 3.4.5 Assessment tool completed
- 3.5 Other standards identification
 - 3.5.1 Policy and provider standards review
 - 3.5.2 Policy and standards modifications
 - 3.5.3 Policy adjustments to meet current HCBS rules
- 3.6 Design electronic tool
 - 3.6.1 Draft assessment tool provided to DBHDD for development of electronic tool
 - 3.6.2 Pilot electronic tool
 - 3.6.3 Revise tool based upon pilot testing
 - 3.6.4 Complete electronic tool developed by DBHDD
- 3.7 Incorporation of Assessment tool into Provider enrollment policy and application
 - 3.7.1 Finalized tool introduced to various provider enrollment agencies
 - 3.7.2 Provider assessment tool adopted into policies and procedures for enrollment

4. Assessment

- 4.1 Enrolled active HCBS Providers complete self-assessment
 - 4.1.1 Send assessment tool to all providers
 - 4.1.2 Submissions reviewed for completeness and follow-up
 - 4.1.3 Non responsive providers contacted for compliance
 - 4.1.4 Remediation initiated for remaining non responsive providers
- 4.2 Other standards Assessment

- 4.2.1 Review of current provider policy and standards
- 4.2.2 Modifications made to existing policy and standards to conform to HCBS rule
- 4.2.3 Additions to policy made to conform to HCBS rule
- 4.3 Self-assessment data is compiled and analyzed
 - 4.3.1 Data Collection
 - 4.3.2 Data sorted by waiver and provider type
 - 4.3.3 Report of findings
 - 4.3.4 Draft report reviewed by key stakeholders
 - 4.3.5 Final report completed
- 4.4 Case management entities validate a representative sample of self-assessments
 - 4.4.1 Random sample of providers by waiver and provider type
 - 4.4.2 DCH coordinates with case management entities to conduct validation findings
 - 4.4.3 Case management entities conduct validation of findings
- 4.5 Validated self-assessment data is compiled and analyzed
 - 4.5.1 Data gathered from case management validation process
 - 4.5.2 Reconcile provider self-assessment and validated tool
 - 4.5.3 Initiation of remediation on non-compliant providers as appropriate
- 4.6 Assessment Results and Report Presentation
 - 4.6.1 Compile report findings in draft report
 - 4.6.2 Release draft report to key stakeholders for input
 - 4.6.3 Validation report completed
 - 4.6.4 Posts final validation report
 - 4.6.5 Presentation of final report at council and provider association meetings

5. Remediation

- 5.1 Comprehensive Transition Plan
 - 5.1.1 HCBS individual waiver plans combined
 - 5.1.2 Narrative report drafted
 - 5.1.3 Subtasks entered
 - 5.1.4 Timeline adjusted for individual subtasks
 - 5.1.5 Statewide Transition Plan posted to DCH website and provided to key stakeholders for comment
 - 5.1.6 Modifications made based upon stakeholder input
 - 5.1.7 Finalize report and statewide transition plan posted and provided to key stakeholders
- 5.2 Submit Waiver Plan Amendment to CMS
 - 5.2.1 Waiver amendment drafted containing Statewide Transition Plan
 - 5.2.2 Waiver amendment provided to key stakeholders for comment
 - 5.2.3 Revisions made and final version completed based upon feedback
- 5.3 Policy Development
 - 5.3.1 New Policy and procedures drafted for compliance with HCBS rule setting per waiver
 - 5.3.2 Draft submitted to key stakeholders for comments
 - 5.3.3 Draft updated based upon stakeholder feedback
 - 5.3.4 Final policies and procedures incorporated

5.4 Other standards Remediation

- 5.4.1 Policy and provider standards review
- 5.4.2 Policy and standards modifications
- 5.4.3 Additions to policy to meet current HCBS rules

5.5 Provider Training and Education

- 5.5.1 HCBS Transition plan training developed for providers
- 5.5.2 HCBS transition plan training developed for members
- 5.5.3 Statewide member/family public forums held
- 5.5.4 Training sessions held at provider associations meetings

5.6 Ongoing Monitoring of compliance

- 5.6.1 HCBS guidance incorporated into all consumer satisfaction surveys
- 5.6.2 HCBS guidance incorporated into program integrity audits
- 5.6.3 Corrective Action Plans (CAP) initiated for non-compliant providers
- 5.6.4 Action for non-compliance providers
- 5.6.5 HCBS guidance incorporated in provider credentialing and renewal

Georgia Department of Community Health

HCBS Settings Rule and Statewide Transition Planning

On March 17, 2014, a new rule issued by the Centers for Medicare and Medicaid Services (CMS) affecting Home and Community-Based Services (HCBS) became effective. In Georgia, this affects all waiver programs: NOW, COMP, ICWP, CCSP, SOURCE, and GAPP. The rule is called the HCBS Settings Rule. Here is what you need to know about what's happening in Georgia.

What is the HCBS Rule about?

The Rule says that individuals receiving services and supports must have full access to the benefits of community living and receive supports in the most integrated setting. It means that "settings" are more about the nature and quality of individuals' experiences, not only about buildings where the services are delivered.

What does that mean to me?

If you are a member who receives waiver services, it means that you have the right to be supported with respect and in a very person-centered where you make decisions about how, when and where you get your services. It also means that you should have the opportunity to be involved in your community, coming and going where and when you want. You can also complete an assessment* to help the state understand where improvements are needed.

If you are a provider of waiver services, it means that you will be subject to new and enhanced policies that require providers to comply with the rule. It may mean that you will have to modify and adopt your own policies and provide training to assure your staff understand the expectations of the rule. It will also mean you have to participate in an assessment* of how you deliver services now as part of the Transition Plan.

What is the Transition Plan?

This is the first time CMS has put in regulation a description of HCBS in this way. Because it is new, states are allowed some time to come into compliance. States have to develop a Transition Plan to describe how they are going to determine if their HCBS services are complaint with the new Rule. The Transition Plan requires states to assess every provider-owned and operated HCBS setting and if it does not comply, the state has to describe how it will fix the areas that don't comply.

What should I do about this?

You should learn more! You should get involved in Georgia's assessment and transition planning process.

How do I do that?

Start by attending one of Georgia's Town Hall meetings. *Turn over for meeting options.*

Fact Sheet (front; back next page)
posted and distributed to facilitate
discussions and understanding of new
HCBS Settings Rule.

State of Georgia Statewide Transition Plan

HCBS Statewide Transition Plan Public Forums			
Location	Date	Time(s)	
Marietta- The Mansour Center 995 Roswell Street NE Marietta, GA 30060 Room: Travis Duke A	Tuesday, 10/28/2014	1:00 pm-2:30 pm Or 7:00 pm - 8:30 pm	marietahcbs@gmail.com
Macon- Disability Connections 170 College Street Macon GA 31201 Conference Room	Thursday, 11/6/2014	1:00 pm-2:30 pm Or 6:30 pm - 8:00 pm	maconhcbs@gmail.com
Athens- The Classic Center 300 N. Thomas Street Athens GA 30601 Room: Empire Room 1	Thursday, 11/13/2014	1:00 pm-2:30 pm Or 6:30 pm - 8:00 pm	athenshcbs@gmail.com
Atlanta- Department of Community Health 2 Peachtree St, NW Atlanta, GA 30303 5 th Floor Boardroom	Friday, 11/14/2014	10:00 am - 11:30 am	virtual1114@gmail.com
Fayetteville The Lafayette Educational Center- Bldg D 205 Lafayette Avenue Fayetteville GA 30214 Room: Media Center	Tuesday, 11/18/2014	1:00 pm-2:30 pm Or 7:00 pm - 8:30 pm	southmetrohcbs@gmail.com
Atlanta- Department of Community Health 2 Peachtree St, NW Atlanta, GA 30303 5 th Floor Boardroom	Wednesday, 11/19/2014	3:00 pm- 4:30 pm	virtual1119@gmail.com
Atlanta-Department of Community Health 2 Peachtree St, NW Atlanta, GA 30303 5 th Floor Boardroom	Thursday, 11/20/2014	10:30 am -12: 00 pm	virtualnov20@gmail.com

*Assessment?

The Transition Plan is intended to describe how the state will move toward and ultimately achieve compliance with the new HCBS Settings Rule. In order to describe the process, we have to *assess* where we are so we can compare to where we are going. The State will require all providers to conduct a self-assessment. Case managers will help the state validate the provider self-assessments. And we are inviting members to complete their own assessment, too.

The assessment will ask questions about individuals' experiences based on the quality characteristics of how CMS has defined home and community based services such as:

- Does the individual have rental rights?
- Does the individual have privacy where he/she sleeps?
- Does the individual have private space, such as where he/she sleeps, where the door can be locked? And where the individual, not the staff, has the key to the room?
- Did the individual have a choice of roommates?
- Does the individual have the freedom to furnish and decorate their residence to their liking?
- Does the individual have freedom and support to control their schedules and activities?
- Does the individual have the freedom to choose meals and have access to food any time?
- Does or may the individual entertain visitors at any time

Interested in learning more or participating? See the state website for this effort

www.dch.georgia.gov/waivers or write us at HCBSTransition@dch.ga.gov or call 404-463-6059.



Critical Public Meetings

For Individuals and Family Members who receive Waiver Services

You Can Have an Impact Upon Georgia's Medicaid Home and Community Based Services

In March of 2014, to ensure home- and community-based services (HCBS) are integrated, the federal government approved *new rules* that outline which Medicaid services can be covered and in what setting they can be provided. States are required to create "transition plans" describing the changes they will make to comply with these new regulations. As stakeholders, this is your opportunity to make a difference in the direction Georgia takes in its services.

At this meeting you will:

- Meet with Medicaid leaders to learn about important changes to HCBS
- Participate in a focused discussion with other advocates and voice your concerns on current services
- Review the draft transition plan and provide critical feedback helping to shape the future of services in Georgia

Who should attend: Individuals and Family Members who receive any of the following services:

- Independent Care Waiver Program (ICWP)
- New Options Waiver (NOW)
- Comprehensive Supports Waiver Program (COMP)
- Elderly & Disabled Waivers
- SOURCE (Services Options Using Resources in a Community Environment)
- Community Care Services Program (CCSP)
- Georgia Pediatric Program (GAAP)

October 28, 2014- Marietta

Afternoon or Evening session

1:00p.m. -2:30p.m. Or 7:00p.m. - 8:30p.m.

The Mansour Center
995 Roswell Street NE
Marietta, GA 30060
Room: Travis Duke A
(770) 701-0315

RSVP: mariettahcbs@gmail.com

Please indicate afternoon or evening session

State of Georgia Statewide Transition Plan

November 6, 2014- Macon

Afternoon or Evening session

1:00p.m. -2:30p.m. Or 6:30p.m. -8:00p.m.

Disability Connections

170 College Street

Macon GA 31201

Conference Room

(478) 741-1425

RSVP: Maconhcbs@gmail.com

Please indicate afternoon or evening session

November 13, 2014 Athens

Afternoon or Evening session

1:00p.m. -2:30p.m. Or 6:30p.m. -8:00p.m

The Classic Center

300 N. Thomas Street

Athens GA 30601

Room: Empire Room 1

(706) 357-4444

RSVP: athenshcbs@gmail.com

Please indicate afternoon or evening session

November 18, 2014 Fayetteville

Afternoon or Evening session

1:00p.m. -2:30p.m. Or 7:00p.m. -8:30p.m.

The Lafayette Educational Center- Building D

205 Lafayette Avenue

Fayetteville GA 30214

Room: Media Center

(770) 460-3990

RSVP: southmetrohcbs@gmail.com

Please indicate afternoon or evening session

Hosted by the Georgia Department of Community Health

For more detailed information on HCBS, please visit:

dch.georgia.gov/waivers

Georgia Department of Community Health

Critical Public Meetings – Virtual Series

For all Stakeholders and Providers of Waiver Services

You Can Impact Georgia’s Medicaid Home and Community Based Services

In March of 2014, the federal government approved *new rules* to ensure home- and community-based services (HCBS) are integrated, allowing for full and meaningful community involvement, and provide choice, respect, and dignity in the way services are delivered. States are required to create “transition plans” describing the changes they will make to comply with these new regulations. As stakeholders, this is your opportunity to make a difference in the direction Georgia takes in its services.

At this meeting you will:

- Meet with Medicaid leaders to learn about important changes to HCBS
- Participate in a focused discussion and voice your concerns on current services
- Review the draft transition plan and provide critical feedback helping to shape the future of services in Georgia

Who should attend: Anybody service recipient, provider, or manager of these waiver programs:

- Independent Care Waiver Program (ICWP)
- New Options Waiver (NOW)
- Comprehensive Supports Waiver Program (COMP)
- Elderly & Disabled Waivers
- SOURCE (Services Options Using Resources in a Community Environment)
- Community Care Services Program (CCSP)
- Georgia Pediatric Program (GAAP)

How to attend: In person, by phone, or by computer

- In person: DCH Board Room, 2 Peachtree Street, NW, 5th Floor
- Phone/Web: When you *RSVP*, *your confirmation will provide login and call in information*

Date: November 14

Time: 10:00am-11: 30am

RSVP: virtual1114@gmail.com

Date: November 19

Time: 3:00pm-4: 30 pm

RSVP: virtual1119@gmail.com

Date: November 20

Time: 10:30am-12: 00pm (note time change from original distribution)

RSVP: virtualnov20@gmail.com

For more detailed information on HCBS, please visit:

dch.georgia.gov/waivers

PUBLIC NOTICE

Pursuant to 42 C.F.R. §441.301(c)(6)(iii), the Georgia Department of Community Health is required to give public notice related to the State's plan to comply with new regulation governing the settings in which the delivery of services to Medicaid Home and Community-Based Services waiver recipients may be provided.

Home and Community-Based Waiver Services (HCBS) Statewide Transition Plan

The intent of the new HCBS Settings regulation, which became effective March 17, 2014, is to optimize member access to the benefits of community living and maximize opportunities for members to receive services in the most integrated setting. Implementation is intended to enhance the quality of waiver services and provide protections and support to participants through person-centered planning and exercise of choice, conflict free and independent evaluation standards, and services provided in the most integrated setting.

In accordance with and related to new Home and Community-Based Services Settings regulations found at 42 C.F.R. §441.301(c)(4)-(5) requiring transition planning per 42 C.F.R. §441.301(c)(6), the state must submit a plan detailing actions to achieve compliance with the setting requirements. The regulations require a waiver-specific transition plan to be submitted in conjunction with any waiver amendment or renewal. In addition, the state has 120 days from the submission of a waiver amendment to submit a comprehensive Statewide Transition Plan. The purpose of this public notice is to make waiver recipients and other interested parties aware that the Statewide Transition Plan is available for public input. The state is seeking feedback on the proposed plan to ensure it is responsive to stakeholder needs. A 30-day public notice and comment period is required.

The transition plan does not impact Medicaid eligibility, benefits, services or rates.

This public notice is available for review at each county Division of Family and Children Services office and at <http://dch.georgia.gov/public-notice>. A copy of the transition plan is available on the Department's website at <http://dch.georgia.gov/waivers>. Initial and ongoing comment may be submitted to the designated e-mail address: HCBSTransition@dch.ga.gov

Several public forums are scheduled across the state to provide an opportunity for the state to provide education on the transition plan and individuals to provide public comment. The schedule is attached. Individuals who are disabled and need assistance to participate should indicate their accommodation requirements with their RSVP.

A formal opportunity for public comment will be held on November 19, 2014, 10:30 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room. Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479. Citizens wishing to comment in writing on any of the proposed changes should do so on or before December 5, 2014, to the Department of Community Health, Division of Medicaid, Aging and Special Populations, 2 Peachtree St. NW, 37th Floor, Atlanta, Georgia 30303. Comments submitted will be available for review by the public at the Department of Community Health, Monday – Friday, 9:00 a.m. to 4:30 p.m., in the Department of Community Health Commissioner's Office, 2 Peachtree St. NW, 6th Floor, Atlanta, Georgia 30303.

NOTICE IS HEREBY GIVEN THIS 30th DAY OF October, 2014

Clyde L. Reese III, Esq., Commissioner

Summary of Comments to Waiver-Specific Transition Plans by Plan Component

Identification

1. Members, families, and advocates as key stakeholders should be engaged at a much earlier stage in the process, essentially this group should be engaged at the beginning and continued to be integral throughout the process. Value should be placed on the input that families have on waiver changes and their impact. Members, consumers and families should be involved in developing a comprehensive, statewide transition plan as well as policies and procedures for ongoing monitoring and compliance.
 - a. **Georgia response:** The Transition Plan has been modified to reflect members as key stakeholders throughout the plan.
2. Engagement should involve organizations such as LTCO, the Georgia Council on Aging, Alzheimer's Association, AARP, disability advocates and others as part of the key stakeholders.
 - a. **Georgia response:** The Transition Plan has been modified to reflect member involvement as well as these organizations as examples of key stakeholders to participate in planning and implementation throughout the plan.
3. Members in particular would be best positioned to articulate methods for assessing whether providers are truly providing settings that are integrated and that provide choice and independence in a meaningful way.
 - a. **Georgia response:** The Transition Plan has been modified to add the development of a supplemental assessment tool to be completed by members and to incorporate the resulting evaluation data into the comprehensive assessment and remediation planning.
4. Stakeholders should assist in the development of a comprehensive set of provider standards to include policies and training.
 - a. **Georgia response:** The Transition Plan has been modified to reflect such stakeholder involvement throughout the plan.

Assessment

5. State should include in its "Assessment phase" plan a survey or interviews of members and advocates as a supplement to the provider self-assessment tool.
 - a. **Georgia response:** The Transition Plan has been modified to add the development of an assessment tool to be completed by members and to incorporate the resulting evaluation data into the comprehensive assessment and remediation planning.
6. Incorporate the exploratory questions from CMS
 - a. **Georgia response:** The proposed Transition Plan speaks to identification of a tool. Of the three tools already distributed for stakeholder feedback, one was designed almost exclusively to align with CMS exploratory questions.
7. In the "self-assessment data is compiled and analyzed," we suggest that the corresponding outcome include that the report of findings would be made available to the public so that the compliance status of providers is transparent. Similarly, we suggest that in the description of

the “assessment results and report presentation,” the plan include that the state will formally present the results of the assessment data “with advance public notice.”

- a. **Georgia response:** The Statewide Comprehensive Transition Plan will detail planning to this specificity.
8. The plan should articulate the following: Process, Timeline, Opportunities for Public Input, evaluation criteria for initial inventory of services, mechanism that DCH will used to determine effectiveness of its substantive plan.
 - a. **Georgia response:** The Statewide Comprehensive Transition Plan will detail planning to this specificity.
9. Data should be used to conduct a gap analysis to determine areas of unmet need.
 - a. **Georgia response:** The state is unclear on whether the suggestion is to conduct a gap analysis specific to compliance with HCBS Settings rule or of all services. The state will investigate to clarify and further consider the recommendation.
10. We would like for the state’s plan to address what steps it will take to expand and develop the network of qualified HCBS providers, particularly in areas of the state with already-limited capacity or where it is anticipated that existing providers will not be able to come into compliance with the new regulatory requirements. Case managers or service coordinators should also conduct an assessment to determine if the service setting assessed by the operator differs significantly with the case manager's view. This step may be able to determine the accuracy of a self- assessment.
 - a. **Georgia response:** The waiver transition plan does incorporate validation of self-assessment by case managers. The state will carry the suggestion to address network and service capacity into the development of the Statewide Comprehensive Transition Plan.

Remediation

Questions regarding monitoring and compliance. These questions and concerns should be addressed in the state’s transition plan:

11. Will these [compliance and monitoring] functions be incorporated into the duties of an existing agency, such as HFR? Will the plan address level of staff and subsequent training?
 - a. **Georgia response:** The State’s Department of Community Health will serve as the regulatory body for monitoring and ongoing compliance. Training will be provided to all staff, providers and all others engaged in the process. The Statewide Comprehensive Transition Plan will outline additional details as they are developed.
12. Will monitors be sent into the field to survey settings first-hand? What mechanism will be provided to receive and respond to concerns or complaints by members, families, and others if they suspect a setting is not up to par with the final rule? The larger systems should be given the responsibility of 1) updating any monitoring tools in use and 2) generating a policy/procedure template for the providers for whom they have some responsibility.
 - a. **Georgia response:** Specific details detailing operational and compliance procedures will be outlined in the Statewide Comprehensive Transition Plan.
13. The plan should address when and how the state will align its personal care home regulations with the final rule.

- a. **Georgia response:** The Statewide Comprehensive Transition Plan will detail planning to this specificity.

Outreach and Engagement

14. Outreach and Engagement activities should include the following populations: All major administratively involved agencies - DBHDD, Division of Aging Services and all ICWP case managers /support coordinators, members and their families as well as advocacy organizations such as GACCP and SPADD.
 - a. **Georgia Response:** It is the state's desire to involve all individuals who are interested in doing so. All such individuals will have the opportunity to be throughout the development and implementation of the Transition Plan.
15. The following mechanisms and tools should be utilized as a part of the plan's required outreach initiatives: Email, telephone with live staff available during regular business hours, family-friendly printed materials and the participant (self-direct) training model.
 - a. **Georgia response:** Such tools will be utilized to the extent the state can engage in their use effectively and efficiently. The Statewide Comprehensive Transition Plan will detail planning to this specificity.

Other comments to Transitional Plan

16. It does not appear that funding is addressed in the current plan. When and how does the Department plan to address funding for the outlined action items during the planning process?
 - a. **Georgia response:** It will be up to each state agency which administers or operates a waiver to project funding impact and identify/request resources to fund planning, implementation and compliance monitoring. Funding for the plan will be developed upon completion of all waiver specific and Statewide Transition Plans.
17. Who is charged with overseeing the transition planning process as it rolls out? Who is in charge of monitoring and ongoing compliance?
 - a. **Georgia response:** The State Medicaid Agency, DCH, is responsible for overseeing the entire transition process.
18. What is the timeframe for this project and can it be changed?
 - a. **Georgia response:** The timeline has been established by CMS and we cannot change it. CMS rules allow the state 120 days from the date of waiver amendment/renewal submission to develop and submit a Statewide Comprehensive Transition Plan. The rules require a minimum 30 day public comment period on the plan prior to submission. The state has up to five years to implement the Plan fully.
19. The state and stakeholders need guidance from CMS on Self-Direction. We need to do determine how Self-Assessments for participant directed members will be implemented.
 - a. **Georgia response:** The state through its development of the Statewide Comprehensive Transition Plan will consider options for ensuring that appropriate mechanisms are agreed upon through collective input to assess compliance where

service delivery is participant-directed. The Transition Plan has been modified to account for this.

DRAFT



Nathan Deal, Governor

Clyde L. Reese III, Esq., Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

October 20, 2014

Dear Provider,

In meeting the guidelines for the new Centers For Medicare and Medicaid Services (CMS) Home and Community Based Services (HCBS) Setting Rule for Medicaid, the Department of Community Health (DCH) must evaluate provider sites to determine compliance with requirements around person-centered service delivery; access to the community; and options for individual choice in service type, provider and site. To accomplish this DCH has developed a provider Self-Assessment Tool for residential and non-residential service settings. Completion of the survey tool is mandatory in order to comply with the CMS Rule and remain a provider in good standing with DCH.

Since Person Centered Planning is a major component of the CMS Rule, the assessment tool is designed to identify the following requirements:

- Does the residential/nonresidential provider support the individual receiving services to be fully included in the community, part of the community, and have full access to the greater community?
- Was the individual given a choice of providers and services?
- Does the provider ensure individual privacy, dignity, respect?
- Does the provider honor and respect individuals' daily choices?

The response from the survey will assist DCH in determining the State's compliance level and provide a baseline for development of future training. Please know that Provider responses will be validated through a random sampling to be administered by case managers/support coordinators/care coordinators. If the response to the question is "Not yet" or "No", please indicate in the comment section a brief explanation and where appropriate the remedy to correct. DCH will follow up with providers to provide guidance on corrective actions.

The assessment tool must be completed in its entirety and submitted to DCH by the designated timeline. Additional instructions have been included with the Assessment Tool. If you have any questions or need further clarification, do not hesitate to contact Brian Dowd, Program Director Waiver Programs at bdowd@dch.ga.gov or 404-651-6889.

Sincerely,

A handwritten signature in black ink that reads "Marcey Alter".

Marcey Alter
Deputy Medicaid Director
DCH Aging and Special Populations

Georgia Assessment of HCBS Community Settings-Technical Guidance

The following technical guidance is meant to provide a guide in completing the assessment tool.

Important points to remember and general instruction:

- This survey is a mandatory component to Georgia’s agreement with the federal Medicaid agency to comply with HCBS Settings Regulations. The essence of the regulation requires states to ensure that waiver services delivered in provider-owned or operated settings are consistently person-centered, offering full dignity and respect through the manner in which services are delivered, fully integrated, and are not isolating, providing ample access to the community.
- Providers responding to the assessment should respond based on their usual business practices. If confirming with waiver participants, questions should be answered with the input of the member, families, authorized representatives, case managers, and any individual best suited to provide accurate information
- No survey question is meant to imply a provider should be putting a priority on individual rights and freedoms over individual health and safety. Please answer questions generally as if the question ended “if safe to do so according to
- Answer all questions as yes, no, not yet, or N/A
- N/A is an appropriate answer when a residential question is asked of a non-residential provider such as adult day health or supported employment
- If answering “No” please indicate whether the “No” is due to 1) HCBS characteristics not currently met, but that work can be done to conform 2) setting intrinsically cannot conform to rule 3) setting is an institution or 4) responding “Yes” to the question could provide a health or safety threat to the individuals served in the setting, e.g. freedom to come and go at will in the context of a dementia-specific setting or a residential setting for individuals with significant intellectual/developmental disabilities
- Each provider **location** must complete the assessment tools
- Non-response to the Assessment Tool will be treated as non-compliance subject to adverse action

Guidance on specific questions:

- 1) Choice of Settings and Settings Characteristics – Answering this set of questions will require multiple points of engagement from case managers as well as the member and/or their authorized representatives. The goal of the questions is to ensure that member were initially and continue to be provided choice of services, settings, and providers.
 - a. When considering whether the setting is appropriate for the needs of the individuals, needs would include those setting characteristics or modifications necessary to support health, safety and well-being, e.g., environmental modifications, an in-home “loop” for pacing, Braille labeling of cabinets and doorways.

- b. When considering whether the setting reflects the preferences of the individuals, preferences would include language spoken, setting in requested part of town, room painted color of individuals' choice, etc.
- 2) Participates in scheduled and unscheduled activities – Examples of meaningful activities are provided. The goal of the questions is to ensure that members receiving services are afforded activities similar to any other member in their community.
- 3) Right to dignity and privacy is respected – Treatment in a dignified manner can be defined as with respect appreciative of the formality and professionalism of the nature of the service
- 4) Employed in the community – N/A is applicable to members not seeking employment.
- 5) Controls own personal funds – Resources as indicated in the question could be any asset such as cash, checking, savings, stocks, bonds, or individual personal items. Please answer regardless of whether individuals have a guardian or authorized representative.
- 6) Choices are incorporated into services received – Answering this set of questions will require multiple participants from case managers as well as the member and/or their authorized representatives. The goal of the question is to ensure that members were initially and continue to be provided choice of providers.
- 7) Physical environment meets individualized needs – The goal of the question is to ensure that members can move both within the house and inside/outside of the house. A “No” response in category “4” may be appropriate as noted above, but must be described in the comment section.
- 8) Provider policies and supports – This assessment is primarily focused on the experience of the individuals receiving services. This set of questions is necessary to ensure that the infrastructure supporting service delivery reinforces the person-centered principles and philosophy with which services are to be delivered.
- 9) Other – Please use this section to indicate any additional information you would like to convey about the HCBS settings rules. It may be additional points to consider, items you felt were not captured, or additional explanations.

Georgia Assessment of HCBS Community Settings

Instructions: Please use direct interview of waiver participants and/or informal (natural) supporters, provider staff, direct observation, and/or record review to respond to the questions below. Multiple sources of information may be required.

Please select an answer for **each** question from these choices:

Yes = service site meets HCBS characteristics as outlined in the question

No = 1) HCBS characteristics are not met, 2) setting cannot conform, or 3) setting is institutional in nature, e.g. hospital, ICF/ID, nursing facility, or institution for mental disease (IMD)

Not Yet = service currently does not meet HCBS characteristics but could with modification

N/A – question does not apply to the site setting

Provider Name and Number:

Waiver/Program Name: [dropdown to include CCSP, SOURCE, NOW, COMP, ICWP, GAPP]

Site Address:

Site Type: 1) Residential 2) Non-residential

Service Type: [dropdown to include] 1) residential supports/alternative living services, 2) day services (e.g. community access group/adult day health), 3) employment related services (e.g. prevocational or supported employment)

Question Category	Question	Response				Comments If response is Not Yet or No , what is the remedy to correct? If Not Yet , when?
		Yes	Not Yet	No	N/A	
Choice of Setting and setting characteristics	Do the individuals in this setting continue to be provided a choice of available options regarding where to live (if this is a residential setting) or where to receive services (if this is a non-residential setting)?					
	Does the setting reflect the needs of the individuals?					
	Does the setting reflect the preferences of the individuals?					
	Do individuals know how to relocate and request new housing or non-residential service site change?					
	Do the individuals have access to make private phone calls, e-mail, text, or otherwise communicate privately?					
Participates in scheduled and unscheduled activities	Do the individuals participate in meaningful non-work activities (sports, leisure, social, or other activities in the community) settings as desired?					
	Are individuals regularly supported (based on their preference) to participate in spontaneous/non-scheduled activities?					
Site setting does not isolate individuals	Setting is part of the community at large (and not institution-like or part of or adjacent to an institution).					
	Do individuals live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for contact with people not receiving services (e.g. visitors who are friends, family members, others in the larger neighborhood or community)?					

Question Category	Question	Response				Comments If response is Not Yet or No , what is the remedy to correct? If Not Yet , when?
		Yes	Not Yet	No	N/A	
	Can visitors visit at any time?					
Employed in the community	Do the individuals work in an integrated setting (community settings where the individual would interact with non-disabled individuals)?					
	If the individuals would like to work, is the option being pursued?					
Has own bedroom or shares with a roommate of choice	Do the individuals have a choice of housemate or roommates?					
	Do the individuals talk about the roommate/housemates positively?					
	Do the individuals know how to request a roommate change?					
Controls own schedule	Do individuals have varying schedules from one another?					
	Can the individuals adjust their schedules as needed?					
Controls own personal funds	Do the individuals have a bank account or means of controlling personal resources?					
	Do the individuals have regular and easy access to personal funds?					
Chooses when, what and with whom to eat	Do the individuals choose when and where to have a meal?					
	Can the individuals request an alternative meal?					
	Can the individuals eat privately if they choose?					
Choices are incorporated into services received	Do staff ask individuals about their need/preferences?					
	Do individuals freely make requests for changes in the way their services or supports are delivered?					
	Do the individuals express satisfaction with services being provided?					

Question Category	Question	Response				Comments If response is Not Yet or No , what is the remedy to correct? If Not Yet , when?
		Yes	Not Yet	No	N/A	
	Do the individuals know how and to whom to make a request for a new provider or service?					
Free from coercion	Are individuals comfortable discussing concerns (things that upset or worry them)?					
	Can the individuals file anonymous complaints?					
	Do the individuals know who to contact to make a complaint?					
Has active role in the development and update of the person-centered service plan.	Do the individuals routinely participate in service planning meetings?					
	Can the individuals describe his/her role in the person-centered plan development process?					
	Does the service plan get updated when the individuals express a desire to change the type, the frequency, or the provider of supports/services?					
	Was the planning meeting scheduled at a time and place convenient to the individuals and other natural supporters?					
Has unrestricted access of setting (as appropriate per health and safety needs)	There are no locked doors or gates that only the provider controls.					
	Access is limited <u>only</u> for health and safety reasons according to approved care plans.					
	Do the individuals have their own keys to the residence?					
	Can individuals move about freely inside and outside the setting?					

Question Category	Question	Response				Comments If response is Not Yet or No , what is the remedy to correct? If Not Yet , when?
		Yes	Not Yet	No	N/A	
Physical environment meets individualized needs	Are there environmental accommodations (e.g. ramps, grab bars, graphic signage to support independence) available to individuals who need them?					
	Is the setting physically accessible to support easy access within, to, and from setting?					
Have full access to the community	Do individuals regularly leave the residence?					
	Do individuals in the setting have access to public transportation?					
	Is training provided in use of public transportation?					
	Where public transportation is limited, are there other resources available?					
Right to dignity and privacy is	Is individual health information kept private?					
	Do individuals receive assistance with grooming in a dignified manner?					
	Can individuals close and lock the bedroom or bathroom door (if safe to do so)?					
	Do staff or other residents always knock and receive permission before entering an individual's residence or room?					
Staff communicates in a dignified manner	Does staff refrain from talking to other staff about individuals as if they were not present?					
	Does staff address individuals in a dignified manner?					
There is a legally enforceable agreement for the	Do the individuals or his informal/natural supporters hold a lease or written residency agreement for the setting?					

Question Category	Question	Response				Comments If response is Not Yet or No , what is the remedy to correct? If Not Yet , when?
		Yes	Not Yet	No	N/A	
residence	Does the written agreement include language that provides protection against eviction and allows appeals of eviction or discharge?					
Provider policies and supports	Do the provider's policies align with and reflect the requirement for person-centered planning and service delivery?					
	Does the provider's employee training incorporate person-centered planning and service delivery?					
	Do the provider's employee performance evaluations include methods of observation to verify person-centered service delivery?					
Other	Do you have any other setting specific concerns?					

Georgia Individual Assessment of HCBS Community Settings

Please select an answer for **each** question from these choices:

Yes = service site meets HCBS characteristics as outlined in the question

No = 1) HCBS characteristics are not met, 2) setting cannot conform, or 3) setting is institutional in nature, e.g. hospital, ICF/ID, nursing facility, or institution for mental disease (IMD)

Not Yet = service currently does not meet HCBS characteristics but could with modification

N/A – question does not apply to the site setting

Provider Name:

Waiver/Program Name: [dropdown to include CCSP, SOURCE, NOW, COMP, ICWP, GAPP]

Site Address:

Site Type: 1) Residential 2) Non-residential

Service Type: [dropdown to include] 1) residential supports/alternative living services, 2) day services (e.g. community access group/adult day health), 3) employment related services (e.g. prevocational or supported employment)

Question Category	Question	Response			Comments Do you have any comments about what would make this better?
		Yes	No	N/A	
Choice of Setting and setting characteristics	Do you get to choose where to live (if this is a residential setting) or where to receive services (if this is a non-residential setting)?				
	Does this setting reflect your needs?				
	Does this setting reflect your preferences?				
	Do you know how to relocate and request new housing or non-residential service site change?				
	Do you have access to make private phone calls, e-mail, text, or otherwise communicate privately?				
Participates in scheduled and unscheduled activities	Do you participate in meaningful non-work activities (sports, leisure, social, or other activities in the community) settings as desired?				
	Are you supported when you want to do something that's not scheduled?				
Site setting does not isolate individuals	Is your setting a part of the community at large (and not institution-like or part of or adjacent to an institution)?				
	Do you live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for contact with people not receiving services (e.g. visitors who are friends, family members, others in the larger neighborhood or community)?				
	Can visitors visit at any time?				
Employed in the community	Do you work in an integrated setting (community settings where you would work with non-disabled individuals)?				
	If you would like to work, is someone helping you with that goal?				
Has own bedroom or shares with a	Do you have a choice of housemate or roommates?				

Question Category	Question	Response			Comments Do you have any comments about what would make this better?
		Yes	No	N/A	
roommate of choice	Do you like your roommate/housemates and say nice things about them?				
	Do you know how to change your roommate if you want to?				
Controls own schedule	Do you make your own schedule?				
	Can you adjust your schedule when you want or need to?				
Controls own personal funds	Do you have a bank account or way to control your personal resources?				
	Do you have regular and easy access to personal funds?				
Chooses when, what and with whom to eat	Do you choose when and where to eat?				
	Can you request different food if you don't like what is being served?				
	Can you eat in private if you want to?				
Choices are incorporated into services received	Does staff ask you about your need/preferences?				
	Can you change the way your services or supports are delivered when you want?				
	Are you happy with the services you receive?				
	Do you know how to make a request for a new provider or service?				
Free from coercion	Are you comfortable discussing concerns (things that upset or worry you)?				
	Can you make a complaint anonymously/in secret?				
	Do you know who to contact to make a complaint?				

Question Category	Question	Response			Comments Do you have any comments about what would make this better?
		Yes	No	N/A	
Has active role in the development and update of the person-centered service plan.	Do you usually participate in your service planning meetings?				
	Can you describe your role in the person-centered plan development process?				
	Does your service plan get updated when you express a desire to change the type, the frequency, or the provider of supports/services?				
	Was the planning meeting scheduled at a time and place convenient to you and your other natural supporters?				
Has unrestricted access of setting (as appropriate per health and safety needs)	Can you go into rooms in your residence that are locked or that have gates?				
	Is your access is limited <u>only</u> for health and safety reasons according to approved care plans.				
	Do you have your own keys to your house?				
	Can you move about freely inside and outside the setting?				
Physical environment meets individualized needs	Are there environmental accommodations (e.g. ramps, grab bars, graphic signage to support independence) available to you if you need them?				
	Is your setting physically accessible to support easy access within, to, and from setting?				
Have full access to the community	Do you regularly leave the residence?				
	Do you have access to public transportation?				
	Is training provided in use of public transportation?				
	Where public transportation is limited, are there other resources available?				

Question Category	Question	Response			Comments Do you have any comments about what would make this better?
		Yes	No	N/A	
Right to dignity and privacy is	Is your health information kept private?				
	Do you receive assistance with grooming (bathing or dressing) in private if you want?				
	Can you close and lock the bedroom or bathroom door (if safe to do so)?				
	Do the staff or other residents always knock and receive permission before entering your residence or room?				
Staff communicates in a dignified manner	Does staff try not to talk about you or your roommates in front of you?				
	Does staff talk to you in a dignified manner?				
There is a legally enforceable agreement for the residence	Do you have rental agreement with your name on it?				
	Does the written agreement protect you against eviction and allow appeals of eviction or discharge?				
Other	Do you have any other setting specific concerns?				